			** PUBLIC DISCLOSURE COPY			OMB No. 1545-0047
-	Q	90	Return of Organization Exempt From			2022
Forr	n 🥑	50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it ma Go to www.irs.gov/Form990 for instructions and the lat			Open to Public Inspection
		enue Service	=	g JUN 30		Inspection
Bc	heck if	C Name of	organization		yer identificat	tion number
	⊐Addre					
	]chang ∃Name		RIAN EDUCATIONAL FOUNDATION		-0448212	<b>,</b>
	_chang Initial		and street (or P.O. box if mail is not delivered to street address)			4
	_return Final return	1115	JACKSOL DRIVE		ione number 8 – 3 7 7 – 2 1	L03
	termin	ñ-	own, state or province, country, and ZIP or foreign postal code	G Gross re		981,813.
	Amen return	ded CAN	JOSE, CA 95124	H(a) Is th	is a group retu	rn
	Applie dia	F Name ar	nd address of principal officer: DAVID HICKS		ubordinates?	
	pendi	4115	JACKSOL DRIVE, SAN JOSE, CA 95124	H(b) Are all	subordinates inclu	ded? Yes No
ΙΤ	ax-ex	empt status:		527 If "N	o," attach a lis	t. See instructions
	Vebsi	te: HTTP	S://WWW.CAMBRIANEDUCATIONALFOUNDATIO			
		f organization:	X Corporation Trust Association Other L	Year of formation	: 1996 <u>m</u> s	tate of legal domicile: CA
Ра	rt I					
e	1	Briefly describ	e the organization's mission or most significant activities: <b>OVERSEE</b>	S THE SL	X HOME A	AND SCHOOL
าลท		Check this box	N THE CAMBRIAN SCHOOL DISTRICT WHICH			
Activities & Governance	2	1 1	_			
Go	3	3 	<u> </u>			
8	4	0				
ties	5		of individuals employed in calendar year 2022 (Part V, line 2a)			100
tivi	6		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12			0.
Ac			business taxable income from Form 990-T, Part I, line 11			0.
	0	Net unrelated		Prior Y		Current Year
•	8	Contributions	and grants (Part VIII, line 1h)		6,066.	532,671.
Revenue	9		ce revenue (Part VIII, line 2g)		8,416.	117,798.
eve		•	come (Part VIII, column (A), lines 3, 4, and 7d)		388.	5,831.
Ä			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,049.	103,866.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68	0,919.	760,166.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
nse	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			ng expenses (Part IX, column (D), line 25) 0 .			
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		4,784.	831,419.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,784.	831,419.
	19	Revenue less	expenses. Subtract line 18 from line 12		6,135.	-71,253.
Net Assets or Fund Balances				Beginning of C		End of Year
sset 3ala	20	Total assets (F			9,148.	1,182,328.
et A nd I	21		(Part X, line 26)		6,795.	11,407.
_	22 rt II	Net assets or t	fund balances. Subtract line 21 from line 20	<u> </u>	2,353.	1,170,921.
	rt II	-	declare that I have examined this return, including accompanying schedules and s	tatamante and ta	the best of my ke	anylodge and belief it is
			Declaration of preparer (other than officer) is based on all information of which pre			iowieuge and beller, it is
u u e,	00110				micuyo.	

Sign	Signature of officer	Date									
	DAVID HICKS, EXECUTIVE DI	RECTOR									
	Type or print name and title	-									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	SHEBA B. DALANEY	SHEBA B. DALANEY	05/15/24 self-employed P00351252								
Preparer	Firm's name ABBOTT, STRINGHAM		Firm's EIN 77-0051130								
Use Only	Firm's address 1901 S BASCOM AVE	STE 105									
	CAMPBELL, CA 95008 Phone no. (408)										
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No								
232001 12-1	13-22 I HA For Paperwork Reduction Act Notion	ce see the senarate instructions	Form <b>990</b> (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2022) CAMBRIAN EDUCATIONAL FOUNDATION	77-0448212	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO ENHANCE THE EDUCATIONAL EXPERIENCE FOR THE STUDENTS	SERVED BY T	HE
	CAMBRIAN SCHOOL DISTRICT.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?	s 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total expenses	s, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 822,107. including grants of \$ 0.) (Rever		<b>,083.</b> )
	OVERSEES THE SIX HOME AND SCHOOL CLUBS IN THE CAMBRIAN		
	WHICH MANAGE VOLUNTEERS AND RAISE FUNDS FOR SUPPLIES, E		
	AND FIELD TRIPS FOR MORE THAN 3000 STUDENTS IN THE CAMB	RIAN SCHOOL	
	DISTRICT.		
	RAISES FUNDS TO SUPPORT CAMBRIAN SCHOOL DISTRICT PROGRA	MC	
	RAISES FUNDS TO SUPPORT CAMBRIAN SCHOOL DISTRICT PROGRA	тр.	
	NOTE: THE CAMBRIAN EDUCATIONAL FOUNDATION DOES NOT DIRE		ENT
	PROGRAM SERVICES; THE SIX HOME AND SCHOOL CLUBS DO.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	)
			/
4c	(Code:) (Expenses \$ including grants of \$) (Revented by the second se	nue\$	)
44	Other program services (Describe on Schedule O.)		
4d		١	
4e	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     822,107.		
-+0			

