			** PUBLIC DISCLOSURE	COPY **		
		00	Return of Organization Exem	pt From I	ncome Tax	OMB No. 1545-0047
Form 990		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Re			ns) 2021
Department of the Treasury			Do not enter social security numbers on this	form as it may l	be made public.	Open to Public
Intern	al Rever	nue Service	Go to www.irs.gov/Form990 for instructio			Inspection
<u>A</u> F	or the	e 2021 calend	ar year, or tax year beginning $ m JUL1$, 2021	and ending	JUN 30, 2022	
	heck if oplicable	C Name o	organization		D Employer identified	cation number
	Addres					
	_chang ⊲Name	e FCNL	EDUCATION FUND			0.0
]chang ∣Initial	e Doing b	usiness as		52-12544	
]return]Final		and street (or P.O. box if mail is not delivered to street address) 2ND STREET, NE	Room/suite	E Telephone number	
	/return/ termin				G Gross receipts \$	24,817,364.
	ated Ameno		own, state or province, country, and ZIP or foreign postal coc INGTON, DC 20002	ie	H(a) Is this a group re	
	_return]Applic		nd address of principal officer: BRIDGET MOIX		for subordinates	
	⊥tion pendir		AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	empt status:		7(a)(1) or 527		list. See instructions
		te: FCNL			H(c) Group exemption	
κF	orm of	f organization:	X Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	<u> </u>	State of legal domicile: DC
	rt I	Summary				-
•	1	Briefly describ	e the organization's mission or most significant activities: $~~ \underline{ extsf{T}}$	O EDUCATE	E THE PUBLIC	ABOUT
Governance			S FOR PEACE, JUSTICE AND THE EN			
rna	2	Check this bo	x 🕨 🥅 if the organization discontinued its operations or	disposed of more	e than 25% of its net ass	ets.
ove	3	Number of vo	ing members of the governing body (Part VI, line 1a)			12
Ō	4	Number of inc	ependent voting members of the governing body (Part VI, line	e1b)		11
es {			of individuals employed in calendar year 2021 (Part V, line 2a)			0
Activities &			of volunteers (estimate if necessary)			2434
Act			d business revenue from Part VIII, column (C), line 12			-70.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.
	_	.			Prior Year	Current Year
ne			and grants (Part VIII, line 1h)		4,346,199.	4,380,713.
venue	9	Program servi	ce revenue (Part VIII, line 2g)		4,346,199. 0.	4,380,713. 0.
Revenue	9 10	Program servi Investment inc	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		4,346,199. 0. 2,472,332.	4,380,713. 0. 2,273,185.
Revenue	9 10 11	Program servi Investment in Other revenue	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,346,199. 0. 2,472,332. -56,521.	4,380,713. 0. 2,273,185. -20,723.
Revenue	9 10 11 12	Program servi Investment in Other revenue Total revenue	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line		4,346,199. 0. 2,472,332.	4,380,713. 0. 2,273,185. -20,723. 6,633,175.
Revenue	9 10 11 <u>12</u> 13	Program servi Investment in Other revenue Total revenue Grants and sin	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3)	12)	4,346,199. 0. 2,472,332. -56,521. 6,762,010.	4,380,713. 0. 2,273,185. -20,723.
	9 10 11 12 13 14	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4)	: 12)	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 0.	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0.
	9 10 11 12 13 14 15	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, othe	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines undraising fees (Part IX, column (A), line 11e)	5-10)	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0.	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0.
	9 10 11 12 13 14 15 16a	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, othe Professional f	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4)	5-10)	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 2,547,011. 0.	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0.
Expenses Revenue	9 10 11 12 13 14 15 16a b	Program servi Investment in Other revenue <u>Total revenue</u> Grants and sin Benefits paid Salaries, othe Professional f Total fundrais	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines undraising fees (Part IX, column (A), line 11e)	5-10)	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 2,547,011. 0. 1,941,915.	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0. 2,570,157.
	9 10 11 12 13 14 15 16a b 17	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) - 1,00	5-10)	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 2,547,011. 0. 1,941,915. 4,488,926.	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0. 2,570,157. 5,709,064.
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines undraising fees (Part IX, column (A), line 11e) mg expenses (Part IX, column (D), line 25) $1,000$ es (Part IX, column (A), lines 11a-11d, 11f-24e)	5-10) 1,593.	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 2,547,011. 0. 1,941,915. 4,488,926. 2,273,084.	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0. 2,570,157. 5,709,064. 924,111.
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line - add lines 8 through 11 (must equal Part VIII, column (A), line - add lines 8 through 11 (must equal Part VIII, column (A), line - add lines 8 through 11 (must equal Part VIII, column (A), line - add lines 8 through 11 (must equal Part VIII, column (A), line - or for members (Part IX, column (A), line 1-3) - compensation, employee benefits (Part IX, column (A), lines - or of feres (Part IX, column (A), line 11e) - ng expenses (Part IX, column (D), line 25) - or of 1, 00 es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) - expenses. Subtract line 18 from line 12	5-10) 1,593.	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 2,547,011. 0. 1,941,915. 4,488,926. 2,273,084. eginning of Current Year	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0. 2,570,157. 5,709,064. 924,111. End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (f	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright <u>1,00</u> es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	5-10)	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 2,547,011. 0. 1,941,915. 4,488,926. 2,273,084. eginning of Current Year 36,868,775.	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0. 2,570,157. 5,709,064. 924,111. End of Year 34,074,472.
Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (f Total liabilities	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright <u>1,00</u> es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26)	5-10)	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 2,547,011. 0. 1,941,915. 4,488,926. 2,273,084. eginning of Current Year 36,868,775. 3,374,283.	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0. 2,570,157. 5,709,064. 924,111. End of Year 34,074,472. 2,899,399.
Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (f Total liabilities Net assets or	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright <u>1,00</u> as (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20	5-10)	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 2,547,011. 0. 1,941,915. 4,488,926. 2,273,084. eginning of Current Year 36,868,775.	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0. 2,570,157. 5,709,064. 924,111. End of Year 34,074,472.
The sets of Expenses	9 10 11 12 13 14 15 16a 17 18 19 20 21 22 rt II	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (f Total liabilities Net assets or Signature	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines undraising fees (Part IX, column (A), line 11e) - ng expenses (Part IX, column (D), line 25) $_$ 1,00 es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) - expenses. Subtract line 18 from line 12 - Part X, line 16) (Part X, line 26) - fund balances. Subtract line 21 from line 20 - Block	5-10) 1,593. Br	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 0. 2,547,011. 0. 1,941,915. 4,488,926. 2,273,084. eginning of Current Year 36,868,775. 3,374,283. 33,494,492.	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0. 2,570,157. 5,709,064. 924,111. End of Year 34,074,472. 2,899,399. 31,175,073.
pp D Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 crt II 22 cr pena	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (f Total liabilities Net assets or Signature alties of perjury,	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines undraising fees (Part IX, column (A), line 11e) - ng expenses (Part IX, column (D), line 25) $_$ 1,00 as (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) - expenses. Subtract line 18 from line 12 - Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 Block declare that I have examined this return, including accompanying score	5-10)	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 0. 2,547,011. 0. 1,941,915. 4,488,926. 2,273,084. eginning of Current Year 36,868,775. 3,374,283. 33,494,492. ents, and to the best of my	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0. 2,570,157. 5,709,064. 924,111. End of Year 34,074,472. 2,899,399. 31,175,073.
pp D Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 crt II 22 cr pena	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (f Total liabilities Net assets or Signature alties of perjury,	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines undraising fees (Part IX, column (A), line 11e) - ng expenses (Part IX, column (D), line 25) $_$ 1,00 es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) - expenses. Subtract line 18 from line 12 - Part X, line 16) (Part X, line 26) - fund balances. Subtract line 21 from line 20 - Block	5-10)	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 2,547,011. 0. 1,941,915. 4,488,926. 2,273,084. eginning of Current Year 36,868,775. 3,374,283. 33,494,492.	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0. 2,570,157. 5,709,064. 924,111. End of Year 34,074,472. 2,899,399. 31,175,073.
app Generation Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II 22 correc	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less Total assets (f Total liabilities Net assets or Signature alties of perjury, ct, and complete	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines undraising fees (Part IX, column (A), line 11e) - ng expenses (Part IX, column (D), line 25) $_$ 1,00 as (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) - expenses. Subtract line 18 from line 12 - Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 Block declare that I have examined this return, including accompanying score	5-10)	4,346,199. 0. 2,472,332. -56,521. 6,762,010. 0. 0. 2,547,011. 0. 1,941,915. 4,488,926. 2,273,084. eginning of Current Year 36,868,775. 3,374,283. 33,494,492. ents, and to the best of my	4,380,713. 0. 2,273,185. -20,723. 6,633,175. 0. 0. 3,138,907. 0. 2,570,157. 5,709,064. 924,111. End of Year 34,074,472. 2,899,399. 31,175,073.
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	WASHINGTON, DC 20036	Ph	none no. (202)	227-4	4000
May the IRS	S discuss this return with the preparer shown above? See instructions		X	Yes	N
132001 12-09-	LHA For Paperwork Reduction Act Notice, see the separate in	nstructions.		Form 9	90 (202

