Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For th	ne 2021 calen	dar year, or tax year beg	nning	, 2021,	, and endin	g		,	20
В	Check it	f applicable:	С					D Employ	er identif	cation number
	Ad	dress change	FCL EDUCATION F	UND				68-0	00626	39
	-	ime change	2030 W. EL CAMI					E Telepho		
	-	tial return	SACRAMENTO, CA					016.	-443-	3731
	_							710	443	3734
	-	al return/terminated						C o	٠, خ	100 704
	-	nended return	F N	1 11			LI/a) le this s	G Gross read a group return		
	Ар	plication pending		oar onicer: VICKIE CA	ARROLL		` ,			
			SAME AS C ABOVE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 4047()(1)	507	H(b) Are all If "No,"	attach a list.	See insti	uctions.
<u> </u>		exempt status:	X 501(c)(3) 501(c) (4947(a)(1) or	527				
J			W.FCLCA.ORG/ABOU					exemption nu		
K		of organization:	X Corporation Trust	Association Other ►	L	Year of format	ion: 1984	4 M s	tate of le	gal domicile: CA
Pa	rt I	Summar				~~~~				
	1		be the organization's mis							
ce		EDUCATIO	NAL ACTIVITIES	IN THE AREAS OF	PEACE, J	USTICE,	AND C	TATP R	TGHT.	S
Activities & Governance										
err	•	Charletthia ba						E0/ af ita		
30		Check this bo	oting members of the gov	on discontinued its ope					1et ass	
8			dependent voting member						4	
ies			of individuals employed					L	5	0
ivit			of volunteers (estimate i						6	7
Act	7a	Total unrelate	ed business revenue from	Part VIII, column (C),	line 12				7a	0.
_	b	Net unrelated	d business taxable income	e from Form 990-T, Pa	rt I, line 11				7b	0.
							Р	rior Year		Current Year
4			and grants (Part VIII, lin					110,5	83.	122,766.
Revenue	9	Program serv	vice revenue (Part VIII, Iir	ne 2g)				•		,
∍ve	10	Investment in	ncome (Part VIII, column	(A), lines 3, 4, and 7d)				30,9	74.	28.
ď			e (Part VIII, column (A),							
			e – add lines 8 through 1					141,5	57.	122,794.
	13	Grants and si	imilar amounts paid (Part	IX, column (A), lines	1-3)					
	14	Benefits paid	I to or for members (Part	IX, column (A), line 4).						
S	15	Salaries, other	er compensation, employ	ee benefits (Part IX, co	olumn (A), lines	5-10)		113,6	26.	75,054.
Expenses	16 a	Professional	fundraising fees (Part IX,	column (A), line 11e).						
per	b	Total fundrais	sing expenses (Part IX, c	olumn (D), line 25) ►	1	L5,169.				
EX			ses (Part IX, column (A),	-				27,6	17	42,635.
		•	es. Add lines 13-17 (mus	·				141,2		117,689.
			s expenses. Subtract line						84.	5,105.
or Ses		Trevenue less	s expenses. Oubtract fine	10 110111 11110 12						End of Year
ts o	20	Total assets	(Part X, line 16)					ng of Curren , 425, 6		1,563,980.
lsse Bak	21		es (Part X, line 26)					572,5		528,416.
Net Assets o Fund Balance			,							•
			fund balances. Subtract	ime 21 from line 20			•	853,1	26.	1,035,564.
	rt II	Signatur								
Unde	er penalt olete. De	ties of perjury, I de eclaration of prepa	eclare that I have examined this rearer (other than officer) is based of	turn, including accompanying n all information of which prep	schedules and state arer has any knowle	ments, and to	the best of m	y knowledge	and belie	f, it is true, correct, and
		<u> </u>					1			
c:		Signatu	ire of officer				Da	te		
Siç He	JII re	NEW.	AN ANDDEA THEVO				EVECT	17777E F)TD	
			AN ANDREA INSKO print name and title				上人上しし	JTIVE I	TK.	
			preparer's name	Preparer's signature		Date	ı	Charle	:4 F	TIN
_			·	. reparer 5 signature		Date		Check	」"	
Pai			I. FRITZSCHE, CPA					self-employe	ea F	00423351
rre	epare e On	ls /	111111111111111111111111111111111111111							
US	e On	Firm's addre						Firm's EIN		43346
			SACRAMENTO, CA					Phone no.	916-4	22-2111 X V es
IVIA	/ tne ll	RK disclise th	nis return with the prepare	er snown anove / See ii	nstructions					X Vac No