Earm	000	(2022)
⊢orm	990	(2022)

 Form 990 (2022)
 CAMBRIAN
 EDUCATIONAL
 FOUNDATION

 Part IV
 Checklist of Required Schedules
 FOUNDATION
 FOUNDATION

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.     a)       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part VI     11a     X       b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII     11b     X       c) 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       d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VIII     11d     X       e) Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part X     11d     X       12     Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740? If 'Yes," complete Schedule D, Part X     11f     X       13     ts the organization a school described in section 170(b)(1)(A)(0)? I' Yes," complete Schedule E     13     X       14     Dy dthe organization as chool described in section 170(b)(1)(A)(0)? I' Yes," complete Schedule E     1				Yes	No
2         Is the organization required to complete Schedule <i>B</i> . Schedule of Contributor® See instructions         2         X           3         Did the organization requires to indirect policical campaign activities on buhalf of on in opposition to candidates for public offers (PMs). Complete Schedule <i>C</i> , Part <i>I</i> .         3         X           4         Section 501(b)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the taxe way in PMs. Complete Schedule <i>C</i> , Part <i>I</i> .         4         X           5         Is the organization asolin 501(b)(8) or 501(b)(8) organization that receives membership dues, assessments, or similar anounts in such funds or anounts in such funds or accounts? If Vss. Complete Schedule <i>D</i> , Part <i>I</i> .         6         X           7         X         Be the organization maintain and viceor adviced funds or any similar funds or accounts? If Vss. Complete Schedule <i>D</i> , Part <i>I</i> .         7         X           8         Did the organization report an amount in Part X, line 21, for secret or custodial account liability, serve as a custodian for amounts in to findenty maintain collections of works of art, historical treasures, or other similar assets? If Vss. Complete Schedule <i>D</i> , Part <i>I</i> .         9         X           10         Did the organization report an amount for Part X, ine 21, for secret or custodial account liability, serve as a custodian for amounts in the funder works?         10         X           11         If the organization report an amount for fundacy adjustin management, cundit repair, or debt	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3         Ddt he organization ergage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public other. <i>J Yes, "complete Schedule C, Part I</i> 3         X           4         Section 501(c)(3) organizations. Did he organization ergage in lobbying activities, or have a section 501(h) election in effect during the tax year // Yes, "complete Schedule C, Part II.         4         X           5         Is the organization assertion 501(c)(4). 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 84:197 // Yes, "complete Schedule C, Part II.         6         X           7         Dd the organization maintain any donor advised finds or any suminif madio or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Winks, or any other solutions asserts, including assemmts to provide readvice on Part II.         7         X           8         Dd the organization maintain collections of vorks of art, historical treasure, or other animilar assets? If Yes, "complete Schedule D, Part II.         8         X           10         Dt dthe organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V.         10         X           11         If the organization report an amount for interesting. Part V.         11         11         X           10         Dd th					
a Section 501(C(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? II "Yes," complete Schedule C, Part II         4         X           b Is the organization ascients 501(b) (3) 0510(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in the V-Proc. 981027 IF "Ps," complete Schedule D, Part III         5         X           6 Did the organization maintain any done advised funds or any similar funds or accounts for which dones have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which dones have the right to Schedule D, Part III         6         X           7 Did the organization matrix nollections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II         7         X           8 Did the organization indexity or provide cardid coupsing activities on or custodial account liability, serve as a custodian for amounts not direct in Part X, ine 21, for server or custodial account liability, serve as a custodian for amounts not direct in Part X, ine ?1, for server or custodial account liability, serve as a custodian for amounts not direct in Part X, ine?; complete Schedule D, Part V         10         X           10 Did the organization report an amount for investments - other securities in Part X, ine 10, the systements - the securities in Part X, ine 10, the systement - the system in Part X, ine 10, the systement - the avoer of its total assets reported in Part X, ine 171 ''Yes," complete Schedule D, Part VI         11a         X           10 Did the organization report an amount for other asse	2		2	Х	
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 // **es, "complete Schedule C, Part // B is the organization naistican sociation 501(h) 501(c)(s) 501(c)(s) 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 80:197 // *es, "complete Schedule C, Part // D ICI the organization membership dues, assessments, or similar amounts an defined in Rev. Proc. 80:197 // *es, "complete Schedule D, Part // D ICI the organization report any donor advised funds or any similar funds or accounts? // *Yes, "complete Schedule D, Part // Schedule D, Part III         6         X           9         Did the organization membership dues, assessments, or the environment, historic land areas, or historic structures? // *Yes, "complete Schedule D, Part II         7         X           9         Did the organization report an amount in Part X, line 21, for secrow or custodal account liability, serve as a custodain for amounts not listed in Part X, organization, hold assets in donor-restricted endowments or in quasi endowments? // *Yes, "complete Schedule D, Part V         10         X           10         Did the organization server to any of the following questions is r*Cs. * then complete Schedule D, Part V, IV, VIII, VIII, X, or X, as applicable.         11         X           11         If the organization report an amount for investments - orber securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 f* *Yes, "complete Schedule D, Part V         11a         X           11         If the organization sequert anomount for tinvestments -	3				
during the tax year // "Ves," complete Schedule C, Part II       4       X         5       is the organization a section S(10(4), 501(6)(3) or 501(6)(6) or 501(6)(6) or 201(6)(4) or 201(6)(4)(4) or 201(6)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)			3		<u> </u>
5         Is the organization ascience 301(c)(d), 301(c)(b), or 301(c)(b) organization that receives membraping dues, assessments, or similar amounts as defined in the Proc. 906; 910; 11 * 1%s; <i>Complete Schedule C, Part II</i> 5         X           6         Did the organization maintain any done advised funds or accounts for which dones have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dones have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," <i>complete Schedule D, Part II</i> 6         X           7         Did the organization maintain any done advised funds or account? If "Yes," <i>complete Schedule D, Part II</i> 7         X           8         Did the organization maintain any done advised funds or account? If "Yes," <i>complete Schedule D, Part II</i> 7         X           10         Did the organization amount in Part X, line 21, for escow or custodial account liability, yes as a custodian for amounts not listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services?         9         X           10         Did the organization export an amount for land, buildings, and equipment in Part X, line 10, II' Yes," <i>complete Schedule D</i> , <i>Part V</i> 10         X           11         If the organization report an amount for rivestments - order securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 II 'Yes," <i>complete Schedule D</i> , Part X         114         X           114         X	4				