га	Int III Statement of Program Service Accomplishments	X
4	Check if Schedule O contains a response or note to any line in this Part III	Δ
1	Briefly describe the organization's mission: THE FCNL EDUCATION FUND (THE EDUCATION FUND)'S RESEARCH, ANALYSIS, AND	n
	EDUCATIONAL WORK INFORM MEMBERS OF THE PUBLIC AND GOVERNMENT LEADERS	,
	ABOUT ISSUES OF PEACE, JUSTICE, AND ENVIRONMENTAL STEWARDSHIP THAT ARE	7
		<u> </u>
_	OF CONCERN TO THE RELIGIOUS SOCIETY OF FRIENDS (QUAKERS).	
2	Did the organization undertake any significant program services during the year which were not listed on the	æ
	prior Form 990 or 990-EZ?	
_	If "Yes," describe these new services on Schedule O.	7
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	<u>No</u>
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 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.	
4a		
	ADVOCACY AND OUTREACH: THE EDUCATION FUND WORKS WITH A NETWORK OF SOME	3
	80,000 PEOPLE FROM ALL OVER THE COUNTRY TO EDUCATE, ENCOURAGE, AND	
	TRAIN PEOPLE TO BE INVOLVED IN THE DEMOCRATIC PROCESSES AND TO EDUCATE	
	CITIZENS ABOUT PUBLIC POLICY INITIATIVES. THROUGH COMMUNICATIONS (SUCH	ł
	AS NEWSLETTERS, WEB SITE, EMAILS, SOCIAL MEDIA POSTS, AND TELEPHONE	
	CALLS) AND TRAVEL AROUND THE COUNTRY, THE EDUCATION FUND TRAINS PEOPLE	3
	IN EFFECTIVE AND TIMELY ADVOCACY FOR PEACE AND JUSTICE.	
4b		
	LEGISLATIVE AND EDUCATIONAL ACTIVITIES: THE EDUCATION FUND ANALYZES	
	EXISTING AND PROPOSED FEDERAL GOVERNMENT POLICIES THAT HAVE AN IMPACT	
	ON THE LIVES OF EVERYONE IN THE UNITED STATES. THE EDUCATION FUND	
	RESEARCHES AND WRITES ABOUT GOVERNMENT'S ROLE IN PROGRAMS THAT	
	ALLEVIATE POVERTY AND ADDRESS PRESSING HUMAN AND COMMUNITY NEEDS, SUCH	I
	AS FOOD, HOUSING, HEALTH CARE, EDUCATION, AND OPPORTUNITIES FOR	
	MEANINGFUL EMPLOYMENT. THE EDUCATION FUND INFORMS CONGRESS AND THE	
	PUBLIC ABOUT THE IMPORTANCE OF REDUCTIONS IN THE OVERALL MILITARY	
	BUDGET AND IN WORLDWIDE U.S. MILITARY OPERATIONS AND SHIFTING FUNDS TO)
	HUMAN NEEDS AND TRUE HUMAN SECURITY. THE EDUCATION FUND SUPPORTS	
	COMMON-SENSE REFORMS OF U.S. IMMIGRATION POLICY THAT RESPECTS THE	
	RIGHTS AND DIGNITY OF ALL IMMIGRANTS, DEMONSTRATES COMPASSION FOR	
4c	(Code:) (Expenses \$468,937. including grants of \$) (Revenue \$)	
	YOUNG ADULT PROGRAM: THE EDUCATION FUND'S WORK SUPPORTS THE SPECIFIC	
	PROGRAM AREAS DESCRIBED IN THE OTHER PARTS OF THIS DOCUMENT BY	
	PROVIDING EDUCATIONAL OPPORTUNITIES ABOUT OUR ISSUES TO A VARIETY OF	
	CONSTITUENTS. IN ADDITION, THE EDUCATION FUND ENGAGES YOUNG ADULTS IN	
	SEVERAL PROGRAMS THAT PROVIDE FORMATION AS LEADERS AND ADVOCATES FOR A	7
	MORE PEACEFUL AND JUST WORLD.	
4d	Other program services (Describe on Schedule Q.)	
4d		
4d 4e	(Expenses \$ including grants of \$) (Revenue \$)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 4,227,027.) (202
4e	(Expenses \$ including grants of \$) (Revenue \$)) (202

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 Form 990 (2021)
 FCNL
 EDUCATION
 FUND

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
h	Schedule D, Parts XI and XII	<u>12a</u>		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1-ra		<u> </u>
5	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
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	•		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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
	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
132003	12-09-21	Form	990	(2021)

132003 12-09-21

3 2021.05080 FCNL EDUCATION FUND

Form	990	(2021)
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Form	990 (2021) FCNL EDUCATION FUND 52-1254 t IV Checklist of Required Schedules (continued) Continued) Continued	489	Р	_{age} 4
Fai	Checklist of Required Schedules (continued)		Mar	
00	Did the exercitive report more than $\Phi = 0.00$ of grants or other excitations to be far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25.0	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	- 23	├──
b		35b		x
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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2021.05080 FCNL EDUCATION FUND 193833_1

Form	990 (2021) FCNL EDUCATION FUND 52-1254	489	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>
D.		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
				<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	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	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	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			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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2021.05080 FCNL EDUCATION FUND 193833_1

Form 990	(2021)
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Section A. Governing Body and Management

FCNL EDUCATION FUND

52-1254489	Page 6
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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing		1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an	v other	1		
-	officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct s				
-			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		x
7a					
74	more members of the governing body?		7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold		<u> </u>		
D			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the f				
a		-	8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at t				
J	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue C				
		000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, a		100		
~			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		x
b		ge .e			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," des		12.5		
•	on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by inde				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	pendent			
а	The organization's CEO, Executive Director, or top management official		15a	х	
			15b	X	
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
1 6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	ha			
	taxable entity during the year?		16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its par				
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	-			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		1.00		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, AZ, CA, CT	,FL,GA,HI	,IL	KS.	, KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T				
	for public inspection. Indicate how you made these available. Check all that apply.		, /		-
	X Own website Another's website X Upon request Other (explain on Schulture)	edule ())			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of		1 finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and i	records			
	JAMES T. SWINDELL - 202-547-6000	· · · · ·			
	245 2ND STREET, NE, WASHINGTON, DC 20002				

SEE SCHEDULE O FOR FULL LIST OF STATES

6

132006 12-09-21

2021.05080 FCNL EDUCATION FUND

Form 990 (2		52-1254489	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.											

52-1251189

• 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."

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• 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.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	st col	2	1000 1120/		organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) DIANE RANDALL	23.00									
GENERAL SECRETARY (TO 12/2021)	17.00			Х				124,057.	95,475.	32,724.
(2) JIM CASON	24.00									
ASSO. GEN. SECRSTRAT. AD	16.00					Х		92,900.	54,373.	23,979.
(3) JAMES T. SWINDELL	23.00									
ASSO. GEN. SEC FINANCE &	17.00			Х				79,214.	60,963.	24,782.
(4) ADLAI AMOR	23.00									
ASSO. GEN. SECRCOMMUNICA	17.00					X		78,514.	60,424.	17,990.
(5) STEPHEN DONAHOE	23.00									
DIRECTOR OF DEVELOPMENT	17.00					X		67,437.	51,899.	23,733.
(6) DIANA OHLBAUM	24.00									
LEGISLATIVE DIRECTOR	16.00					X		79,870.	46,747.	10,870.
(7) KEVIN TWILLMAN	24.00									
CONTROLLER	16.00					X		74,562.	43,640.	10,276.
(8) BRIDGET MOIX	23.00									
GENERAL SECRETARY (AS OF 01/2022)	17.00			Х				0.	0.	0.
(9) REBECCA BERGUS	1.50									-
TREASURER	1.00	Х		Х				0.	0.	0.
(10) RON FERGUSON	1.50								•	•
CLERK	2.50	Х		Х				0.	0.	0.
(11) MARY LOU HATCHER	1.50								•	•
ASSISTANT CLERK	2.50	X		Х				0.	0.	0.
(12) ABIGAIL ADAMS	1.50							0	0	0
BOARD MEMBER	2.50	Х						0.	0.	0.
(13) JONATHAN BROWN BOARD MEMBER	1.00 2.00	x						0.	0.	0.
(14) ERNIE BUSCEMI	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) MEGAN FAIR	1.00							0.	0.	0.
BOARD MEMBER - UNTIL 10/2021	2.00	x						0.	0.	0.
(16) JANE HILES	1.00									
BOARD MEMBER	2.00	x						0.	0.	0.
(17) WILLIAM HOBSON	1.00							```	.	.
BOARD MEMBER - UNTIL 10/2021	1.00	x						0.	0.	0.
132007 12-09-21										Form 990 (2021)
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2021.05080 FCNL EDUCATION FUND