FCL EDUCATION FUND 68-0062639 Page 2 **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 CARRY OUT NON-POLITICAL, EDUCATIONAL ACTIVITIES IN THE AREAS OF PEACE, AND CIVIL RIGHTS Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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?... No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 72,458. including grants of \$) (Expenses \$ \$ 4a (Code:) (Revenue EDUCATIONAL ACTIVITIES IN THE AREAS OUT NONPARTISAN 4 b (Code: including grants of 4 c (Code:) (Expenses including grants of **4 d** Other program services (Describe on Schedule O.) (Expenses including grants of) (Revenue \$ **4 e** Total program service expenses 72,458.

Part IV Checklist of Required Schedules

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

Χ

Form 990 (2021) FCL EDUCATION FUND 68-0062639 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Χ 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 Χ 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 25a..... Χ **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... Χ 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25h Χ Χ 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Χ persons? If 'Yes,' complete Schedule L, Part III. 27 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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Χ 'Yes,' complete Schedule L, Part IV..... 28a Χ **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28h c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV. 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II..... Χ 32 33 Χ 33 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..... Χ 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... Χ 35b 36 Χ 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 37 Χ Did the organization complete Schedule O and provide explanations on Schedule O for Part VI. lines 11b and 19? Χ 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable..... 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

If 'Yes,' complete Form 6069.

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68-0062639 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2 a 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..... C **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... Χ 3 a **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O...... 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5** a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... 5 a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... X 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a 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?..... Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.... X 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Χ 7 c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... 11 a **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a **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. 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand 13 c Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?...... 14a **b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ 15 excess parachute payment(s) during the year?..... If 'Yes,' see the instructions and file Form 4720, Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?....... 16 If 'Yes.' complete Form 4720. Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?......

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for

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a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 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..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... X 16 a **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 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records BOOKKEEPER 2030 W. EL CAMINO AVE, STE 210 SACRAMENTO CA 95833 916-443-3734

Form 990 (2021)

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

- 1 a 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

BAA

Check this box if neither the organization nor any relate	ed organiz	ation	con	npen	sate	d any	/ cu	rrent officer, direct	or, or trustee.	
(C)										
(A) Name and title	(B) Average hours per	thar	one both	box, an c ector	unles	,	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W- <u>2</u> /1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) KEVAN ANDREA INSKO EXECUTIVE DIR.	$-\frac{11}{22}$			Х				0.	69,744.	9,280.
(2) VICKIE CARROLL	3			21				0.	03,744.	3,200.
CHAIR	3	Х		Χ				0.	0.	0.
(3) JAMES ALEXANDER VICE CHAIR	2	Х		Х				0.	0.	0.
(4) STEVE BRIDLEBOUGH TREASURER	2	Х		Х				0.	0.	0.
(5) ELLEN EGGERS SECRETARY	2 2	Х		Х				0.	0.	0.
(6) PEGGY CRAIK DIRECTOR	1	X		21				0.	0.	0.
(7) SHANNON FREDIANI DIRECTOR	1	X						0.	0.	0.
(8) GEORGE GASTIL DIRECTOR	1	X						0.	0.	0.
(9)		Λ						0.	0.	<u> </u>
(10)										
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										

