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## Form 39[

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

$\overline{A}$	For th	ne 2009 ca	alendar	vear.	or tax ve	ar begir	nnina	July	1 .	2009, an	d ending		Jur	ne 3	0	. 20 10	)	
		applicable:	Please						ional Fou							er identific		number
		appricable: schange	use IRS	Down	g Busines										33		17871	
			label or print or		·		box if mail u	s not delivere	ed to street add	tress)	Room/surte	·····		E		ne number		
	Name c		type.			•	ta Fe Ro					•			760 )		4-430	
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	Termina		instruc- tions.	1 1	nitas, C		•	211 7 7							_			4 050
		ed return			address of			<del></del>				<del></del>	_	•	Gross rec		_	<u>14,656</u>
، نــا	Applicate	on pending														for affiliates?	_	
_	Tow or		•		Same			(-)/4)				_ Н(Б)				cluded?		
÷		empt status			3 ) <b>∢</b> (ins	ert no.)	4947	(a)(1) or	<u></u> 527			4		•		list. (see in	structio	ns)
		ite: ► wv				1	П.			T. 14			_		thon num			
		f organization:		oration L	_irust ⊑	_ Associati	ion L.J Oth	er ▶		L Year	of formation	1: 19	87_	M S	State of	legal dom	icile: C/	<u> </u>
Ρá	art I							<del></del>										
	1	Briefly de	escribe	the or	rganizati	ion's mi	ission or	most się	gnificant a	ctivities:	Provide	equa	i op	por	tunity	to scho	ols in	the
•	}								efforts wi	th a con	nmon go	al to t	ene	efit e	eleme	ntary sc	hools	
anc anc		for the f	urthera	ance o	f their e	ducati	onal pro	grams.										
Ĕ																		
Activities & Governance	2	Check this	box ▶	if th	ne organiza	ation disc	continued if	ts operation	ns or dispose	d of more	than 25% o	of its nei	t asse	ets.				
9	3	Number	of votin	ng mer	nbers o	f the go	overning	body (Pa	art VI, line	1a)			_	. 1	3			13
88				_		-	_		ning body	•	. line 1b)		Ī		4			13
₹	I .	Total nur	-	-		_		•		<b>(</b>	,	• •	•	•	5			0
Ę													•	•	6			24
•	7a	Total am	es unne	elated :	husines	s reven	ue from	Part VIII	column (C	 3) line 1:	· · ·		•	•	7a			0
	Ь	Net unrel	lated bu	usines	s taxabl	e incon	ne from	Form 990	D-T. line	3), 11110 11	٠	• •	•		7b			0
								/2/	- G		<u> </u>	Pri	or Ye	er i		Curr	ent Yea	
	8	Contribut	tions or	nd am	nto /Dor	4 \/III   :	no 1h)	/∾⁄/	column (CO-T, line/3		)\\				065			2,851
Revenue	1			_			•	/ · [· ·	SEP 2.8	· •	· //			<del>, , , , , , , , , , , , , , , , , , , </del>	-			<del>-,0 ),</del>
		Program							· · · · · · · · · · · · · · · · · · ·	2000	701				C1E	·········		1 90E
æ	10	Investme	ent inco	me (Pa	art VIII,	column	(A), line	\$.3. <b>⊕</b>	nd=(d) .	99//	/:છॅ/⊢			<del></del>	615			1,805
	11	Other rev	venue (I	Part VI	III, COIUI	nn (A),	lines 5, (	60, 80, 9	ۯ0c an	d 11e)	/ <i>;</i> ;;/  -							
_									Mi, column						680			4,656
	13	Grants a	nd simi	ilar am	ounts p	aid (Pa	rt IX, col	lumn (A),	lines 1-3)	×	7 .⊢			775,	009	<del></del>	71	3,641
•	14	Benefits paid to or for members (Part IX, column (A), line 4)																
89	15	Salaries,	other co	ompens	sation, e	mployee	e benefit:	s (Part IX,	column (A)	), lines 5-	-10)							
Expenses	16a	Professio	onal fund	draisin	ıg fees (l	Part IX,	column (	A), line 1	1e)									
ũ	b	Total fund	draising	exper	ises (Pai	rt IX, col	lumn (D),	line 25) >	<b>&gt;</b>									
	17	Other ex	penses	(Part	IX, colu	mn (A),	lines 11	a-11d, 1	1f-24f) .					<u>118,</u>	323		14	8,377
	6								column (A	), line 25	5) 🗀			893,	332		86	2,018
	19	Revenue							<u> </u>	·				21,6	652)		4	2,638
sets or											Ве	ginning	of C	urreni	t Year	End	of Year	r
alet Fler	20	Total ass	ets (Pa	art X. li	ne 16) .									610,	160	•	65	2,797
Not Ass Fund Be	21	Total liab				)												
35	22	Net asse					ct line 21	from lin	e 20				- (	610,	160		65	2,797
	rt II		ature															
		Under pe	nalties of	f perjury.	, I declare	that I hav	e examine	d this return	n, including a	ccompany	ng schedul	es and s	taten	nents	, and to	the best o	of my kn	owledge
		and belie	if, it is true	ie, come	ct, and co	mplete. D	Declaration	of prepare	r (other than	officer) is b	pased on al	Informa	ation	of w	nich ore	parer has	any kno	wiedge
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He		Sign	ature of o	officer		7-7	<u> </u>						Date	<b>^</b>		<del></del>		
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		Preparer' signature								Date	self-				mstructs	entifying nu ons)	III.JET	
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		address,	and ZIP						<del> </del>			Pho	ne n	o. <u>►</u>	(	)		
Ma	v the	IRS discu	uss this	s return	a with th	e prep	arer sho	wn abov	e? (see ins	struction	s)					1 1	Yes	No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