7

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Form	990	(2021)
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Part VII Section A. Officers, Directors, Trust		oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)								(D)	(E)			(F)	
Name and title	Average Position (do not check more than one				than o		Reportable	Reportable			timate		
	hours per week					is both pr/trus		compensation	compensatio			ount c	of
	(list any	or				Γ		_ from the	from related organizations			other pensat	ion
	hours for	direct				l_			(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	trust	nal tru		oyee	ompe		1099-NEC)			and	d relate	эd
	below	Individual trustee or director	nstitutional trustee	cer	ƙey employee	Highest compensated employee	ner				orga	nizatio	ons
	line)	Indi	Inst	Officer	Key	Emp	For			$ \rightarrow $			
(18) EBBY LUVAGA	1.00												~
BOARD MEMBER	2.00	Х						0.		0.			0.
(19) DOUG MCCOWN	1.00	v						0					^
BOARD MEMBER (20) LYNN OBERFIELD	2.00	Х				+		0.		0.			0.
BOARD MEMBER	2.00	х						0.		0.			0.
(21) DEBORAH HEIJL	1.00	Λ				+		0.					0.
BOARD MEMBER	2.00	х						0.		0.			0.
(22) KATHY GUTHRIE	1.00					\vdash		Ŭ.		~ +			<u> </u>
BOARD MEMBER	2.00	х						0.		0.			Ο.
						\vdash							
									44.0 54				
1b Subtotal								596,554.	413,52		144	1,35	
c Total from continuation sheets to Part VI								0.	412 54	0.	1 4	4 25	0.
d Total (add lines 1b and 1c)								596,554.	413,52		144	1,35)4.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable	;			1
compensation from the organization												Yes	<u>1</u> No
2 Did the exception list any former officer	director truct				~ ~	~ ~ ~	. b :a	wheat componented amp		Г		165	NU
3 Did the organization list any former officer,			-	•	-		Ŭ		•		3		х
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su										····	3		
and related organizations greater than \$150										- 1	4	x	
5 Did any person listed on line 1a receive or a										····	-		
rendered to the organization? If "Yes," com					-			•		- I	5		х
Section B. Independent Contractors	<u>proto corredure</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	01 00		0010								
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	oensati	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endin	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		(C)			
Name and business								Description of s	ervices	C	omper	nsatior	1
THE PRODUCTION MANAGEMENT													
COLUMBIA GATEWAY DR, STE								PRINTING AND	MAILING		108	3,56	<u>,7.</u>
DISTRICT CREATIVE PRINTING, 6350			AL.	LA.	RD						10.		. ~
DRIVE, UPPER MARLBORO, MD 20772							_	PRINTING AND	MAILING		10.	3,74	<u>.</u> 6.
							_						
2 Total number of independent contractors (ir	ncludina but na	ot lir	niter	tot	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•					2							
	-									I	Form	990 (2	:021)

		(2021) FCNL EDUCATIO	N FUND			52-1254	489 Page 9
Pa	rt V	II Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<i>6</i> 0	4	a Federated campaigns 1a					30010113 012 014
Contributions, Gifts, Grants and Other Similar Amounts	1	b Membership dues 1b					
D G		c Fundraising events					
ifts, Ir A		d Related organizations					
s, G nila		e Government grants (contributions) 1e					
ions Sii	1	All other contributions, gifts, grants, and					
buti			380,713.				
d O I	9	g Noncash contributions included in lines 1a-1f	263,287.				
an an	I	h Total. Add lines 1a-1f	🕨	4,380,713.			
			Business Code				
e	2 8	a					
Program Service Revenue	1	b					
n Sí rent	(C					
grar Rev	(d					
roç		<u></u>					
		All other program service revenue					
	3	g Total. Add lines 2a-2f Investment income (including dividends, intere					
	3	other similar amounts)		479,348.			479,348.
	4	Income from investment of tax-exempt bond p					1/5/0100
	5	Royalties					
	-	(i) Real	(ii) Personal				
	6 8	a Gross rents					
		b Less: rental expenses 6b 98,777.					
		c Rental income or (loss) $6c - 23, 590$.					
	(d Net rental income or (loss)	►	-23,590.		-70.	-23,520.
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 19879249					
	I	b Less: cost or other basis					
venue		and sales expenses 7b 18085412					
	(c Gain or (loss)		1 802 028			100000
Other Re		d Net gain or (loss)	····· ►	1,793,837.			1793837.
the	8 8	a Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 19					
		b Less: direct expenses 9b					
			►				
		a Gross sales of inventory, less returns					
		and allowances 10a	a				
	1	b Less: cost of goods sold10t	þ				
	(Net income or (loss) from sales of inventory	►				
s			Business Code				0.017
e	11 :	a OTHER INCOME	900099	2,867.			2,867.
Miscellaneous Revenue		b					
Sev							
Mis		d All other revenue		2 967			
		e Total. Add lines 11a-11d		<u>2,867.</u> 6,633,175.	0.	-70.	2252532.
	12	Total revenue. See instructions	▶	0,053,1/3.	U.	-/0.	Form 990 (2021)
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9

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 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	Benefits paid to or for members				
5	Compensation of current officers, directors,	124,472.	70,350.	33,769.	20 353
6	trustees, and key employees	124,472.	10,550.	55,709.	20,353.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,379,992.	1,335,682.	645,360.	398,950.
8	Pension plan accruals and contributions (include	_, ; , , , , , , , , , , , , , , , , , ,	2,000,002.		
5	section 401(k) and 403(b) employer contributions)	182,615.	102,846.	49,232.	30,537.
9	Other employee benefits	248,690.	150,536.	68,411.	<u> </u>
10	Payroll taxes	203,138.	114,807.	54,700.	33,631.
11	Fees for services (nonemployees):		•		•
а	Management				
b	Legal	-22,751.	-22,090.	-2,322.	1,661.
с	Accounting	69,118.		69,118.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	189,344.		189,344.	
g	Other. (If line 11g amount exceeds 10% of line 25,				~~ - / -
	column (A), amount, list line 11g expenses on Sch 0.)	114,847.	86,238.	5,864.	22,745.
12	Advertising and promotion	105,380.	102,339.	3,041.	0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0
13	Office expenses	571,654.	359,950.	115,701.	<u>96,003.</u> 30,532.
14	Information technology	238,182.	126,909.	80,741.	30,332.
15	Royalties	994,134.		994,134.	
16		111,141.	74,639.	13,178.	23,324.
17	Travel	,_+	74,059.	13,170.	23,324.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	241,639.	228,660.	11,340.	1,639.
19 20	· · · · · · · · · · · · · · · · · · ·	1,271.		1,271.	±,000•
20 21	Payments to affiliates	_,_,_,		_,_,_	
22	Depreciation, depletion, and amortization				
23	Insurance	3,622.		3,622.	
24	Other expenses. Itemize expenses not covered	·			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	STAFF TRAINING AND RECR	121,272.	30,431.	86,027.	4,814.
b	DUES AND SUBSCRIPTIONS	45,368.	26,328.	14,498.	4,542.
с	TAXES AND LICENSES	15,675.		15,675.	
d	MISCELLANEOUS	695.		695.	
е	All other expenses	-230,434.	1,439,402.	-1,972,955.	303,119.
25	Total functional expenses. Add lines 1 through 24e	5,709,064.	4,227,027.	480,444.	1,001,593.
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)				– 000 (2024)

Form 990 (2021)

FCNL EDUCATION FUND 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)

132010 12-09-21

10 2021.05080 FCNL EDUCATION FUND

11 2021.05080 FCNL EDUCATION FUND 193833_1

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			705,411.	1	974,379.
	2	Savings and temporary cash investments	670,614.	2	643,194.		
	3	Pledges and grants receivable, net	840,121.	3	493,765.		
	4	Accounts receivable, net	•	4			
	5	Loans and other receivables from any current or				-	
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	_			146,445.	9	106,316.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,521,292.			
	b	Less: accumulated depreciation	10b	5,028,792.	6,875,125.	10c	6,492,500.
	11	Investments - publicly traded securities		24,276,717.	11	21,796,432.	
	12	Investments - other securities. See Part IV, line 1		276,504.	12	-34,127.	
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	3,077,838.	15	3,602,013.		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	36,868,775.	16	34,074,472.
	17	Accounts payable and accrued expenses	132,486.	17	188,012.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or form					
ili ți		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			100 810	22	110 800
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	182,712.	23	119,782.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	-		3,059,085.	05	2 501 605
		of Schedule D			3,374,283.		<u>2,591,605.</u> 2,899,399.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		N X	5,574,205.	26	2,099,399.
S		and complete lines 27, 28, 32, and 33.	ck nere				
Ű	27				19,159,452.	27	18,937,001.
ala	28	Net assets with donor restrictions			14,335,040.	28	12,238,072.
Б	20	Organizations that do not follow FASB ASC 9			11/000/0100	20	12,230,0720
Fun		and complete lines 29 through 33.	50, che				
م ا	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			33,494,492.	32	31,175,073.
Z	33	Total liabilities and net assets/fund balances			36,868,775.	33	34,074,472.
						-	

52-1254489 Page 11

Form	1990 (2021) FCNL EDUCATION FUND	52-	1254489	Page 12
Pa	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		3 <u>,175.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		064.
3	Revenue less expenses. Subtract line 2 from line 1	3		.,111.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,494	
5	Net unrealized gains (losses) on investments	5	-3,166	5,337.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-77	,193.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	31,175	5,073.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				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	О.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O	.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	it	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it 📔	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
				000 (000 ()

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public

							r identification number					
Da	rt I											
	nrt I											
The	organ	ization is not a private found										
1		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	Ц	A hospital or a cooperative										
4		A medical research organiza	ation operated in co	njunction with a hospital	described	in sectio	n 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). (C	Complete Part II.)									
6		A federal, state, or local gov	ernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that normal	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	d in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or			
		university:										
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusion	ively for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on			
		lines 12a through 12d that of	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting			
		organization. You must c	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,			
		its supported organizatior	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.					
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	/ith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness			
		requirement (see instructi	ons). You must cor	nplete Part IV, Sections	A and D,	and Part	v .					
е		Check this box if the orga	nization received a	written determination fro	m the IRS	that it is a	Type I, Type	I, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g	Prov	vide the following information	about the supporte	d organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions))		
								-				
										_		
Tota	al									_		
							•		•	-		