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Part VII Section A. Officers, Directors, Tru	ıstees,	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	oyees (contin	nued)
	(B)			((-						
(A) Name and title	Average hours per	box,	, unle	ss pe	erson	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amo	ount
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 - MISC/1099 - NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation f the organizati and related organization	on
(15)											
(16)											
<u>(17)</u>											
(18)		-									
(19)											
(20)		-									
(21)											
(22)											
(23)											
(24)		-									
(25)											
1 b Subtotal							•	0.	69,744.	9,2	80.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	0.	0. 69,744.	0.2	0.
Total number of individuals (including but not limited)							ved				.00.
from the organization • 0											
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey ei	mplo	oyee	e, or	high	nest compensated	employee	Yes	No
on line 1a? If 'Yes,' compléte Schedule J for suc. 4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	ensa	ition	and	oth	er compensation		3	X
the organization and related organizations greate such individual										4	X
 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes Section B. Independent Contractors 	e comper s,' comple	te Sc	n tr	om i lule	any J fo	unre r suc	h p	d organization or erson	individual 	. 5	X
Complete this table for your five highest compensors compensation from the organization. Report compensation.	sated indes	epend	dent	COI	ntrad	ctors	tha	t received more the	han \$100,000 of		
(A) Name and business addi		110 0	alon	uui _	your	Crian	<u> </u>	(B) Description		(C) Compensation	n
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o the	se I	isted	abo	ve)	who received more	than		

Par	t VII	Statement of	Rev	venue	1 0112				00 000000	
		Check if Schedul	le O	contains	a resp	onse or note to any	y line in this Part V			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, st	1 a	Federated campaig	ıns .		1 a					
	b	${\it Membership\ dues.}$			1 b					
s, G Am	С	Fundraising events			1 c					
ia ii	d	Related organization			1 d					
ns,	e	Government grants (cont All other contributions, g			1 e					
ž ži	'	similar amounts not incl			1 f	122,766.				
₫ 5	g	Noncash contributions in	nclude	ed in	1					
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a			1 g	•	122 766			
	- "	Totali / laa liiles Ta			· · · · · · ·	Business Code	122,766.			
enn	2 a									
æ	b									
ဒို့	С									
Ser	d									
ᇤ	е									
Program Service Revenue		All other program s				•				
ā		Total. Add lines 2a								
	3 Investment income (including dividends other similar amounts)					iterest, and	28.			28.
	4	Income from invest	tmer	nt of tax-e	xempt	bond proceeds >	20.			20.
	5	Royalties								
				(i) Re	eal	(ii) Personal				
			6a							
		Less: rental expenses	6b							
		Rental income or (loss) Net rental income of		200)						
			טו (וכ	(i) Secu		(ii) Other				
	7 a	Gross amount from sales of assets		(7		(", "				
	h	other than inventory Less: cost or other basis	7a							
	ט	and sales expenses	7b							
		Gain or (loss)	7с							
	d	Net gain or (loss).								
ē	8 a	Gross income from fundi	raisin	g events						
ē		(not including \$ of contributions reported	l on li	ne 1c)						
Other Revenue		See Part IV, line 18			8 a					
ē	b	Less: direct expens			81					
돌		Net income or (loss			ising e	vents ▶				
_	9 a	Gross income from gami See Part IV, line 19	ing ac	tivities.	9 a					
	b	Less: direct expens			9 t					
		Net income or (loss								
		Gross sales of inventory, returns and allowances.			10a	1				
		Less: cost of goods			101					
	С	Net income or (loss	s) fro	om sales	of inve					
STS	11 -					Business Code				
Miscellaneous Revenue	11 a b									
ke Ka	C									
SC. Re	d	All other revenue.								
Σ		Total. Add lines 11			∟ 					
	12	Total revenue. See	inst	ructions.			122,794.	0.	0.	28.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a r	•			X
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	61,664.	36,998.	15,416.	9,250.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,	,	·	
•	Other employee benefits	2,574.	1,544.	644.	386.
9 10	Payroll taxes	5,892.	3,535.	1,473.	884.
10 11	Fees for services (nonemployees):	4,924.	2,954.	1,231.	739.
	a Management				
	b Legal				
	c Accounting	1,500.		1,500.	
	d Lobbying	1,500.		1,300.	
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
ç	J Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0SCH. Q Advertising and promotion.	27,237.	20,822.	4,010.	2,405.
13	Office expenses	768.	461.	192.	115.
14	Information technology	700.	401.	172.	113.
15	Royalties				
16	Occupancy	4,550.	2,729.	1,138.	683.
17	Travel	93.	93.	1,150.	005.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	33.	33.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	385.		385.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
ä	BANK CHARGES	2,893.		2,893.	
	TELEPHONE	1,816.	1,090.	454.	272.
	MISCELLANEOUS	1,475.	885.	369.	221.
	POSTAGE AND SHIPPING	1,426.	855.	357.	214.
	All other expenses	492.	492.		
25	Total functional expenses. Add lines 1 through 24e	117,689.	72,458.	30,062.	15,169.
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)				
DAA					F 000 (0001)