similar amounts as defined in Rev. Proc. B8.197 If 'Yes,' complete Schedulo C, Part III         5         X           6         Did the organization maintain any door advised funds or any similar funds or accounts for which donors have the right to be provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to be provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to be provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to be provide advice on the distribution or investment of amounts in such funds or accounts ability, serve as a custodial or amount for amount no inpact to the site of the transmitted in parts. The environment, historic call areas, or historic outcoled in part and the regarity or debt negotiation services?         7         X           9         Did the organization directly or through a related organization, hold assetts in donor-restricted endowments         10         X           10         Did the organization report an amount for law buildings, and equipment in Part X, line 107 // Yes, ' complete Schedule D, Part V         10         X           11         If the organization report an amount for law buildings, and equipment in Part X, line 107 // Yes, ' complete Schedule D, Part V         11         X           12         Did the organization report an amount for law stemmts - organization report an amount for law stemmts - organization report an amount for law stemmts - organization related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // Yes, ' complete Schedule D, Part X </th <td></td> <td></td> <td>4</td> <td></td> <td><u> </u></td>			4		<u> </u>
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 for "Yes," complete Schedule D, Part II       IX         7       XX         8       XX         9       Did the organization resider of hold a conservation easement, including assements to preserve open space, the environment, historic and areas, or historic structures? If 'Yes,' complete Schedule D, Part II       8       XX         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II       8       X         9       Did the organization metricity of 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 directly of through a related organization, hold assets in donor-restricted endowments       11       X         12       Did the organization report an amount for lawstmeths - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V       11       X         13       bid the organization report an amount for investments - orgarm related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X       11       X         14       Did the organization report an amount for othex assets in Part X, line 12, If was is 5% or more of	5				37
provide advice on the distribution or investment of amounts in such funds or accounts // *ves.* 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 // *ves,* complete Schedule D, Part II         7         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar asset? // *ves,* complete Schedule D, Part II         7         X           9         Did the organization report an amount in Part X, line 21, for escrow or custolial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?         9         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // *ves,* complete Schedule D, Part V         10         X           11         If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // *ves,* complete Schedule D, Part VI         10         X           12         Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // *ves,* complete Schedule D, Part XI         11         X           13         X         Did the organization report an amount for investments - program related in Part X, line 13, th	_		5		X.
7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic iand areas, or historic structures? If 'Yes,' complete Schedule D, Part II       7       X         8       X         9       Did the organization maintain collections of works of art, historical reasures, or other similar assets? If 'Yes,' complete Schedule D, Part II       8       X         9       Did the organization and collections of works of art, historical reasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV       8       X         9       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowment? If 'Yes,' complete Schedule D, Part V, 'Io's,' complete Schedule D, Part X, ine 10? If 'Yes,' complete Schedule D, Part X, ine 10? If 'Yes,' complete Schedule D, Part X, 'Io's,' co	6		_		
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments       10       X         11       If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - other securities 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       11a       X         14       Did the organization report an amount for investments - program related in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 17. If "Yes," complete Schedule D, Part VIII       11a       X         14	_		6		X.
B       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       B         B       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       B         B       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         B       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11       X         B       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V       11       X         B       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       116       X         C       Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X       114       X         E       Did the organization solated in ancial statements for the tax year include a footnote that addresses the organization separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       114       X	7		_		
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 amounts on listed in Part X, or provide credit counseling, det management, credit repair, or debt negotiation services?       9       X         9       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments       9       X         10       Did the organization directly or through a related organization, hold assets in donorrestricted endowments       10       X         11       the organization report an amount for looking questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIX, or X, as applicable.       10       X         10       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         11a       Did the organization report an amount for investments - organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11a       X         11a       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11a       X         11a       Did the organization separate or consolidated financial statements for the tax year? If If Yes, complete Schedule D, Part X       11a	_		7		<u> </u>
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, or delt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V, VII, VII, VII, VII, VII, VII, VII,	8	-	_		
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         12 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         13 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       11a       X         14 Did the organization report an amount for investments - other securities 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         14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11a       X         14 Did the organization is soparate or consolidated financial statements for the tax year include a footnot that addresses the organization is abaret or osciolated financial statements for the tax year?       114       X         12 Did the organization report an amount for ther 12a, then completing Schedule D, Part X and th			8		<u> </u>
If "Yes," complete Schedule D, Part IV     9     X       10     Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	9				