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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning 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.")	2788703.	3792612.	4940189.	4346199.	4380713.	20248416.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge \dots								
4	Total. Add lines 1 through 3	2788703.	3792612.	4940189.	4346199.	4380713.	20248416.		
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)						3456395.		
	Public support. Subtract line 5 from line 4.						16792021.		
Sec	ction B. Total Support				1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	2788703.	3792612.	4940189.	4346199.	4380713.	20248416.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots	870,305.	366,514.	404,173.	380,670.	554,535.	2576197.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)			4,380.	9,168.	2,867.			
11	Total support. Add lines 7 through 10						22841028.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	6,349.		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)			
	organization, check this box and stop	bhere				<u></u>	<u></u>		
Sec	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2021 (I		-			14	73.52 %		
	Public support percentage from 2020					15	78.34 %		
1 6a	33 1/3% support test - 2021. If the o	-			14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies		-						
b	33 1/3% support test - 2020. If the o	-			line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact					VI how the organiz	zation		
	meets the facts-and-circumstances te	-		• • • •	-				
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets th						. —		
40	organization meets the facts-and-circu		•		• •				
18	Private foundation. If the organizatio	n ala not check a	box on line 13, 16a	a, 160, 17a, or 17b	o, check this box a				
						Schedule A	(Form 990) 2021		

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

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

Sec	ction A. Public Support		•		1		
Cale	ndar year (or fiscal year beginning 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.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the						
Sec	check this box and stop here	ic Support Per	rcentage				
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020 ction D. Computation of Invest) Schedule A, Part	III, line 15			16	%
	Investment income percentage for 20		•	ine 13 column (f))		17	%
	Investment income percentage from					18	% %
	33 1/3% support tests - 2021. If the						
.54	more than 33 1/3%, check this box a	-					
h	33 1/3% support tests - 2020. If the	-	•				
2	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 01-04-22			,, ee., ee.e.			ule A (Form 990) 2021
			15	5			· · · · · · · · · · · · · · · · · · ·

2021.05080 FCNL EDUCATION FUND

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

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

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

132024 01-04-21

16 2021.05080 FCNL EDUCATION FUND

Schedule A (Form 990) 2021	FCNL	EDUCATION	FUND
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Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c t	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
					(

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization is activities.	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised.	<u>or controlled the su</u>	pporting organization.
Section C. Ty	pe II Supportin	g Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1
 1
 1

Section D.	All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organization		legial Fait Test during the y	

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌] The organization supported a governmental entity	Describe in Part VI how you supported a	a governmental entity (see instruction <u>s).</u>
-----	--	---	---

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

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2021.05080 FCNL EDUCATION FUND

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain in</i> 1	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion 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		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<u> </u>
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		1

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

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

n 990) 2021	FCNL	EDUCATION	FUND

Schedule A (Form 990) 2021 FCNL EDUCATION FUND

52–1254489 Page 7

Par	t v Type in Non-Functionally integrated 509	(a)(s) Supporting Orga	inizations (contine	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide 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	ne organization is responsive	1		
	(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	I	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able 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: \$				
<u>a</u>	Applied to underdistributions of prior years			_	
	Applied to 2021 distributable amount				
	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, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7: Excess from 2017				
	Excess from 2017 Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISC	ELLANEOUS	5						
2019	AMOUNT:	\$	4,380.					
2020	AMOUNT:	\$	9,168.					
2021	AMOUNT:	\$	2,867.					
132028 01	-04-22				20		Schedule	A (Form 990) 2021

2021.05080 FCNL EDUCATION FUND

193833_1

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

52-1254489

•		
	FCNL	EDUCATION

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

FUND

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

FCNL EDUCATION FUND

Name of organization

Employer identification number

52-1254489

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 250,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 143,726. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 246,875. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 301,830. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

22

2021.05080 FCNL EDUCATION FUND

15120515 150872 193833

193833_1

Schedule B (Form 990) (2021)

FCNL EDUCATION FUND

Name of organization

Employer identification number

52-1254489

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 500,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

Schedule B (I	Form 990)	(2021)
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Name of organization

Page 3 Employer identification number

52-1254489

FCNL EDUCATION FUND

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

24 2021.05080 FCNL EDUCATION FUND

Name of o	organization		Employer identification number						
FCNL	EDUCATION FUND		52-1254489						
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in sect	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	For organizations s for the year. (Enter this info. once.) \$						
(a) No.	Use duplicate copies of Part III if additional	space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			_						
			_						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	·		—						
		(e) Transfer of gift							
	Transferee's name, address, a	nd 7 IP ± 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
			—						
·									
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(-) N									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
<u> </u>									
		(e) Transfer of gift	1						
	_								
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee						
	·								
123454 11-11	1-21		Schedule B (Form 990) (2021)						
.20104 11-11		25							

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2021.05080 FCNL EDUCATION FUND

193833_1

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047	
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2021
		if the organization is described				
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for i				Open to Public Inspection
If the organization ansy	vered "Yes." on	Form 990, Part IV, line 3, or For	m 990-EZ. Part V. lir	ne 46 (Political Campai	ian Activi	ties), then
-		plete Parts I-A and B. Do not com			girrieuri	
		, 11(c)(3)) organizations: Complete F	•	Do not complete Part I	-В.	
 Section 527 organization 						
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, li	ne 47 (Lobbying Activi	ties), the	n
 Section 501(c)(3) org 	anizations that h	nave filed Form 5768 (election unc	ler section 501(h)): Co	omplete Part II-A. Do not	t complet	e Part II-B.
 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (election	n under section 501(h	i)): Complete Part II-B. D	Do not cor	nplete Part II-A.
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Form 9	90-EZ, P	art V, line 35c (Proxy
Tax) (See separate inst						
	, or (6) organizat	ions: Complete Part III.				
Name of organization				E		identification number
		UCATION FUND				2-1254489
Part I-A Comple	ete if the org	anization is exempt under	r section 501(c) of	or is a section 527	organi	zation.
		ation's direct and indirect political				
2 Political campaign	, ,				▶\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ate if the ora	anization is exempt under	r section 501(c)(3)		
-					•	
		incurred by the organization unde incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				Yes No
b If "Yes," describe in						
		anization is exempt under	r section 501(c),	except section 50	1(c)(3).	
-		by the filing organization for sect		-		
		ization's funds contributed to othe			- ·	
exempt function ac					▶\$	
3 Total exempt functi		. Add lines 1 and 2. Enter here and				
line 17b					▶\$	
		1120-POL for this year?				Yes No
5 Enter the names, a	ddresses and em	ployer identification number (EIN)	of all section 527 pol	litical organizations to w	/hich the t	filing organization
		tion listed, enter the amount paid				
	•	omptly and directly delivered to a		· ·	arate seg	regated fund or a
political action com	mittee (PAC). If a	additional space is needed, provid		1		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's con	e) Amount of political tributions received and promptly and directly
				iunus. Il none, enter		elivered to a separate
					l b	political organization.
						If none, enter -0
				1		

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

Schedule C (Form 990) 2021

132041 11-03-21

26 2021.05080 FCNL EDUCATION FUND

	CNL EDUCATI				254489 Page 2
Part II-A Complete if the orga section 501(h)).	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	ion belongs to an affili	ated group (and list in I	Part IV each affiliated	group member's name	, address, EIN,
expenses, and share	e of excess lobbying ex	kpenditures).			
B Check ► if the filing organizat	ion checked box A and	d "limited control" prov	visions apply.		
	s on Lobbying Expen itures" means amour			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (g	rassroots lobbying)			
b Total lobbying expenditures to influ	ence a legislative body	(direct lobbying)			
c Total lobbying expenditures (add lin	nes 1a and 1b)				
d Other exempt purpose expenditure				5,709,064.	
e Total exempt purpose expenditures	(add lines 1c and 1d)			5,709,064.	
f Lobbying nontaxable amount. Enter				435,453.	
If the amount on line 1e, column (a) or	(b) is: The lobb	ying nontaxable amo	unt is:		
Not over \$500,000	20% of th	ne amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,000) plus 15% of the exce	ss over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,000) plus 10% of the exce	ss over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,000) plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)			108,863.	
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.	
j If there is an amount other than zero	o on either line 1h or li	ne 1i, did the organizat	tion file Form 4720		
reporting section 4911 tax for this y	vear?				Yes No
	4-Year Ave	raging Period Under S	Section 501(h)		
(Some organizations th		1(h) election do not h te instructions for line	•	f the five columns be	low.
	Lobbying Expen	ditures During 4-Year	Averaging Period		
O al an al annual an					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) ⊺otal
2a Lobbying nontaxable amount	333,010.	345,282.	374,446.	435,453.	1,488,191.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					2,232,287.
c Total lobbying expenditures					
	83,253.	86,321.	93,612.	108,863.	372,049.
d Grassroots nontaxable amount	05,255.	00,521.	<i>JJ</i> , UIZ•	100,003.	572,049.
e Grassroots ceiling amount (150% of line 2d, column (e))					558,074.
					550,074.
f Grassroots lobbying expenditures					
				Cohod	lle C (Form 990) 2021
				Schedu	ne C (FULIII 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2 a		
b	Carryover from last year		2 b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