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Page 11

Part X Balance Sheet (A) Beginning of year **(B)** End of year 1 117,759. Cash — non-interest-bearing. 90,400 Savings and temporary cash investments..... 2 2 3 Pledges and grants receivable, net..... 2,800. Accounts receivable, net 4,205 4 1,590. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 2,341 10 b 10 c **b** Less: accumulated depreciation..... Investments — publicly traded securities..... 11 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 14 Intangible assets..... 15 Other assets. See Part IV, line 11.... 1,331,053 1,441,831. 15 1,425,658. 16 1,563,980. 16 Total assets. Add lines 1 through 15 (must equal line 33).... $30,5\overline{44}$ 17 Accounts payable and accrued expenses..... 17 42,497 18 Grants payable 18 19 19 541,988. 485,919. 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Unsecured notes and loans payable to unrelated third parties..... 24 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. 25 25 Total liabilities. Add lines 17 through 25..... 572,532 26 528,416 Organizations that follow FASB ASC 958, check here ▶ **Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 63,939 27 79,652. Net assets with donor restrictions..... 789,187. 955,912. Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. ö Capital stock or trust principal, or current funds..... 29 Net Assets Paid-in or capital surplus, or land, building, or equipment fund..... 30 Retained earnings, endowment, accumulated income, or other funds...... 31 31 32 32 853,126 1,035,564. Total liabilities and net assets/fund balances..... 33 1,425,658. 33 1,563,980.

BAA TEEA0111L 09/22/21 Form **990** (2021)

Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	22,7	94.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1:	17,6	89.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,1	05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8;	53,1	26.
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			
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE 0	9	1	77,3	33.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,03	35,5	64.
Par	rt XII Financial Statements and Reporting	•	,		
	Check if Schedule O contains a response or note to any line in this Part XII				. П
	,		-	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ed on a			
ŀ	were the organization's financial statements audited by an independent accountant?		. 2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	te			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	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		Х
ŀ	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
BAA	TEEA0112L 09/22/21		Form	990 ((2021)

*** PUBLIC DISCLOSURE COPY ***

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number FCL EDUCATION FUND 68-0062639 Part I 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 12, 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 (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% 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 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 10 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). 11 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 on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	70,031.	146,170.	97,189.	110,583.	122,766.	546,739.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	70,031.	146,170.	97,189.	110,583.	122,766.	546,739.
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)						87,451.
6	Public support. Subtract line 5 from line 4						459,288.
Sec	tion B. Total Support					.	
	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	70,031.	146,170.	97,189.	110,583.	122,766.	546,739.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	39.	131.	146.	30,974.	28.	31,318.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						578,057.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						▶ □
	tion C. Computation of Pu						
	Public support percentage for 20						79.45%
15	Public support percentage from	2020 Schedule A,	Part II, line 14				82.27 %
16a	33-1/3% support test—2021. If t and stop here. The organization	he organization di qualifies as a pub	d not check the bolicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box ► X
b	33-1/3% support test—2020. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported or	on line 13 or 16a ganization	a, and line 15 is 33	3-1/3% or more, cl	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	. Explain in Part \	/I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances te	nd-circumstances est. The organizati	test, check this to ion qualifies as a	pox and stop here publicly supporte	LExplain in Part d organization	/I how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	tructions ►
						• • • • •	

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

c Add lines 7a and 7b..... Public support. (Subtract line 7c from line 6.)......