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 is answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts V, UII, VIII, VII, VII, VII, VI, VI, VII, VII, VI, V					
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, VII, VI, VII, VII, VII,			9		<u> </u>
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.       11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11b       X         c       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 VII       11c       X         d       Did the organization report an amount for other lassets in Part X, line 12? If "Yes," complete Schedule D, Part X       11t       X         e       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is lability for uncertain tax positions under FIN 48 (ASC 740) If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X       11t       X         12a       X       12a       X       11d       X         12a       X and XI is optional       12a       X       11t       X         12a	10				v
as applicable.       a) Id the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c) 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         d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e) Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         e) Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X			10		
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Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization is lability 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, Part X       11d       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12e       X         b Was the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         13       Is the organization naintain an office, employees, or agents outside of the United States?       14a       X         b 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part SI and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, co			110		<u> </u>
e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization is cluded in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization naintain an office, employees, or agents outside of the United States?       14a       X         b       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts I 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 II and IV       16       X         17       Did the organization report on than \$15,000 total of fundriaising e	d				v
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       111         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       111         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b         14       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14       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 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 II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for eign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         18       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					
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111       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       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report and program service activities outside the United States, 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 II and IV       14b       X         15       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 II and IV       16       X         17       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         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part		•	11e		<u> </u>
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization achool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       14       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX	t				v
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         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)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garegate grants or other assistance to or for any foreign individuals? 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 G, Part II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructio	10-		111		<u> </u>
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12         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       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report a 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 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 G, Part I. Band IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for forei	12a		10-		v
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       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         17       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 II and IV       16       X         18       Did the organization report on Part 1X, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       18       18       X         19       Did the organization report more than \$15,000 tof aggregate grants or other assistance to or forplete Schedule G, Part II       18       X         19 <td><b>b</b></td> <td>,</td> <td>12a</td> <td></td> <td></td>	<b>b</b>	,	12a		
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       X         14b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If	D		104		y
14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV       15       X         16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization operate one o	40				
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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1a & X       18       X         19       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         20a       X       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       19       X         18       If "Yes," <i>complete Schedule G, Part II</i> 19       X         20a       X       20a <td></td> <td></td> <td></td> <td></td> <td></td>					
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines and all "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to this return?       20b       20b			14a		
or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       19       X	U				
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foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 ot fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         19       Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or       20a       X         20a       Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or       20a       X	15		140		
<ul> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or</li> </ul>	15		15		x
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         19       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       17       X	16		15		
<ul> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II</li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a X</li> <li>20b 21</li> <li>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or</li> </ul>	10		16		x
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 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       T       T	17				<u> </u>
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines         1       1c and 8a? If "Yes," complete Schedule G, Part II         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         19       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?         20       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			17		x
1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       To be the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization operate one or more than \$5,000 of grants or other assistance to any domestic organization operate one or more than \$5,000 of grants or other assistance to any domestic organization operate one operate one of the organization operate one operate one of the organization operate one operate one of the organization operate one operat	18				<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		· · · · ·	18	х	
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes "			
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       20b       20b			19		x
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H			
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
			21		x