		0		0		OMB No. 1545-0047
	HEDULE D n 990)	Supplementa ► Complete if the orgi Part IV, line 6, 7, 8, 9, 10	anization answered	"Yes" on Form 990,		2021
	ment of the Treasury		Attach to Form 990.			Open to Public Inspection
	Revenue Service					er identification number
Nam		FCNL EDUCATION FUNI	כ			52-1254489
Par	t I Organiza	tions Maintaining Donor Advise		r Similar Funds or A		
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6.			•
			(a) Donor adv	vised funds	(b) Funds a	nd other accounts
1	Total number at en	ld of year				
2		contributions to (during year)				
3		f grants from (during year)				
4		end of year				
5		n inform all donors and donor advisors in v	writing that the assets	held in donor advised fu	nds	
	are the organizatio	n's property, subject to the organization's	exclusive legal contro	ol?		🗌 Yes 📃 No
6	Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be used	only	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for	r any other purpose confe	rring	
		ate benefit?				. Yes No
Par	t II Conserva	ation Easements. Complete if the org	ganization answered '	'Yes" on Form 990, Part I	V, line 7.	
1		ervation easements held by the organization		ly).		
		of land for public use (for example, recrea	tion or education)	Preservation of a his		
	Protection of	f natural habitat		Preservation of a ce	rtified historic	c structure
		of open space				
2		through 2d if the organization held a qualif	ied conservation cont	tribution in the form of a c		
	day of the tax year					d at the End of the Tax Year
a		nservation easements				
b	° °					
		vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a				
•		al Register			2d	
3		vation easements modified, transferred, rele	eased, extinguished,	or terminated by the orga	nization durir	ig the tax
	year		amont is located			
4 5		where property subject to conservation eas ion have a written policy regarding the per				
5		procement of the conservation easements it				Yes No
6		r hours devoted to monitoring, inspecting,		and enforcing conservat		
Ŭ			nanaling of violations	, and enterening conservat		to during the year
7	Amount of expense	 es incurred in monitoring, inspecting, hand	lling of violations and	l enforcing conservation e	asements du	ring the year
•	► \$		ining of violationic, and			ing the year
8		vation easement reported on line 2(d) abov	e satisfy the requirem	ents of section 170(h)(4)(l	3)(i)	
		(4)(B)(ii)?			, . ,	Yes No
9		be how the organization reports conservation				
		I include, if applicable, the text of the footn				s the
_		ounting for conservation easements.	<u> </u>			
Par		tions Maintaining Collections of	Art, Historical T	reasures, or Other	Similar As	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement and ba	alance sheet	works
	of art, historical tre	asures, or other similar assets held for pub	olic exhibition, educat	ion, or research in further	ance of publi	с
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that o	describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement and balan	ce sheet worl	ks of
	art historical treas	ures or other similar assets held for public	exhibition education	or research in furtheran	on of public o	envice

	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	n pu	iblic service,	
	provide the following amounts relating to these items:			
	(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, historical treasures, or other similar assets for financial gain, pr	ovid	e	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1	►	\$	
b	Assets included in Form 990, Part X		\$	

29

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21 Schedule D (Form 990) 2021

132031 10-20-21

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	2021.0508	30 FCNL	EDUCATION	FUND
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Sche		JCATION FUN					52-12		9 Pa	age 2
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	r Other	^r Simila	r Asset	s _{(contii}	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	make si	gnificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical trea	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	on answered "	'Yes" on	Form 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
с	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f				
	Did the organization include an amount on Fo					ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Pa	t V Endowment Funds. Complete in							(-) [heels
		(a) Current year	(b) Prior year	(c) Two year			years back			
1a	Beginning of year balance	10,618,478.	6,665,727.		3,470.		53,597.	-	,052,	
b	Contributions	4,790.	11,090.		3,399.		540,718.			028.
C	Net investment earnings, gains, and losses	-190,098.	4,254,989.	5	9,278.	3	880,197.		259,	635.
d	Grants or scholarships									
е	Other expenditures for facilities	249 002	212 220	216	= 420	~	001 040		262	061
	and programs	348,993.	313,328.	515	5,420.	2	281,042.		262,	004.
	Administrative expenses	10 084 177	10,618,478.	6 66	5,727.	6 7	/93,470.	6	,053,	597
g	End of year balance				, 121.	0,7	55,470.	0	,055,	557.
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	63.5500	(interrig, column (a))) neiù as.						
d h	Permanent endowment > 36.4500	%	_70							
b c		⁷⁰								
U	The percentages on lines 2a, 2b, and 2c should be the second seco									
39	Are there endowment funds not in the posses	· · · · · ·	ion that are held ar	nd administer	ed for th	e organiz	ation			
0u	by:	ssion of the organizat				c organizi	ation		Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	t or other	(c) A	ccumulate	ed	(d) Boo	k valu	е
		basis (investm	,	(other)	de	preciation				
1a	Land			9,933.				58	9,9	33.
b	Buildings		9,83	0,964.	4,1	107,2	28.	5,72	3,7	36.
С	Leasehold improvements								• •	
d	Equipment			9,316.		360,2			<u>9,0</u>	
	Other			1,079.		61,2	87.		9,7	
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part X	<u>, column (B), line 1</u>	0c.)				6,49		
							Schedule	e D (Forn	n 990)	2021

Part VII	Investo	nents -	Other Sec	uritias	
Schedule D	(Form 990) 2021	FCNL	EDUCATION	FUNI

(a) Desci	Complete if the organization answered "Yes" ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	cial derivatives	(
. ,	ly held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(O) (D)				
(E)				
(E)				
(G)				
(G) (H)				
	(b) must aqual Form 000 Part V and (D) line 12)			
	. (b) must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 990 Part V line 13	
	(a) Description of investment	(b) Book value		of yoor market value
	(a) Description of investment		(c) Method of valuation: Cost or end-	or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	ASH SURRENDER VALUE OF L	IFE INSURANCE		23,131.
	EPOSITS			10,962.
	CCRUED INTEREST RECEIVAB	LE		32,139.
(4) D	UE FORM AFFILIATE			3,535,781.
(5)				
(6)				
<u>(6)</u> (7)				
(7)				
(7) (8) (9)	olumn (b) must equal Form 990, Part X, col. (B) line	ə 15.)	······	3,602,013.
(7) (8) (9)	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		3,602,013.
(7) (8) (9) Total. _{(Cc}	<i>olumn (b) must equal Form 990, Part X, col. (B) line</i> Other Liabilities. Complete if the organization answered "Yes"		▶ 11e or 11f. See Form 990, Part X, line 25.	3,602,013.
(7) (8) (9) Total. (Cc Part X	Other Liabilities.		▶ 11e or 11f. See Form 990, Part X, line 25.	3 , 602 , 013 . (b) Book value
(7) (8) (9) Total. (Cc Part X	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		▶ 11e or 11f. See Form 990, Part X, line 25.	
(7) (8) (9) Total. (Cc Part X 1. (1) Fe	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes		11e or 11f. See Form 990, Part X, line 25.	
(7) (8) (9) Total. (CC Part X 1. (1) Fe (2) P	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes PLANNED GIVING AGREEMENT		▶ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) Total. (Cc Part X 1. (1) Fo (2) P (3) O	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes PLANNED GIVING AGREEMENT OBLIGATIONS	on Form 990, Part IV, line	▶ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) Total. (Cc Part X 1. (1) Fe (2) P (3) O (4) D	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes PLANNED GIVING AGREEMENT DBLIGATIONS DEFERRED RENT AND LEASE IN		11e or 11f. See Form 990, Part X, line 25.	(b) Book value 2,509,591. 81,889.
(7) (8) (9) Total. (Cc Part X (1) Fe (2) P (3) O (4) D (5) S	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes PLANNED GIVING AGREEMENT OBLIGATIONS	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 2,509,591. 81,889.
(7) (8) (9) Total. (CC Part X 1. (1) Fe (2) P (3) O (4) D (5) S (6)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes PLANNED GIVING AGREEMENT DBLIGATIONS DEFERRED RENT AND LEASE IN	on Form 990, Part IV, line		(b) Book value 2,509,591. 81,889.
(7) (8) (9) Total. (Cc Part X 1. (1) Fe (2) P (3) O (4) D (5) S (6) (7)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes PLANNED GIVING AGREEMENT DBLIGATIONS DEFERRED RENT AND LEASE IN	on Form 990, Part IV, line	▶ 11e or 11f. See Form 990, Part X, line 25.	
(7) (8) (9) Total. (CC Part X 1. (1) Fe (2) P (3) O (4) D (5) S (6)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes PLANNED GIVING AGREEMENT DBLIGATIONS DEFERRED RENT AND LEASE IN	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 2,509,591. 81,889.

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 FCNL EDUCATION FUND		52-1254489 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

PART V, LINE 4:

THE EDUCATION FUND'S POLICY, PRACTICE AND INTENTION IS TO INVEST ENDOWMENT
FUNDS IN ACCORDANCE WITH ITS INVESTMENT POLICY, AND TO ANNUALLY HARVEST 5%
OF A THREE - YEAR AVERAGE BALANCE OF THE ENDOWMENTS. THE ANNUAL HARVESTED
AMOUNTS ARE AND WILL BE USED FOR THE PROGRAMMATIC PURPOSES STATED FOR EACH
OF THE INDIVIDUAL COMPONENT ENDOWMENTS. THESE INCLUDE PROGRAMS SUPPORTING
INTERN AND OTHER YOUTH INVOLVEMENT PROGRAMS, THE FRIEND IN WASHINGTON AND
OTHER VOLUNTEER PROGRAMS, WORK SUPPORTING NATIVE AMERICAN ISSUES, AND ALSO
FOR GENERAL PURPOSES.