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FCL EDUCATION FUND 68-0062639 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 (c) 2019 Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').... 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... Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.... The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 5... Amounts included on lines 1, 2, and 3 received from disqualified persons... **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.....

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for organization, check this box and s						

	Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is organization, check this box and				ifth tax year as a			>
Sec	tion C. Computation of Pul	olic Support P	Percentage					
15	Public support percentage for 20	21 (line 8, colum	n (f), divided by I	ine 13, column (f)))		15	%
16	Public support percentage from 2	2020 Schedule A,	Part III, line 15.				16	%
Sec	tion D. Computation of Inv	estment Incor	me Percentag	е				
17	Investment income percentage for	or 2021 (line 10c,	column (f), divid	ed by line 13, col	umn (f))		17	%
18	Investment income percentage fi	om 2020 Schedu	ıle A, Part III, line	: 17			18	%
19a	33-1/3% support tests—2021. If t is not more than 33-1/3%, check							ne 17 ▶ □
b	33-1/3% support tests—2020. If t line 18 is not more than 33-1/3%							
20	Private foundation. If the organize	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	l see instructi	ons	▶ 🗍

BAA TEEA0403L 08/31/21 Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
k	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.	3b		
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.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
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.	9с		
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)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

		*** PUBLIC DISCLOSURE COPY ***				
		(Form 990) 2021 FCL EDUCATION FUND 68-006	2639		Pa	age 5
Par	t IV	Supporting Organizations (continued)		V	·	N
11	Has tl	he organization accepted a gift or contribution from any of the following persons?		T	es	No
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, overning body of a supported organization?	11	а		
b	A fam	nily member of a person described on line 11a above?	11	b		
		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 .	11	_		
		3. Type I Supporting Organizations				
-		5. Type I capper and Cigamizations		Υ	es	No
1	or mo office organ than o were	ne governing body, members of the governing body, officers acting in their official capacity, or membership of core supported organizations have the power to regularly appoint or elect at least a majority of the organization's rs, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had mone supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such power	s ore			
2	Did the that of benefit	the tax year. The organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2			
<u> </u>	- ' '			•		
Sec	tion (C. Type II Supporting Organizations		Tv	es	No
1	Moro	a majority of the arganization's directors or trustoes during the toy year also a majority of the directors or trustoes		ť	0.3	110
'	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	he 1			
Sec	tion [D. All Type III Supporting Organizations				
				Y	es	No
1	organ year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how reganization maintained a close and continuous working relationship with the supported organization(s).	2			
3	voice	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at the describe in Part VI the role the organization's supported organizations played				
		s regard.	3	;		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations				
1 a b	TI	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.		struct	tions).
2	Activi	ties Test. Answer lines 2a and 2b below.		Υ	es	No
	Did su suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was ensive to those supported organizations, and how the organization determined that these activities constituted				
h		cantially all of its activities. The activities described on line 2a, above, constitute activities that, but for the organization's involvement, one o	or 2	a		

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.*

2b

За

Schedule A (Form 990) 2021

FCL EDUCATION FUND

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Pai	$\mathbf{r}_{\mathbf{t}}$ $\mathbf{v} = \mathbf{r}_{\mathbf{t}}$ \mathbf{v} in Non-Functionally integrated 509(a)(3) Supporting Organ	ınıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	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		
Sec	tion 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):			
	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
(Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current 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 inte (see instructions).	grated	d Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	tion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8			
9	Distributable amount for 2021 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part VI