91,17,18 7

Form 990 (2009)

SCANNED NOV 1 & ZUII

	Encintas Educational Foundation 33°0118/119 Page 2
Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Provide equal opportunity to schools in the Encinitas Union School District. Unite fundraising efforts with a common
	goal to benefit elementary schools for the furtherance of their educational programs.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 862,018 including grants of \$ 713,641 ) (Revenue \$ 904,656 )
	Donations to elementary schools for the furtherance of their educational programs.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	(Code) (Experiess &
	Other program conjects (Departus in Schoolule O.)
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 862,018

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D. Parts XI, XII, and XIII.	12		<b>√</b>
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes." completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13		<b>√</b>
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F. Part I	14b	_	✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes." complete Schedule F, Part II.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes." complete Schedule F. Part III	16		✓
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	17		✓
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		<u> </u>
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	ļ 1	✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓
		Ear-	000	(2000)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	<b>✓</b>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>√</b>
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		✓
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 25.	24a		1
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
32	Did the organization sell. exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Schedule N. Part II	32		<b>√</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Parts II, III. IV. and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V, line 2	35		<b>✓</b>
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		<b>√</b>
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.			
38	Part VI	37		✓_
	19? Note. All Form 990 filers are required to complete Schedule O	38	<b>V</b>	

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	İ	j	
	U.S. Information Returns. Enter -0- if not applicable	ļ		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	į		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	N	A_
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax	ļ	Ì	
_	Statements, filed for the calendar year ending with or within the year covered by this return	2h		[.a
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	N	<b>P</b>
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	2-		
h	this return?	3a 3b	2	A
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over. a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	i	1
b	If "Yes," enter the name of the foreign country: ▶ NA		i	<del></del>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b. did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	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?	6a		✓_
b	If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6b	N	م
7	Organizations that may receive deductible contributions under section 170(c).		~/	л
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	}	- 1	
	and services provided to the payor?	7a		✓_
	If "Yes." did the organization notify the donor of the value of the goods or services provided?	7b	_N/	<u>A</u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year	ļ	I	
e	Did the organization, during the year, receive any funds directly or indirectly to pay premiums on a personal benefit contract?	7e	j	✓
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓_
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	_N	14_
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N	<u>A_</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	İ	Ì	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N	12
9	Sponsoring organizations maintaining donor advised funds.	-	, , ,	
a	Did the organization make any taxable distributions under section 4966?	9a		/
	Did the organization make a distribution to a donor, donor advisor or related person?	9b	i	/
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII. line 12	ļ	1	
_	Gross receipts. included on Form 990, Part VIII. line 12. for public use of club facilities 10b NA	ļ	ļ	
1	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If 'Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b   12	12a	N	A
			990	(0000)