Form 990 (2022)	Form	990	(2022)
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
~7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		200		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

022)	CAMBRIAN	EDUCATIONAL	FOUNDATION
Stateme	ents Regarding Othe	er IRS Filings and	Tax Compliance (continued)

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?		2b						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		Зb						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other									
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	int)?	4a		X				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A									
5a	5 1 7 1 7 5 7			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c		X				
	<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	5a 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?			<u>6a</u>		X				
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?		•	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices	provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		-							
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		x				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h						
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained			8						
9	sponsoring organization have excess business holdings at any time during the year?			0						
a				9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1						
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	<b>Note:</b> 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	امد ا	I							
_	organization is licensed to issue qualified health plans	13b		-						
	Enter the amount of reserves on hand	13c		44-		x				
				14a 14b		- 23				
ы 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
10	excess parachute payment(s) during the year?			15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt inco	me?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

Form 990 (2022)

Part V

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			X
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	3		
	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	8		
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
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	Х	
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		Х
Sec	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		Х
	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	Х	
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			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(	3)s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DAVID HICKS - 408-497-8804			
	2285 SUNRISE DRIVE, SAN JOSE, CA 95124			

#### 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

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

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

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

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

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

(A)		(C)						(D)	(E)	(F)
Name and title	(B) Average	(do	not c	Pos	itior	) thon	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	nd a d	lirecto	or/trus	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e,			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		iploy6	t con /ee		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MEL OJZCYK	1.00	<u> </u>		0	$\leq$	포히	Ē			
PRESIDENT		x		x				0.	0.	0.
(2) DAVID HICKS	1.00									
CO-TREASURER		x		x				0.	0.	0.
(3) ADAM GRIGSBY	1.00									
CO-TREASURER		х		х				0.	0.	0.
(4) SAM SHIRAISHI	1.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(5) MELISSA WUENSCHEL	1.00									
SECRETARY	1 00	X		X				0.	0.	0.
(6) CECILE TOULME	1.00							0		0
DIRECTOR	1 00	X						0.	0.	0.
(7) JANET GILLIS	1.00	x						0.	0.	0.
DIRECTOR (8) ISA MUNNE	1.00	<u>^</u>						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) BETHANY ERICKSON	1.00									
OUTGOING TREASURER		x		x				0.	0.	0.
		1								
		1								

	990 (2022) CAMBRIAN									77-04	4482	212	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghe	st C		es (continued)			
(A) (B) Name and title Average hours p week			box,	not cl , unle:	ss per	<b>ition</b> more rson i	than o is botl pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related		<b>(F</b> Estim amou oth	ated nt of
		(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)	organizations (W-2/1099-MIS 1099-NEC)		comper from organi: and re organiz	the zation elated
	0.11.11								0.		0.		0.
	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.		0.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100	),000 of reportabl	e		0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	•			•	•		Ŭ	hest compensated emp			3 Ye	es No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,"	e co " <i>co</i> i	ompe mple	ensa ete S	ation Sche	n and edule	l otl 9 <i>J f</i>	her compensation from for such individual	the organization		4	x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i> tion <b>B. Independent Contractors</b>	-				-			-			5	X
1	Complete this table for your five highest cor the organization. Report compensation for t										ipensa		n
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	Co	(C) ompensa	tion
								+					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	mite	d to		se lis )	sted	l above) who received n	nore than			

Form 990 (20		CAMBRIA
Part VIII	Stateme	nt of Revenue

			Check if Schedule O contains a r	response	or note to any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt	(C)	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues							
			Г		135,262.				
					155,202.				
			Related organizations	1d					
Sin',			Government grants (contributions)						
er (		f	All other contributions, gifts, grants, and						
ibu			similar amounts not included above	1f	397,409.				
d dt		g	Noncash contributions included in lines 1a-1f	1g \$					
an Co		h	Total. Add lines 1a-1f			532,671.			
					Business Code				
Program Service Revenue	2	а	PROGRAM SERVICE RE	VENU	611710	117,798.	117,798.		
	_	b				-			
Sei		č							
E S		d							
gra									
ro		e							
-			All other program service revenue			117 700			
		g	Total. Add lines 2a-2f			117,798.			
	3		Investment income (including divider	,	,	F 0.21			F 001
			other similar amounts)		5,831.			5,831.	
	4		Income from investment of tax-exem	pt bond p	proceeds				
	5		Royalties						
			(i)	Real	(ii) Personal				
		а	Gross rents 6a						
		b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
			Not reptal income or (loca)						
				curities	(ii) Other				
	•		assets other than inventory <b>7a</b>						
		<b>L</b>	Less: cost or other basis						
e		D							
nue			and sales expenses						
eve			Gain or (loss) 7c						
r B			Net gain or (loss)						
Other Revenue	8	а	Gross income from fundraising events (no						
0			including \$ 135,262.	of					
			contributions reported on line 1c). Se						
			Part IV, line 18	8a	306,519.				
		b	Less: direct expenses	8b	177,826.				
		с	Net income or (loss) from fundraising	events		128,693.			128,693.
	9	а	Gross income from gaming activities	. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming act						
			Gross sales of inventory, less returns						
		-			18,106.				
		h	and allowances10a18,106.Less: cost of goods sold10b43,821.						
						-25,715.	-25,715.		
		C	Net income or (loss) from sales of inv	entory	Business Code	2J,/1J.	2J,/1J.		
sn			MISCELLANEOUS INCO	MT	611710	888.			888.
oer ue			TISCELLANEOUS INCO			000.			000.
llar ven		b							
Miscellaneous Revenue		c							
Ϊ			All other revenue		<u> </u>	000			
		е	Total. Add lines 11a-11d			888.	02 002		125 410
	12		Total revenue. See instructions			760,166.	92,083.	0.	135,412.