FCL EDUCATION FUND

68-0062639

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

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

*** PUBLIC DISCLOSURE COPY ***

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

FCL EDUCATION FUND

				68-0062639	
Par	t Organizations Maintaining Dono	r Advised Funds or Other Simi	lar Funds or Ac	counts.	
	Complete if the organization answ	vered 'Yes' on Form 990, Part I	V, line 6.		
		(a) Donor advised funds	(b)	Funds and other acc	ounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the assets horganization's exclusive legal control?	eld in donor advise	d funds	□No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or for a	ny other purpose co	onferring	□ No
Par	Conservation Easements. Complete if the organization answ	vered 'Yes' on Form 990, Part	V, line 7.		
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (for examp	ele, recreation or education)	reservation of a his	torically important lar	nd area
	Protection of natural habitat			tified historic structur	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution i	n the form of a conse	ervation easement on t	he
_	last day of the tax year.	ela a qualifica conscivation contribution i	ir the form of a const	sivation casement on t	
				Held at the End of the	ne Tax Year
á	Total number of conservation easements		2a		
ŀ	Total acreage restricted by conservation easer	nents	2b		
(: Number of conservation easements on a certif	ied historic structure included in (a)	2c		
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and not or	n a historic		
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, or termin	ated by the organization	tion during the	
4	Number of states where property subject to conse	rvation easement is located ►			
5	Does the organization have a written policy requand enforcement of the conservation easemen				No
6	Staff and volunteer hours devoted to monitoring, in				rear
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and enforcin	g conservation easer	ments during the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirement	nts of section 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revo the organization's financial statemer	enue and expense : its that describes th	statement and baland le organization's acco	ce sheet, and ounting for
Par	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical Treasu vered 'Yes' on Form 990, Part I	res, or Other Si V, line 8.	milar Assets.	
1 a	If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financial	d for public exhibition, education, or re	esearch in furtheran	nd balance sheet work ce of public service,	ks of art, provide in
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	FASB ASC 958, to report in its revening r public exhibition, education, or research	ue statement and band in furtherance of pu	alance sheet works o blic service, provide th	f art, e
	(i) Revenue included on Form 990, Part VIII,	line 1		▶\$	
	(ii) Assets included in Form 990, Part X			▶\$	
2	If the organization received or held works of art, h amounts required to be reported under FASB A	istorical treasures, or other similar assets ASC 958 relating to these items:	for financial gain, pr	rovide the following	
á	Revenue included on Form 990, Part VIII, line			▶\$	

Part III Organizations Maintaining Colle	ctions of Art, Histo	ricai Treasures, or	Other Similar Ass	ets (continuea)	
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check ar	ny of the following that ma	ake significant use of its	collection	
a Public exhibition	d Loan o	r exchange program			
b Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's collecting Part XIII.	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in				
5 During the year, did the organization solicit or to be sold to raise funds rather than to be main	ntained as part of the or	ganization's collection?		Yes No	
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	nents. Complete if the Form 990, Part X, I	ne organization ans ine 21.	swered 'Yes' on Fo	rm 990, Part IV,	
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	n or other intermediary t	for contributions or othe	er assets not included	Yes No	
b If 'Yes,' explain the arrangement in Part XIII a	and complete the following	ng table:			
				Amount	
c Beginning balance			1c		
d Additions during the year			1 d		
e Distributions during the year			1e		
f Ending balance			1f		
2a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No	
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provide	d on Part XIII		
•	•	·			
Part V Endowment Funds. Complete if	the organization ans	swered 'Yes' on Fo	rm 990. Part IV. lii	ne 10.	
(a) Current		(c) Two years back		(e) Four years back	
1 a Beginning of year balance	(4)	(-,)	(.,,	(0)	
b Contributions					
				+	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
· · · · · · · · · · · · · · · · · · ·				_	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curre	nt year end balance (line	e 1g, column (a)) held a	as:		
a Board designated or quasi-endowment ▶	%				
b Permanent endowment ► %					
c Term endowment ► %					
The percentages on lines 2a, 2b, and 2c should e	qual 100%.				
2.2 Are there endowment funds not in the necession	of the organization that o	ra hald and administered	for the		
3 a Are there endowment funds not in the possession organization by:	or the organization that a	re neiu anu auministereu	ioi tile	Yes No	
(i) Unrelated organizations				3a(i)	
(ii) Related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organization				3b	
4 Describe in Part XIII the intended uses of the	•				
Part VI Land, Buildings, and Equipment					
Complete if the organization ans		n 990 Part IV line	11a See Form 90	n Part X line 10	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1 a Land	(investment)	DU313 (U11101)	acpreciation		
b Buildings					
9					
c Leasehold improvements					
d Equipment					
e Other	2,341.		2,341.	0.	
Total. Add lines 1a through 1e. (Column (d) must ed	quai Form 990, Part X, c	olumn (B), line 10c.)		0.	