32

132054 10-28-21

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2021

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SCHEDULE J	Compensation Inform	ation	OMB No. 154	15-0047
(Form 990)	For certain Officers, Directors, Trustees, Key Emp	loyees, and Highest	200)1
	Compensated Employees Complete if the organization answered "Yes" on For	m 990. Port IV, line 22	202	
Department of the Treasury	Attach to Form 990.	in 990, Part IV, ine 23.	Open to F	
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and to the second s		Inspect	
Name of the organizati		Em	ployer identification	number
David L. Overation	FCNL EDUCATION FUND		52-1254489	
Part I Questio	ns Regarding Compensation			
				res No
	riate box(es) if the organization provided any of the following to or for	-		
	, line 1a. Complete Part III to provide any relevant information regardi	•		
		ce or residence for personal u		
Travel for co		siness use of personal resider club dues or initiation fees	ice	
		s (such as maid, chauffeur, ch	hef)	
		s (such as maid, chaulleur, ch		
b If any of the boye	on line 1a are checked, did the organization follow a written policy re	egarding payment or		
•	provision of all of the expenses described above? If "No," complete F		1b	
	on require substantiation prior to reimbursing or allowing expenses in			
U U	ers, including the CEO/Executive Director, regarding the items check	•	2	
a dotoco, and one				
3 Indicate which, if	any, of the following the organization used to establish the compensa	tion of the organization's		
	rector. Check all that apply. Do not check any boxes for methods use	v		
	sation of the CEO/Executive Director, but explain in Part III.	, ,		
Compensatio	n committee Written employm	ent contract		
Independent	compensation consultant Compensation su			
Form 990 of	other organizations Approval by the I	board or compensation comm	nittee	
4 During the year, d	d any person listed on Form 990, Part VII, Section A, line 1a, with res	pect to the filing		
organization or a	elated organization:			
			4a	<u> </u>
b Participate in or re	ceive payment from a supplemental nonqualified retirement plan?		4b	<u> </u>
-			4c	X
If "Yes" to any of	ines 4a-c, list the persons and provide the applicable amounts for eac	ch item in Part III.		
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines			
	on Form 990, Part VII, Section A, line 1a, did the organization pay or	accrue any compensation		
contingent on the			-	v
				<u> </u>
	zation?		<u>5b</u>	
	or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or	acoria any componenties		
contingent on the		accide any compensation		
			6a	x
	zation?			<u> </u>
	or 6b, describe in Part III.			
	on Form 990, Part VII, Section A, line 1a, did the organization provide	e any nonfixed payments		
	ines 5 and 6? If "Yes," describe in Part III		7	X
	s reported on Form 990, Part VII, paid or accrued pursuant to a contra			
-	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," des	-	8	x
	did the organization also follow the rebuttable presumption procedure			
	n 53.4958-6(c)?			
	Reduction Act Notice, see the Instructions for Form 990.		Schedule J (Form	990) 2021

132111 11-02-21

52-1254489

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DIANE RANDALL	(i)	116,051.	8,006.	0.	10,143.	8,349.	142,549.	0.
GENERAL SECRETARY (TO 12/2021)	(ii)	89,313.	6,162.	0.	7,806.	6,426.	109,707.	0.
(2) JIM CASON	(i)	92,900.	0.	0.	8,001.	7,125.	108,026.	0.
ASSO. GEN. SECRSTRAT. AD	(ii)	54,373.	0.	0.	4,683.	4,170.	63,226.	0.
(3) JAMES T. SWINDELL	(i)	79,214.	0.	0.	6,964.	8,735.	94,913.	0.
ASSO. GEN. SEC FINANCE &	(ii)	60,963.	0.	0.	5,360.	3,723.		0.
(4) ADLAI AMOR	(i)	78,514.	0.	0.	6,803.	3,363.	88,680.	0.
ASSO. GEN. SECRCOMMUNICA	(ii)	60,424.	0.	0.	5,236.	2,588.	68,248.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE EDUCATION FUND DOES NOT DIRECTLY HIRE OR COMPENSATE EMPLOYEES. ALL

EMPLOYEES ARE EMPLOYEES OF THE FRIENDS COMMITTEE ON NATIONAL LEGISLATION

(FCNL), A RELATED ORGANIZATION EXEMPT UNDER SECTION 501(C)(4).

WHEN HIRING THE GENERAL SECRETARY AND THEREAFTER FOR AT LEAST EVERY FIVE

YEARS, THE FCNL EXECUTIVE COMMITTEE WILL PERFORM A THOROUGH REVIEW TO

DETERMINE SUITABLE COMPENSATION. THE PROCESS IS TO INCLUDE A REVIEW OF

COMPARABILITY DATA BY THE EXECUTIVE COMMITTEE. COMPARABILITY DATA MAY

INCLUDE COMPENSATION SURVEYS AND 990S OF SIMILAR ORGANIZATIONS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

FCNL EDUCATION FUND

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

Employer identification number
52-1254489

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut			3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	11	263,287.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29		,		<u> </u>
20-				autodia Daut I. Kasa 4 dausus	h 00 that it		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			•		00-		Х
	exempt purposes for the entire holding period?					30a	_	Λ
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that ro	ouires the review	of any nonstandard contribut	ions?	24	x	
31 32a	Does the organization hire or use third parties of	-	-	•		31		
	contributions?		-			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

132141 11-17-21

DN FUND 52-1254489 Page 2 the information required by Part L lines 30b, 32b, and 33, and whether the organization

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

SCHEDULE M, LINE 32B:

OUR GIFT ACCEPTANCE POLICY REQUIRES THE APPROVAL BY COMMITTEE OF ANY

GIFT THAT IS NOT GIVEN IN CASH, STOCK OR MUTUAL FUND FORM. WE RECEIVED

A GIFT OF A PERSONAL RESIDENCE WITH SPECIFIC INSTRUCTIONS AS TO THE

PROCEEDS WHEN SOLD. THE RECEIPT OF THE GIFT AND SUBSEQUENT ALLOCATION

OF FUNDS WAS APPROVED BY THE GIFT ACCEPTANCE COMMITTEE AND EXECUTIVE

COMMITTEE OF THE BOARD.

Schedule M (Form 990) 2021

132142 11-17-21

15120515 150872 193833

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



52-1254489

FCNL EDUCATION FUND

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FAMILIES, AND PROTECTS CHILDREN, ASYLUM SEEKERS, AND OTHER VULNERABLE

PERSONS. THE EDUCATION FUND SEEKS TO INFORM CONSTITUENTS ABOUT POSSIBLE

REFORMS IN CAMPAIGN FINANCE LAWS THAT WOULD INCREASE PARTICIPATION AND

FAITH IN OUR DEMOCRATIC PROCESSES, AND THAT COULD REDUCE THE EXCESSIVE

INFLUENCE OF LARGE POLITICAL CAMPAIGN CONTRIBUTIONS. THE EDUCATION FUND

WORKS TO PROVIDE INFORMATION ABOUT CHANGES IN MASS INCARCERATION,

REFORMS IN FEDERAL SENTENCING LAWS AND THE PROBLEMS ASSOCIATED WITH THE

MILITARIZATION OF LOCAL LAW ENFORCEMENT. THE EDUCATION FUND GENERALLY

WORKS ON EACH OF THESE ISSUES THROUGH COALITIONS WITH OTHER FAITH BASED

GROUPS AND OTHER PARTNER ORGANIZATIONS.

THE EDUCATION FUND EDUCATES POLICYMAKERS IN WASHINGTON, AND WORKS WITH AN INFORMED GRASSROOTS CONSTITUENCY OF SOME 80,000 PEOPLE AROUND THE COUNTRY TO STRENGTHEN CIVILIAN CAPACITIES FOR DIPLOMACY, DEVELOPMENT, AND INTERNATIONAL COOPERATION, WHILE CURBING AND REVERSING THE MILITARIZATION OF U.S. FOREIGN POLICY.

THE EDUCATION FUND ANALYZES THE FEDERAL BUDGET AND COMPARES IT TO THE NATION'S NEEDS. WE RESEARCH THE APPLICATION OF CURRENT POLICIES IN VARIOUS COUNTRIES, SOMETIMES BY TRAVELLING TO MEET WITH NON-GOVERNMENTAL ORGANIZATIONS AND INDIVIDUALS IN THOSE COUNTRIES. WE INFORM CONGRESS AND THE PUBLIC ABOUT THE IMPORTANCE OF REDUCTIONS IN THE OVERALL MILITARY BUDGET AND IN WORLDWIDE U.S. MILITARY OPERATIONS. WE ANALYZE AND INFORM ON THE JOINT AID, CIVILIAN PEACE BUILDING, AND REGIONAL DEMOCRACY, ESPECIALLY IN THE MIDDLE EAST AND AFRICA. AS A Schedule O (Form 990) 2021 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

39

Schedule O (Form 990) 2021	Page 2
Name of the organization FCNL EDUCATION FUND	Employer identification number 52-1254489
REFLECTION OF OUR VALUES, WE PROMOTE SUSTAINED DIPLOMATIC	NEGOTIATIONS
WITH ALL OF THE COUNTRIES IN THE MIDDLE EAST REGION AND SU	STAINED U.S.
DEVELOPMENT AID THROUGH INTERNATIONAL ORGANIZATIONS.	

THE EDUCATION FUND WORKS TO PROMOTE AND PRESERVE TRIBAL SOVEREIGNTY OF INDIGENOUS PEOPLE WITHIN THE UNITED STATES. WE EDUCATE CONSTITUENTS ABOUT PUBLIC POLICY INITIATIVES THAT RESPECT THEIR RIGHTS, PROMOTE THEIR WELL-BEING, HONOR TREATY COMMITMENTS, AND FOSTER UNDERSTANDING. THE PROGRAM DISTRIBUTES MONTHLY EMAIL UPDATES ON FEDERAL ISSUES RELATED TO NATIVE AMERICANS. THE PROGRAM SERVES AS AN INFORMATION HUB FOR INTERFAITH COLLEAGUE ORGANIZATIONS.