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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a L	· · · · · · · · · · · · · · · · · · ·				
b	J	2,540.		2,540.	
с Ь	9 H	2,540.		2,540.	
d					
e f	Investment management fees				
g					
y	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	27,809.	21,037.	6,772.	
14	Information technology	13,291.	13,291.	• • • • • •	
15	Royalties				
16	Occupancy	3,272.	3,272.		
17	Travel		- ,		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,620.	2,620.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	ασπόσι απρηττίας πρόση Γ	317,502.	317,502.		
b	TEACHER EXPENSES	156,224.	156,224.		
с	SCHOOL EVENT EXPENSES	139,277.	139,277.		
d	FIELD TRIP EXPENSES	116,641.	116,641.		
е	All other expenses	52,243.	52,243.		
25	Total functional expenses. Add lines 1 through 24e	831,419.	822,107.	9,312.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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CAMBRIAN	EDUCATIONAL	FOUNDATION	

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	591,878.		588,831.
	2	Savings and temporary cash investments		2	593,497.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
◄	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,182,328.
	17	Accounts payable and accrued expenses		17	11,407.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
jiit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	16 705	25	
	26	Total liabilities. Add lines 17 through 25	16,795.	26	11,407.
S		5			
anc.	07	and complete lines 27, 28, 32, and 33.	1 230 694	07	1 159 262
3ale	27	Net assets without donor restrictions		27	1,159,262. 11,659.
Б	28	Net assets with donor restrictions		28	11,039.
Fur		Organizations that do not follow FASB ASC 958, check here			
ŗ		and complete lines 29 through 33.		00	
ets	29	Capital stock or trust principal, or current funds		29	
Ass	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	1,170,921.
z	32	Total net assets or fund balances			1,182,328.
	33	Total liabilities and net assets/fund balances		1 33	1 1,100,000

Form **990** (2022)

2012 12-13-22

1	Total revenue (must equal Part VIII, column (A), line 12)			,166.
2	Total expenses (must equal Part IX, column (A), line 25)			,419.
3	Revenue less expenses. Subtract line 2 from line 1			,253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1,	242,	,353.
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			-179.
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	1,	170,	,921.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			Ye	es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	L	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	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 audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	L	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O	4.		
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?	L	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

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

Form **990** (2022)

Form 990 (		
Part XI	Re	conciliation of Net Assets

Department of the Treasury

Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022

**Open to Public** . Inspection

_					
N	lame	of the	organ	nizati	ი

Name	e of t	he organization									identification number
					TIONAL						7-0448212
Par	tl	Reason for Public (	Charity	Status.	(All organization	ons must c	complete th	nis part.) S	ee instructior	ıs.	
The o	rgani	ization is not a private found	lation bec	ause it is:	For lines 1 th	rough 12, d	check only	one box.)			
1		A church, convention of ch	urches, o	r associatio	on of churche	s describe	d in <b>sectio</b>	n 170(b)(*	I)(A)(i).		
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative	hospital s	service org	anization desc	cribed in <b>se</b>	ection 170	(b)(1)(A)(i	ii).		
4 [		A medical research organiz	ation ope	erated in co	njunction with	n a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:									
5 [		An organization operated for	or the ber	nefit of a co	llege or unive	rsity owne	d or opera	ted by a g	overnmental	unit descrik	ped in
		section 170(b)(1)(A)(iv). (C	Complete	Part II.)							
6 [	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 [	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (C	omplete F	Part II.)							
8 [		A community trust describe	ed in <b>sect</b>	tion 170(b)	(1)(A)(vi). (Cor	mplete Par	t II.)				
9 [		An agricultural research org	ganization	described	in section 17	70(b)(1)(A)(	(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant colle	ege of agric	ulture (see ins	structions).	. Enter the	name, city	/, and state o	f the colleg	je or
		university:									
10	Х	An organization that norma	Illy receive	es (1) more	than 33 1/3%	of its sup	port from (	contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
		See section 509(a)(2). (Cor	mplete Pa	art III.)							
11 [		An organization organized a	and opera	ated exclus	ively to test fo	or public sa	afety. See	section 50	)9(a)(4).		
12		An organization organized a	and opera	ated exclus	ively for the b	enefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizatio	ns describe	ed in <b>section</b> a	<b>509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes	s the type o	of supporting of	organizatio	n and com	plete line	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A supporting orga	anization (	operated, s	upervised, or	controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the supported organization	on(s) the p	power to re	gularly appoir	nt or elect a	a majority (	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete	Part IV, Se	ections A and	1 B.					
b		<b>Type II.</b> A supporting org	anization	supervised	d or controlled	l in connec	tion with it	s support	ed organizatio	on(s), by ha	aving
		control or management o	of the sup	porting org	anization vest	ted in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
		organization(s). You mus	t comple	te Part IV,	Sections A a	nd C.					
с		] Type III functionally inte	grated. A	A supportin	g organizatior	n operated	in connec	tion with, a	and functiona	lly integrat	ed with,
		its supported organization	n(s) (see i	instructions	s). You must o	complete l	Part IV, Se	ections A,	D, and E.		
d		J Type III non-functionally	y integrat	ted. A supp	orting organiz	zation oper	rated in co	nnection v	vith its suppo	rted organ	ization(s)
		that is not functionally int	egrated.	The organiz	zation general	lly must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). <b>You</b>	u must cor	nplete Part I\	/, Sections	s A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization	received a	written detern	nination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III i	non-functio	nally integrate	ed support	ing organi:	zation.			
f	Ente	r the number of supported o	organizati	ons							
g	Prov	ide the following informatior			ed organizatio	n(s).					
	(i	) Name of supported	(ii)	EIN	(iii) Type of or (described on		(IV) Is the orga in your governi	nization listed ng document?	(v) Amount o	,	(vi) Amount of other
		organization			above (see ins		Yes	No	support (see ir	nstructions)	support (see instructions)
Total											