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Schedule D (Form 990) 2021

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68-0062639

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		NT / 7\	
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990	N/A). Part IV. line 11c. See Form 99	0. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets. Complete if the organization answered	'Ves' on Form 990) Part IV line 11d See Form 90	00 Part V line 15
	scription	b, r art rv, line rru. See r om 93	(b) Book value
(1) POOLED INCOME FUND			1,441,831.
(2)			,
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15.)		1,441,831.
Part X Other Liabilities.	, ,		1,111,001.
Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 11	1e or 11f. See Form 990, Part X, line 25.	
	iption of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for	otnote to the organization's fir	nancial statements that reports the organization's I	
tax positions under FASB ASC 740. Check here if the text of the footnote has	been provided in Part XIII		

TEEA3303L 08/30/21

Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	. 2a	
b Donated services and use of facilities	. 2b	
c Recoveries of prior year grants	. 2c	
d Other (Describe in Part XIII.)	. 2d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b Other (Describe in Part XIII.)	. 4b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,)	5
Part XII Reconciliation of Expenses per Audited Financial Statem		Return. N/A
Complete if the organization answered 'Yes' on Form 990,		Return. N/A
	Part IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements	Part IV, line 12a	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements	Part IV, line 12a. 2a 2b 2c	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements	Part IV, line 12a. 2a 2b 2c 2d	
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	Part IV, line 12a. 2a 2b 2c 2d	1
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	Part IV, line 12a. 2a 2b 2c 2d	2 e
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	Part IV, line 12a. 2a 2b 2c 2d	2 e
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	Part IV, line 12a. 2a 2b 2c 2d 4a 4b	2e 3
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	Part IV, line 12a. 2a 2b 2c 2d 4a 4b	2e 3
Complete if the organization answered 'Yes' on Form 990, 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	Part IV, line 12a. 2a 2b 2c 2d 4a 4b	2e 3

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

BAA Schedule D (Form 990) 2021

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FCL EDUCATION FUND

Employer identification number

68-0062639

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

FORM 990 IS REVIEWED BY MANAGEMENT BEFORE FILING.

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

OUR CONFLICT OF INTEREST POLICY APPLIES TO THE BOARD OF DIRECTORS. WE DISCUSS POTENTIAL PROBLEMS, IF ANY, AT THE ANNUAL MEETING

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

DOCUMENTS ARE AVAILABLE ON REQUEST.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
COMPUTER TECH OTHER PRO FEES POLICY CONSULTING		3,094. 12,943. 11,200.	1,856. 7,766. 11,200.	774. 3,236.	464. 1,941.
	TOTAL \$	27,237.	\$ 20,822.	\$ 4,010.	\$ 2,405.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE OF POOLED	INCOME	FUND	\$ 177,333.
		TOTAL	\$ 177,333.

*** PUBLIC DISCLOSURE COPY ***

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(b) Primary activity

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

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

2021

2021

OMB No. 1545-0047

Open to Public Inspection

> (f) Direct controlling

entity

(e) End-of-year assets

Department of the Treasury Internal Revenue Service

Name of the organization

FCL EDUCATION FUND

(a)
Name, address, and EIN (if applicable) of disregarded entity

Employer identification number 68-0062639

(d) Total income

(c) Legal domicile (state

or foreign country)