Form 990 (2009)	150	Educational	
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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 in Schedule O. See instructions. Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	1		
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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		<del>                                     </del>
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	· · · · · · · · · · · · · · · · · · ·	6		1
7a	Does the organization have members or stockholders?	8		-
10	and a second of the second of	70		1
<b>.</b>	of the governing body?	7a 7b		1
8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70		-
U	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-	./	
	The governing body?  Each committee with authority to act on behalf of the governing body?	8a	/	<del> </del>
٩	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b	· ·	<del> </del>
Ŭ	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	0		,
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	9a		¥
	enue Code.)	mai		
			W 1	
100	Does the averagination have to ad about a to 1 and 1 a	40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		-
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401		,
4.4	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	N,	<b>A</b>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			,
444	form?	11		<b>V</b>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		1
12a	and organization retro a military definition of military in 140, go to mile 10	12a		<b>Y</b>
U	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		1	,
	rise to conflicts?	12b		<b>∀</b>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			<i>)</i>
12	describe in Schedule O how this is done	12c	N	<b>K</b>
13	Does the organization have a written whistleblower policy?	13		<del></del>
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by	į	i	
3	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	45-		
		15a	N	<del> </del>
b	Other officers or key employees of the organization	15b	-N/i	μ
160	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1	Į	
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	460	ĺ	./
	with a taxable entity duning the year?	16a		<u> </u>
O	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax laws and taken store to enforce the procedure of the procedure requiring the organization adopted a written policy or procedure requiring the organization to evaluate	1	- 1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	N	0
Sec	tion C. Disclosure	100	/	<u> </u>
<del>555</del> 17				
18	List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	(2)-		
		nois C	ן∨ויים!	
	available for public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  Upon request			
19		æ:_+-		
13	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	ir inte	rest	
20	policy, and financial statements available to the public	عمام عد	4L-	
20	State the name, physical address, and telephone number of the person who possesses the books and record organization: ► Sheila Smith, 1068 Normandy Hill Lane, Encinitas, CA 92024 619-886-3498	us 01	tne	

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

#### 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. Use Schedule J-2 if additional space is needed.

- 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 ail of the organization's current key employees. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100 000 from the organization and any related organizations.
- List all of the organization's former officers, key employees and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors: institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee (C) Œ) (F) Name and Title Average Position (check all that apply) Reportable Reportable Est-mated hours per compensation compensation amount of CI Officer Individual Institutional trustee Key employee Highest from related from other nployee director organizations compensation the organization W-2/1099-MISC) from the compensate (W-2/1099-MISC) organization trustee and related organizations Paul Tabet, President 7.0 0 0 ٥ Shira Martorana, Executive Vice President 5.0 0 0 0 Anita Laird, Treasurer 3.0 0 ٥ 0 Dan Grider, Secretary 0.5 0 0 0

	990 (2009) Encinitas Educativistas Processas P	istees. Ke	v Emp	love	<u>.u.</u>	and	d Hia	دين hest	Compensate	33-017 8			Page &
	(A)	(B)	T		(0				(D)	(E)		(F)	
	Name and trite	Average hours per week	Individual trustee or director	institutional trustee	Officer	d Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS)	C) C0	Estimation amount other	of tion e toon ted
1b	Total	<u></u>	<u> </u>	<u></u>				<b>&gt;</b>	0	0		0	
2	Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	pove	) wt	no received mo	ore than \$100	,000 in		
	Toportable compensation from the organiza	20011 - 0							<del></del>	<del> </del>		Yes	No
3	Did the organization list any <b>former</b> office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	3		1
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of rep	ortabi	e cc	omp	ens	ation				4		<b>√</b>
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comi	compolete	oens Sche	satio	on f le J	rom a	any uch	unrelated org	anization for	5		1
Sec	ction B. Independent Contractors											-	·
1	Complete this table for your five highest co- compensation from the organization.	ompensate	ed ind	epe	nde	nt c	ontra	cto	s that received	d more than \$	\$100,00	0 of	
	(A) Name and business add	lress							(B) Description of s	ervices		C) ensation	1
NO	NE												
				-								. ,	
2	Total number of independent contractors (in more than \$100,000 in compensation from	ncluding b the organ	ut not nizatio	limi n ▶	ited 0	to 1	hose	liste	ed above) who	received			

0

1,805

904,656

 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) but are not required to complete columns (B), (C), and (D). (B) Program service (A) Total expenses (C) Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to governments and 713641 713.641 organizations in the U.S. See Part IV. line 21 Grants and other assistance to individuals in 0 the U.S. See Part IV. line 22 . Grants and other assistance to governments, organizations, and individuals outside the 0 U.S. See Part IV, lines 15 and 16 . . . 0 Benefits paid to or for members . . . . . Compensation of current officers, directors, 0 0 trustees, and key employees . . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 0 persons described in section 4958(c)(3)(B) . . . 0 0 7 Other salaries and wages . . . . . Pension plan contributions (include section 401(k) 0 0 and section 403(b) employer contributions). . . 0 0 9 Other employee benefits . . . . . Ó ō 10 Payroil taxes . . . . . . . . . . . . 11 Fees for services (non-employees): 0 0 a Management . . . . . . . . 0 0 2,429 2,429 c Accounting . . . . . . . . . . . . 0 0 **d** Lobbying . . . . . . . . . . 0 e Professional fundraising services. See Part IV, line 17 0 0 f Investment management fees . . . . . 0 0 1,350 1,350 12 Advertising and promotion . . . . . . 85 85 Office expenses . . . . . . . . . 13 147 147 Information technology . . . . . . . 14 0 0 15 0 0 16 0 0 17 Payments of travel or entertainment expenses ก 0 for any federal, state. or local public officials 0 0 Conferences, conventions, and meetings . 0 0