	A (Form 990) 2022
Part II	Support Sc

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.)

<u>Sec</u>	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4							
	Gross income from interest,	-						
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
-	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12		etc. (see instructi	ons)			12		
	First 5 years. If the Form 990 is for th		,					
	organization, check this box and <b>stor</b>							
See	ction C. Computation of Publ		rcentage					
-	Public support percentage for 2022 (			column (f))		14	%	
	Public support percentage from 2021					15	%	
						nore, check this bo	ox and	
	I6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact							
	meets the facts-and-circumstances te			-	-	the organiz		
h	10% -facts-and-circumstances tes	-						
~	more, and if the organization meets th	-						
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	<b>Private foundation.</b> If the organization							
			20, 01, 10, 10, 10,	a, 100, 110, 01 11	2, 511001, 1110 50/ 1			

Schedule A (Form 990) 2022

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

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

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 459,374. 342,525 586,066. 532,671 2214510. 293,874 include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 442,423. 659,431. 429,047. 55,831. 187,434. 1774166. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 773,500. 953,305. 888,421. 398,356. 975,094 3988676. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 0 c Add lines 7a and 7b 3988676. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (a) 2018 398,356. 773,500. 953,305. 888,421 975,094 3988676. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 3,424 4,154. 166. 388. 5,831 13,963. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3,424 4,154. 166. 388. 5,831. 13,963. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 497. 4,075. 888. 5,460. assets (Explain in Part VI.) 957,226. 896,650. 398,522. 773,888. 981,813. 4008099. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.52 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 % 99.46 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .35 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % .22 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. 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%, check this box and **stop here.** The organization qualifies as a publicly supported organization 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.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

## Schedule A (Form 990) 2022 CAMBRIAN EDUCATIONAL FOUNDATION Part IV Supporting Organizations (continued)

Yes

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		

	supplified, of controlled the supplifing organization.						
Sec	Section C. Type II Supporting Organizations						
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors						
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control						

5 11 5 (7 7		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	
Section D. All Type III Supporting Organizations		

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

#### Section E. Type III Functionally Integrated Supporting Organizations

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

Yes No

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### CAMBRIAN EDUCATIONAL FOUNDATION

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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 here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

232027 12-09-22

Schedule A	990) 2022	
<b>D</b> /		I

#### CAMBRIAN EDUCATIONAL FOUNDATION

77-0448212 Page 7

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

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CAMBRIAN	EDUCATIONA	L FOUNDATIC	DN	77-0448212 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	2, 3b, 3c, 4b, 4c, 5 ines 2 and 3; Part I	a, 6, 9a, 9b, 9c, 11a /, Section E, lines 10	ı, 11b, and 11c; Part I\ c, 2a, 2b, 3a, and 3b; I	V, Section B, lines 1 Part V, line 1; Part V,	and 2; Part IV, Section C, Section B, line 1e; Part V,

#### 223451 11-15-22

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

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

2022

Employer identification number

Schedule	В
(Form 990)	

Internal Revenue Service

Name of the organization

#### CAMBRIAN EDUCATIONAL FOUNDATION

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

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

#### General Rule

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

#### Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Department of the Treasury

Organization type (check one):

77-0448212

Part I

(a)

No.

1

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$23,404.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$16,300.	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
4		\$ <u>10,414.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-1	5-22		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Employer identification number

Person Payroll

Noncash

(d) Type of contribution

X

Page 2

## CAMBRIAN EDUCATIONAL FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

77-0448212

92,386.

(c)

**Total contributions** 

\$

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

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Schedule B (Form 990) (2022)

77 - 0448212

Schedule	B (Form 990) (2022)		Page <b>4</b>				
Name of o	organization		Employer identification number				
CAMBR	IAN EDUCATIONAL FOUNDAT	ION	77-0448212				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.) \$				
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			·				
		(e) Transfer of gif	t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(-) N-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			/				
			<u> </u>				
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
		[					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
			<u> </u>				
		(e) Transfer of gif	i				
	T						
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
			<u> </u>				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	1						