THE EDUCATION FUND INFORMS CONGRESS AND THE PUBLIC ABOUT THE URGENCY OF TAKING MEASURES TO COUNTER GLOBAL CLIMATE CHANGE AND ASSIST THREATENED HUMAN POPULATIONS AT HOME AND ABROAD. WE PROMOTE REDUCTIONS IN U.S. GREENHOUSE GAS EMISSIONS THROUGH REGULATION AND INCENTIVES FOR ENERGY CONSERVATION AND EFFICIENCY, ACCELERATED DEVELOPMENT AND USE OF RENEWABLE ENERGY RESOURCES, SUSTAINABLE AGRICULTURE, PUBLIC TRANSPORTATION, AND OTHER EFFECTIVE MEANS. WE EDUCATE CONSTITUENTS ABOUT CRITICAL AND INTERCONNECTED RELATIONSHIPS OF ENERGY, ENVIRONMENT, WAR, MILITARY SPENDING, THE NATION'S BUDGET AND THE CAPACITY OF THE UNITED STATES TO MEET DOMESTIC HUMAN NEEDS AND TO INVEST IN THE WELL-BEING OF VULNERABLE POPULATIONS ABROAD. THE FCNL EDUCATION FUND IS LOCATED ON CAPITOL HILL IN A LEED-CERTIFIED GREEN BUILDING DEVELOPED TO DEMONSTRATE OUR WITNESS FOR SUSTAINABLE ENERGY.

THE EDUCATION FUND, THROUGH ITS QUAKER NUCLEAR DISARMAMENT PROGRAM,

40

MAINTAINS CURRENT AND RELEVANT INFORMATION ABOUT NUCLEAR

132212 11-11-21

Schedule O (Form 990) 2021

	.
Name of the organization	Employer identification number
FCNL EDUCATION FUND	52-1254489
NONPROLIFERATION, EDUCATES CONGRESS ABOUT THAT TOPIC, PROV	IDES A
REGULAR CALENDAR OF EVENTS RELATED TO DISARMAMENT AND NONPI	ROLIFERATION
ISSUES THAT IS DISTRIBUTED TO MORE THAN 10,000 POLICY MAKEN	RS IN
WASHINGTON, DC AND AROUND THE WORLD, AND DISTRIBUTES FACT-	SASED

ANALYSES OF DANGERS POSED BY NUCLEAR WAR.

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

THE EDUCATION FUND IS GOVERNED BY A BOARD WHICH IS APPOINTED BY THE

EXECUTIVE COMMITTEE OF THE FRIENDS COMMITTEE ON NATIONAL LEGISLATION

(FCNL), A RELATED ORGANIZATION.

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

PRIOR TO SUBMISSION, THE CLERK OF THE FINANCE COMMITTEE AND THE TREASURER OF FCNL EDUCATION FUND REVIEW THE DRAFT FORM 990 FOR THE FCNL EDUCATION FUND. ONCE THAT REVIEW IS COMPLETED, NOTICE WILL BE SENT TO THE FULL FINANCE COMMITTEE AND THE FCNL EDUCATION FUND BOARD OF DIRECTORS INFORMING THEM THAT THE DRAFT IS AVAILABLE FOR A MINIMUM OF THREE DAYS FOR THEIR EXAMINATION. THE FORM WILL NOT BE FILED UNTIL ALL STEPS OF THIS REVIEW HAVE BEEN COMPLETED. THE FINANCE COMMITTEE AND THE FCNL EDUCATION FUND BOARD SHALL RECEIVE A REPORT OF THE REVIEW AND THE FILING OF THE FORM AT THEIR NEXT REGULAR MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS DISCUSSED ANNUALLY BY THE EDUCATION FUND BOARD OF DIRECTORS AT THE FIRST MEETING OF THE CALENDAR YEAR AND IF NEEDED AT OTHER TIMES DURING THE YEAR. AT THIS FIRST MEETING OF THE YEAR, EACH BOARD MEMBER RECEIVES A COPY OF THE POLICY TO READ AND SIGN. AT THIS POINT A MEMBER SHOULD ALSO LIST ANY CONFLICTS OF WHICH SHE/HE IS AWARE. WHEN AN 132212 11-11-21 241

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Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
FCNL EDUCATION FUND	52-1254489
EDUCATION FUND BOARD MEMBER BECOMES AWARE OF A CONFLICT OF	INTEREST, THE
MEMBER SHALL GIVE NOTIFICATION IN WRITING TO THE CLERK OR	ASSISTANT CLERK.
THE CLERK OR ASSISTANT CLERK WILL ADVISE AND ENCOURAGE THE	MEMBER REGARDING
APPROPRIATE PARTICIPATION IN ALL DISCUSSION, ADVOCACY, AND	DECISIONS OF THE
EDUCATION FUND BOARD RELATED TO THE SUBJECT OF THE CONFLIC	T OF INTEREST.
THIS POLICY IS ALSO REVIEWED AS A PART OF NEW MEMBER ORIEN	TATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EDUCATION FUND DOES NOT DIRECTLY HIRE OR COMPENSATE EMPLOYEES. ALL

EMPLOYEES ARE EMPLOYEES OF THE FRIENDS COMMITTEE ON NATIONAL LEGISLATION

(FCNL), A RELATED ORGANIZATION EXEMPT UNDER SECTION 501(C)(4).

WHEN HIRING THE GENERAL SECRETARY AND THEREAFTER FOR AT LEAST EVERY FIVE YEARS, THE FCNL EXECUTIVE COMMITTEE WILL PERFORM A THOROUGH REVIEW TO DETERMINE SUITABLE COMPENSATION. THE PROCESS IS TO INCLUDE A REVIEW OF COMPARABILITY DATA BY THE EXECUTIVE COMMITTEE. COMPARABILITY DATA MAY INCLUDE COMPENSATION SURVEYS AND 990S OF SIMILAR ORGANIZATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,AZ,CA,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OK OR,PA,RI,SC,SD,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE FCNL EDUCATION FUND ANNUAL REPORT, THE FEDERAL FORM 990, THE IRS

DETERMINATION LETTER, AND THE CONFLICT OF INTEREST POLICY ARE ALL AVAILABLE

TO THE PUBLIC UPON REQUEST. REQUESTS RECEIVED IN WRITING, BY PHONE, FAX, OR

E-MAIL WILL BE HONORED BY DIRECTING THE REQUESTORS TO THE FCNL EDUCATION

 FUND'S WEBSITE (WWW.FCNL.ORG). THE CURRENT FORM 990 (NOT INCLUDING SCHEDULE

 132212 11-11-21

 Schedule O (Form 990) 2021

 42

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2021.05080 FCNL EDUCATION FUND

Schedule O (Form 990) 2021	Page 2
Name of the organization FCNL EDUCATION FUND	Employer identification number 52-1254489
B), THE IRS DETERMINATION LETTER, CONFLICT OF INTEREST POL	ICY, AND THE
ANNUAL REPORT CAN BE FOUND ON THE FCNL EDUCATION FUND'S WEB	BSITE IN ADOBE
FORMAT.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF INTEREST IN PLANNED GIVING AGREEMENTS	-9,181.
ADJUSTMENT FOR VALUE OF INVESTMENT IN SUBSIDIARY	-68,012.
TOTAL TO FORM 990, PART XI, LINE 9	-77,193.
	Schedule O (Form 990) 2021

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number 52 - 1254489

Department of the Treasury Internal Revenue Service

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

Name of the organization

FCNL EDUCATION FUND

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
205 C STREET NE, LLC - 52-1254489					
245 2ND STREET, NE	OWNS, MANAGES, AND LEASES				
WASHINGTON, DC 20002	REAL PROPERTY	DISTRICT OF COLUMBIA	75,187.	3,392,805.	FCNL EDUCATION FUND
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FRIENDS COMMITTEE ON NATIONAL LEGISLATION -	BRING CONCERNS OF THE						
53-0178883, 245 2ND STREET, NE, WASHINGTON,	RELIGIOUS SOCIETY OF						
DC 20002	FRIENDS TO BEAR ON PUBLIC	DISTRICT OF COLUMBIA	501(C)(4)		N/A		х
WILLIAM PENN HOUSE - 52-0846718							
515 E CAPITOL ST SE]				FCNL EDUCATION		
WASHINGTON, DC 20003	TO PROVIDE PROGRAM SUPPORT	DISTRICT OF COLUMBIA	501(C)(3)	LINE 10	FUND	X	
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 FCNL EDUCATION FUND

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 partnership during the tax year.

		-	6.0		(2)						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	io
											_ _

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) b)(13) rolled tity?
		country)						Yes	No

Schedule R (Form 990) 2021 FCNL EDUCATION FUND

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FRIENDS COMMITTEE ON NATIONAL LEGISLATION	0	3,138,908.	
(2) FRIENDS COMMITTEE ON NATIONAL LEGISLATION	N	912,975.	
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2021 FCNL EDUCATION FUND

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)	(b)	(c)	(d)	6		(f)	(g)	1	h)	(i)	(j)	(k)			
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant income	(e) Are a partners 501(c) orgs	all	(י) Share of	(9) Share of		nonor-		(J) General (
of entity	Primary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)	s sec.)(3)	total	end-of-year	tio	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin				
orentity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?				
		country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No)			
					_										
												+			
				\square								_			
		1	1							1		-			