24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			
а	Miscellaneous expenses	113	113	
b	Merchant Fees	16.766		16,766
c	Software Expense	5,385		5.385
	Terminal Rental	750		150
е	Spring Auction Expenses	94623		94,623
f	All other expenses and thundraise the	ener 3,240		3240
<u>25</u>	Total functional expenses. Add lines 1 through 24f	802,008 7	113,641 6,040	142,337

0

0

0

1,916

Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . .

. . . . . . . . . . . . . .

Payments to affiliates . . . . . .

Depreciation, depletion, and amortization.

18

19

20

21

23

22

Interest

0

0

0

1,916

Form 990<sub>4</sub>(2009)

Balance Sheet Part X (A) Beginning of year (B) End of year 325,746 363.120 289,677 284,413 2 2 3 3 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Notes and loans receivable, net 8 8 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D b Less: accumulated depreciation . . . . 10b 10c 11 11 Investments-publicly traded securities . . . . 12 12 Investments-other securities. See Part IV, line 11 13 Investments-program-related. See Part IV. line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 610.159 16 652.797 17 17 18 18 Grants payable . . . . . . Deferred revenue . . . . . 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117, check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . 28 28 Temporarily restricted net assets. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund ... 610.159 652,797 32 32 Retained earnings, endowment, accumulated income or other funds 652.797 610,159 33 33 Total liabilities and net assets/fund balances 34

	990 (2009) Encinitas Educational Foundation 33-0178719		Pag	ge <b>1</b> 2
Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Counting Countin			ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			Ι.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>√</b>
b	Were the organization's financial statements audited by an independent accountant?	2b		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	_ <b>N</b>	P
	If the organization changed either its oversight process or selection process during the tax year, explain in			ſ
	Schedule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			1
	issued on a consolidated basis, separate basis, or both:			1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		<b>✓</b>
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	2		4
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	N	LP<

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

#### **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.

OMB No. 1545-0047 Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number **Encinitas Educational Foundation** 0178719 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I b Type II c Type III—Functionally integrated e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g() (ii) A family member of a person described in (i) above? . . . 11g(H 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? ... Provide the following information about the supported organization(s). h (A) FIN (iii) Type of organization (iv) is the organization (viii) Amount of (i) Name of supported (v) Did you notify (vi) is the organization in col. (i) listed in your (described on lines 1-9 the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the US.? (see instructions)) Yes Yes Yes **Encinitas Union** 6 **School District** 95-6001089 713,641

**Total** 

Part	ie,A (Form 990 or 990-EZ) 2009 FOCI OF	anizations	ducation	Sections 47	CONTRACT OF A	93°01 1	4)/4)/3
	(Complete only if you check	ked the box	on line 5, 7,	or 8 of Part I	.)	and 170(b)(	1)(A)(VI)
	on A. Public Support	( ) 0005	1 21222				L
Cale	endar year (or fiscal year beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not nclude any "unusual grants.")						
i	Fax revenues levied for the organization's benefit and either paid to or expended on ts behalf						
1	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Fotal. Add lines 1 through 3						
; ;	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.						
	on B. Total Support		<u> </u>	<del>'</del>	L	<u> </u>	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	<u> </u>	(.,	(0, 200	(-,	(0)	(4)
8 (	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
á	Net income from unrelated business activities, whether or not the business is regularly carried on						
1	Other income. Do not include gain or oss from the sale of capital assets Explain in Part IV.)						
1 1	Fotal support. Add lines 7 through 10 .		<u> </u>	L	L	ļ <u>,</u>	<u> </u>
	Gross receipts from related activities, etc	•	•			12	
	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth	i, or fifth tax y	vear as a secti	on 501(c)(3)
	on C. Computation of Public Su					,	
4 I	Public support percentage for 2009 (line (	3, column (f) d	ivided by line 1	1, column (f))		14	
5 I	Public support percentage from 2008 Sch	nedule A, Part	II, line 14 .			15	
á	33% % support test—2009. If the organization qualifies	as a publicly	supported orga	nization			▶
ь :	331/4 % support test—2008. If the organizox and stop here. The organization qua	ration did not d lifies as a publ	check a box on licly supported	line 13 or 16a, organization .	and line 15 is	33%% or more	e, check this
	10%-facts-and-circumstances test —20 more, and if the organization meets the "facts-and-circum:	acts-and-circul	nstances" test,	check this box	and stop here.	. Explain in Par	t IV how the
1	10%-facts-and-circumstances test-2008 more, and if the organization meets the "facts-and-circumsta	acts-and-circun	nstances" test, o	check this box	and stop here.	Explain in Part	IV how the
	organization meets the macts-and-circumstation did						