<u>(2)</u>							
<u>(3)</u>							
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org					t IV, line 34, beca		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct controlling entity	Sec 512(controlled	
(1) FRIENDS COMMITTEE ON LEGISLATION O 2030 W. EL CAMINO AVE, STE 210 SACRAMENTO, CA 95833 94-1222456	LOBBY AND INFLUENCE THE CALIFORNIA LEGIS	CA	501 (C) (4)	N/A	N/A	Yes	No X
(2) 				21, 22	2,722		
<u>(3)</u>							
(4)							

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

(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form	(j) General or managing partner?		(k) Percentage ownership
	country)		512-514)			Yes	No	1065)	Yes	No	
	Primary activity	Primary activity Legal domicile (state or foreign country)	domicile controlling (state or entity	domicile controlling (related, unrelated, (state or entity excluded from tax	Primary activity Legal Direct Predominant income Share of total domicile controlling (related, unrelated, income excluded from tax	Primary activity Legal Direct Controlling	domicile controlling (related, unrelated, income end-of-year assets allocations) foreign under sections	domicile controlling (related, unrelated, state or entity excluded from tax foreign under sections entity excluded from tax under sections entity entity entity excluded from tax under sections entity entit	domicile controlling (related, unrelated, excluded from tax foreign under sections (state or foreign) (related, unrelated, excluded from tax under sections (state or foreign) (related, unrelated, excluded from tax under sections (state or foreign) (related, unrelated, excluded from tax under sections) (related, under sections)	domicile controlling (related, unrelated, state or entity excluded from tax under sections (state or foreign) (related, unrelated, excluded from tax under sections end-of-year assets allocations? 20 of Schedule part	domicile controlling (related, unrelated, state or entity excluded from tax foreign under sections entity excluded from tax under sections end-of-year allocations? 20 of Schedule partner? Excluded from tax under sections end-of-year allocations?

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

	•		•		•				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512(b)(13) controlled entity	
								Yes	No
(1)									
	-								
	1								
(2)									
<u></u>									
	-								
(3)									
	†								
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BAA TEEA5002L 09/21/21 Schedule **R** (Form 990) 2021

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

Χ

Yes No

1 a

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

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

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

b Gift, grant, or capital contribution to related organization(s)				1 b		Χ					
c Gift, grant, or capital contribution from related organization(s)				1 c		Χ					
d Loans or loan guarantees to or for related organization(s)				1 d		X					
e Loans or loan guarantees by related organization(s)				1 e		Χ					
f Dividends from related organization(s)				1 f		X					
g Sale of assets to related organization(s)				1 g		X					
h Purchase of assets from related organization(s)				1h		X					
i Exchange of assets with related organization(s)				1i		Χ					
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X					
k Lease of facilities, equipment, or other assets from related organization(s)				1 k		X					
I Performance of services or membership or fundraising solicitations for related organization(s)				11		Χ					
m Performance of services or membership or fundraising solicitations by related organization(s)				1 m		Χ					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)											
p Reimbursement paid to related organization(s) for expenses											
q Reimbursement paid by related organization(s) for expenses.											
r Other transfer of cash or property to related organization(s).				1r		Χ					
s Other transfer of cash or property from related organization(s)				1 s		Χ					
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover	red relationships and trans	saction thresholds.									
(a) Name of related organization	(b) Transaction	(c) Amount involved	Metho	(d) od of de	eterm	ining					
	type (a-s)		am	ount ir	nvolve	<u>:d</u>					
FRIENDS COMMITTEE ON LEGISLATION OF CA	P	87,993.	MOU								
2)											
3)											
,											
5)											
·/											
AA TEEA5003L 09/21/21	<u> </u>	Sched	<u> </u>	(Form	aan	2021					
TECA3003L 09/21/21		Scried	aic N	(1 01111	J50)	ZUZ I					

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

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

(a) Name, address, and EIN of entity		(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		sections 512-514)	Yes	No		Yes	No	,	Yes	No	
<u>(1)</u>											
<u>(2)</u>											
(3)											
<u>(4)</u>	-										
	1										
(5)	-										
	-										
<u>(6)</u>											
<u>(7)</u>	-										
]										
<u>(8)</u>											
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Part VII Supplemental Information

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