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047	
(Form 990)	Form 990) 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.								
Department of the Treasury		Attach to Form 990	Open to Public						
Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization	ame of the organization Employer identification number CAMBRIAN EDUCATIONAL FOUNDATION 77-0448212								
Part I Fundrais						line 1			
	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.								
	a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants								
c Phone solici		g Specia							
d 🗌 In-person so	licitations			0					
e e		or oral agreement with any individua	•	Ũ					
• • •		art VII) or entity in connection with			-			es 🛄 No	
compensated at le		viduals or entities (fundraisers) purs	uant to	agree	ements under which	the fu	undraiser is to	D De	
					1	<u> </u>			
(i) Name and addres	s of individual	(ii) Activity	fùndi	Did raiser ustody	(iv) Gross receipts	tò (c	Amount paic or retained by		
or entity (fund	draiser)	(ii) Activity		ntrol of utions?	from activity		fundraiser ted in col. (i)	organization	
			Yes	No					
						<u> </u>			
			+			<u> </u>			
						├──			
		l							
Total									
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from	registration	

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

Schedule G (Form 990) 2022

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, FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FALL	_	(add col. (a) through
			WALK-A-THONS		7	col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	135,262.	136,017.	159,651.	430,930.
	2	Less: Contributions	135,262.			135,262.
	3	Gross income (line 1 minus line 2)		136,017.	159,651.	295,668.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		42,395.	101,833.	173,449.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			173,449.
	11		<i>,</i> , , , , , , , , , , , , , , , , , ,			122,219.
Pa	rτι	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
le			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	() 3 3	col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	′ from line 1, column (d)			
~	E - 1					
		er the state(s) in which the organization conduce he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
10-2	We	re any of the organization's gaming licenses re	evoked suspended or to	erminated during the tax	vear?	Yes No
		Yes," explain:			, ·	
		)-27-22			Saba	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	CAMBRIAN	EDUCATIONAL	FOUNDATION	77-0	448212	2 Page 3
11	Does the organization conduct g	aming activities with	n nonmembers?			Yes	No
12	Is the organization a grantor, ber to administer charitable gaming?	•				Yes	No No
13	Indicate the percentage of gamir						
	The organization's facility					13a	9
	An outside facility					13b	9
	Enter the name and address of t						
	Name						
	Address						
15a	Does the organization have a co	ntract with a third pa	arty from whom the orga	anization receives gaming revenu	e?	Yes	🗌 No
b	If "Yes," enter the amount of gar	ning revenue receive	ed by the organization	\$ and t	the amount		
	of gaming revenue retained by th		, 0	·			
c	If "Yes," enter name and address						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee	Indepen	dent contractor			
17	Mandatory distributions:						
a	Is the organization required unde	er state law to make	charitable distributions	from the gaming proceeds to			
	retain the state gaming license?					Yes	└── No
b	Enter the amount of distributions	-		to other exempt organizations or	spent in the		
	organization's own exempt activ						
Ра				ed by Part I, line 2b, columns (iii) a formation. See instructions.	and (v); and Par	t III, lines 9	, 9b, 10b,
			,				

Part IV	Supplemental Information	on (continued)		

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.



77-0448212

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

CAMBRIAN EDUCATIONAL FOUNDATION

RAISE FUNDS FOR SUPPLIES, EOUIPMENT, BOOKS, AND FIELD TRIPS FOR MORE

THAN 3000 STUDENTS IN THE CAMBRIAN SCHOOL DISTRICT.

FORM 990, PART VI, SECTION A, LINE 6:

AS PER OUR BYLAWS, EACH OF THE SIX HOME AND SCHOOL CLUBS IN THE CAMBRIAN

SCHOOL DISTRICT ARE MEMBERS. EACH MEMBER ANNUALLY APPOINTS A DIRECTOR TO

THE GOVERNING BODY. THE CAMBRIAN SCHOOL DISTRICT ALSO APPOINTS A MEMBER TO

THE GOVERNING BODY.

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

MEMBERSHIP IS OPEN TO PARENTS OF STUDENTS AND STAFF OF THE SIX CAMBRIAN

SCHOOL DISTRICT SCHOOLS.

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

THE TREASURER WILL PROVIDE A DRAFT COPY TO EACH DIRECTOR FOR REVIEW PRIOR

TO FILING

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

THE CASH AND FINANCE TREASURER IS RESPONSIBLE FOR MAKING SURE THE

ORGANIZATION COMPLYS WITH THE ORGANIZATION'S BY-LAWS.

FORM 990, PART VI, SECTION C, LINE 18:

GOVERNING DOCUMENTS AND THE LATEST FORM 990 ARE AVAILABLE FOR REVIEW AT THE PRINCIPAL OFFICE OF THE CAMBRIAN SCHOOL DISTRICT.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization CAMBRIAN EDUCATIONAL FOUNDATION	Employer identification number 77-0448212
FORM 990, PART VI, SECTION C, LINE 19:	·
GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW AT THE PRINC	CIPAL OFFICE OF THE
CAMBRIAN SCHOOL DISTRICT. FINANCIAL STATEMENTS ARE NOT AV	AILABLE FOR
REVIEW.	

Form 990/990-EZ/990-PF	Form 990-T
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FORM 990	