	tule A (Form 990 or 990-EZ) 2009  Support Schedule for Organ				1)(2)		Page
<u> </u>	(Complete only if you checke tion A. Public Support	d the box o	n line 9 of Pa	art I.)			
	tiendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Total Jon (or 1202 Jon Bogan and pro-	(a) Loco	(5) 2000	(0) 200.	(4) 2000	(0) 2005	(1) 1000
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 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						
6	Total. Add lines 1 through 5		<u> </u>	<u></u>			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	· · · · · · · · · · · · · · · · · · ·					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			γ		,	·
Ca	dendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6	•					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	4			- COL A		501(a)(2)
14	First five years. If the Form 990 is for toganization, check this box and stop in the Company of Public Survey of Public Surv	here	<u> </u>	nd, third, fourti	n, or mith tax y	ear as a secth	on 501(c)(3) ▶ [
Sec	tion C. Computation of Public Sup					1 45	
15 16	Public support percentage for 2009 (lin- Public support percentage from 2008 S					16	<u>%</u>

Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .

Section D. Computation of Investment Income Percentage

b 33% % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33% %, 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 ▶ ☐

%

Schedule A (I	Form 990 or 990-EZ) 2009 Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
N/A	

# SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Part I General Information on Grants and Assistance

Educational Foundation

Encinitas

Name of the organization

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

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

Open to Public Inspection

► Attach to Form 990.

Employer Identification number 23 : 0178719

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	records to substantia	antlate the amour	nt of the grants or ass	sistance, the grantees	s' eligibility for the gra	nts or assistance, a	P. □
the selection criteria used to award the grants of assistances.	ward trie grants of ation's procedures	for monitoring the	ne use of grant funds	in the United States.			
ar	sistance to Gove	emments and	Organizations in th	ne United States. (	Complete if the orga	nization answered	"Yes" to
Form 990, Part IV, line 21, for any recipient that received more than Part IV and Schedule I-1 (Form 990) if additional space is needed.	21, for any reclp -1 (Form 990) if	olent that recelv additional space	ed more than \$5,00 s is needed	00. Check this box	received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use I space is needed	eceived more thar	1 \$5,000. Use
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Encinitas Union Chael Didict	45-6001089		713,641	\	١	\	to fund science, art, music and
101 S. Randra Santa Fe Bd.	-6						technology Consultants
							and equipment.
							:
2 Enter total number of section 501(c)(3) and government organ	01(c)(3) and governing	nent organizations					
1	אמו וובמווטווט			• • • • • • • • • • • • • • • • • • • •			

Page 2

m 980) 2008 ENCINITAS Educational Foundation Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to p	rovide the informati	on required in Part	I, line 2, and any other	additional information.
THE MATORITY OF GRANT FLUDS ARE USED TO PAY CONSULTANT SALARIES FOR	T FLUNDS	ARE USED	To PAY COI	WILLTANT SA	thales Fal
SCIENCE, MUSIC, PHYSICAL EDUCATION AND TECHNOLOGY CONSULTANTS. THESE	A BONCA	They AND	TECHNOLOG	Y CONSULTAN	TS. THENE
FUNDS ARE PAID DIRECTLY TO THE ENCINITAS LUNION SCHOOL DISTRICT, WITH	TLY TO 7	THE BUCIN	ITAS LUNION	SCHOOL DIST	RICT , WHD
IN OUTTHE FUNDS BASED ON THE CONTRACTS THEY HAVE WITH THE	BASED D	J THE C	DNTPACTS	THEY HAVE	WIT THE
CONSULTANTS.					

#### **SCHEDULE 0** (Form 990)

#### Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990.

Encinitas Educational Foundation	33 ; 01	78719
PART VI, LINE 11A: A COPY OF THE FORM 990 IS	PROVIDED	Ca. THE
TREMULER PRIOR TO FILING THE	RETURN.	
PART IT LINE 19: AVAILABLE WON REQUEST.		
·····	•	
······		<del></del>
······································		
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chedulę O (Form 990) 2009 lame of the organization	Employer id	entification number	Page 2
Encinitas Educational Foundation	33_	0178719	
	 	•	
	 ·- <b></b>		
	 ·		