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

FRIENDS COMMITTEE ON NATIONAL LEGISLATION

PRIMARY ACTIVITY: BRING CONCERNS OF THE RELIGIOUS SOCIETY OF FRIENDS TO

BEAR ON PUBLIC POLICY

Schedule R (Form 990) 2021

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Form	990-T Exempt Organization Business Income Tax Return									
				der section 6033(e))			10004			
		For calendar year 2021	or other tax year beginning JUL 1	<u>, 2021</u> , and ending <u>J</u> U	JN 30, 202	2	2021			
	ment of the Treasury I Revenue Service		to www.irs.gov/Form990T for i SSN numbers on this form as it ma			Op 50	pen to Public Inspection for 1(c)(3) Organizations Only			
Α	Check box if address changed.	Name of org	anization (Check box if name	changed and see instructions.)			er identification number			
	cempt under section		EDUCATION FUND	av and instructions			-1254489 xemption number			
]408(e)220(e)	^{Type} 245 21	eet, and room or suite no. If a P.O. be ND STREET, NE			(see inst	ructions)			
	408A 530(a) 529(a) 529A	WASHI	, state or province, country, and ZIP NGTON, DC 20002		470	1	Check box if			
			all assets at end of year				an amended return.			
	Check organization				Other trust					
	Check if filing only to			Claim a refund shown on For						
			consolidated return with a 501(c			1				
	Enter the number of		()				Yes X No			
			n a subsidiary in an affiliated grou		trolled group?		Yes A NO			
	If "Yes," enter the name and identifying number of the parent corporation. L The books are in care of ▶JAMES T. SWINDELL Telephone number ▶ 202-547-6000									
			s Taxable Income	reieph		02 5	47 0000			
1	Total of unrelated	usiness taxable in	come computed from all unrelate	ed trades or businesses (see						
•				· ·		1	0.			
2						2				
3	Add lines 1 and 2					3				
4			6 11 11 11 1 1			4	0.			
5		•	me before net operating losses.			5				
6	Deduction for net					6	0.			
7		•	come before specific deduction							
	Subtract line 6 from		·			7				
8	Specific deduction		but see instructions for exception			8	1,000.			
9	Trusts. Section 19			,		9	-			
10	Total deductions.	dd lines 8 and 9				10	1,000.			
11	Unrelated busine	taxable income	Subtract line 10 from line 7. If I							
	enter zero			• · · ·		11	Ο.			
Pa	rt II Tax Com	utation								
1	Organizations tax	ble as corporation	ons. Multiply Part I, line 11 by 21	% (0.21)		1	0.			
2	Trusts taxable at	ust rates. See in	structions for tax computation. In	ncome tax on the amount on						
	Part I, line 11 from	Tax rate	schedule or 🛛 🗌 Schedule [D (Form 1041)	►	2				
3	Proxy tax. See ins	uctions			►	3				
4	Other tax amounts					4				
5	Alternative minimu	tax (trusts only)				5				
6	Tax on noncompliant facility income. See instructions									
7	Total. Add lines 3	rough 6 to line 1	or 2, whichever applies			7	0.			
LHA	For Paperwork F	duction Act Not	ice, see instructions.				Form 990-T (2021)			

Form 9	90-T (2021)				F	² age 2
Part	III Tax and Payments					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other credits (see instructions)	1b				
с	General business credit. Attach Form 3800 (see instructions)	1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits. Add lines 1a through 1d			1e		
2	Subtract line 1e from Part II, line 7			2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 86	697	Form 8866			
	Other (attach statement)			3		
4	Total tax. Add lines 2 and 3 (see instructions).					
	section 1294. Enter tax amount here	<u>`</u>		4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line			5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a				
b	2021 estimated tax payments. Check if section 643(g) election applies	6b				
с	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)	6e				
f	Credit for small employer health insurance premiums (attach Form 8941)	6f				
g	Other credits, adjustments, and payments: Form 2439					
	□ Form 4136 Other Total ►	6g				
7	Total payments. Add lines 6a through 6g			7		
8			►	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpai			10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax		Refunded 🕨	11		
Part	IV Statements Regarding Certain Activities and Other Informatio	n (s	ee instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a	signa	ture or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the or	ganiza	ation may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the n	ame	of the foreign country			
	here					X
2	During the tax year, did the organization receive a distribution from, or was it the granted	or of, o	or transferor to, a			
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year		> \$		-	
4	Enter available pre-2018 NOL carryovers here S <u>117,563</u> . Do not inc	clude	any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by an	y ded	uction reported on Part	I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL	carry	overs. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the	ne tax	year. See instructions.			
	Business Activity Code	Ava	ilable post-2017 NOL c	arryover		
	531110 \$			16,752.		
	\$					
6a	Did the organization change its method of accounting? (see instructions)					X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF	, or Fo	orm 1128? If "No,"			
	explain in Part V	<u></u>		<u></u>		
Dart	V Supplemental Information					

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare correct, and complete. Declaration	that I have examined of preparer (other than	this return, including acc taxpayer) is based on al Date	l information of which pre ASSOC	d statements, and to th parer has any knowled GEN SECE &AD	e best of my know ge. ETARY	May t the pr	e and belief, it is the IRS discuss reparer shown uctions)?	this return below (see	with
	Print/Type preparer's name		Preparer's signature		Date	Check if I		PTIN		
Paid						self- employed				
Preparer	FRANK H. SMI	тн	FRANK H.	SMITH	05/15/23			P0063	39053	<u> </u>
Use Only		UM LLP				Firm's EIN		11-19	98632	3
,	18	99 L STR	EET, NW,	SUITE 850						
	Firm's address 🕨 🗰	Firm's address WASHINGTON , DC 20036				Phone no.	(2	02) 22	27-40	00
123711 01-31-2	22							Form	р 990-Т	(2021)

50 2021.05080 FCNL EDUCATION FUND

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	13,082.	0.	13,082.	13,082.
06/30/13	26,889.	0.	26,889.	26,889.
06/30/14	21,576.	0.	21,576.	21,576.
06/30/15	24,317.	0.	24,317.	24,317.
06/30/16	19,723.	0.	19,723.	19,723.
06/30/17	11,976.	0.	11,976.	11,976.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	117,563.	117,563.

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)				
print	FCNL EDUCATION FUND				52-12	54489
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.			
return. See instruction		oreign addi	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For		Code	
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation) JAMES T • SWINDI	07				
Telep ● If the ● If this box ▶ 1 Ir th	books are in the care of ► 245 2ND STREET, books are in the care of ► 245 2ND STREET, books are in the care of ► 202-547-6000 corganization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension of time until or or or	s in the Uni Group Exe and atta <u>MAX</u> anization's , an	Fax No. ►	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.
	bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b\$					
сB	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			-
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution instructi	If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	153-TE an	d Form 8879	TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)

123841 01-12-22

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

С

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

•	N 611
Α	Name of the organization

		()/	, 500 00 0
Name of the organization FCNL EDUCATION FUND	B Employer identif		umber
Unrelated business activity code (see instructions)	D Sequence:	1 c	of 1

Describe the unrelated trade or business RENTAL OF RESIDENTIAL BUILDING Е

Pa	rt I Unrelated Trade or Business Incom	e		(A) Income	(B) Expenses	(C) Net						
1a	Gross receipts or sales											
b	Less returns and allowances	c Balance 🕨	1c									
2	Cost of goods sold (Part III, line 8)		2									
3	Gross profit. Subtract line 2 from line 1c		3									
4a	Capital gain net income (attach Sch D (Form 1041 or	r Form										
	1120)). See instructions		4a									
b	Net gain (loss) (Form 4797) (attach Form 4797). See	instructions)	4b									
с	Capital loss deduction for trusts		4c									
5	Income (loss) from a partnership or an S corporation	(attach										
	statement)		5									
6	Rent income (Part IV)		6									
7	Unrelated debt-financed income (Part V)		7	233.	303.	-70.						
8	Interest, annuities, royalties, and rents from a contro	lled										
	organization (Part VI)		8									
9	Investment income of section 501(c)(7), (9), or (17)											
	organizations (Part VII)		9									
10	Exploited exempt activity income (Part VIII)		10									
11	Advertising income (Part IX)		11									
12	Other income (see instructions; attach statement)		12									
13	Total. Combine lines 3 through 12		13	233.	303.	-70.						
Pa			Image: State of the line state of t									

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	250.
7	Depreciation (attach Form 4562). See instructions 7			
8	Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8a		8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) SEE ST	ATEMENT 2	14	1,750.
15	Total deductions. Add lines 1 through 14		15	2,000.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, I	line 13,		
	column (C)		16	-2,070.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-2,070.
LHA	For Paperwork Reduction Act Notice, see instructions.		Schedule	A (Form 990-T) 2021

123741 01-28-22

	L. A. (E					
Part	ule A (Form 990-T) 2021	hod of inventory valuation	•			Page 2
1	Inventory at beginning of year				1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year		7			
8	Cost of goods sold. Subtract line 7 from line 6. Enter				8	
9	Do the rules of section 263A (with respect to property					Yes No
Part	V Rent Income (From Real Property and	Personal Property	Leased with R	eal Proper	ty)	
1	Description of property (property street address, city, s	tate, ZIP code). Check if a	dual-use. See instr	ructions.		
	A 🗌					
	в					
	c 🗌					
	D					
		A	В	С		D
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
с	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
3 4 5	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				► 	0.
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, line ee instructions)	: 6, column (B)			0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, line ee instructions)	: 6, column (B)			
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, line ee instructions) city, state, ZIP code). Chec	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C D	iter here and on Part I, line ee instructions)	: 6, column (B)			
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, line ee instructions) city, state, ZIP code). Chec A	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 <u>5</u> 1 2	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, line ee instructions) city, state, ZIP code). Chec	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, line ee instructions) city, state, ZIP code). Chec A	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 <u>5</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 5 Part 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT	A Total A A A A A A A A A A A A A A	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT Other deductions (attach statement) STMT 5	A	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 5 Part 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C	A To form the set of	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C	A Total A A A A A A A A A A A A A A	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C	A To a construction of the formula	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Erry Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C C	A To a construction of the formula	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 <u>5</u> 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C	A 75,187. 4 89,100. 8,522. 97,622. 6 10,241.	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C	A 4 89,100. 8,522. 97,622. 6 10,241. 3,252,589. 3.252,589.	B	e instructions.		D
4 5 7 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C	A 4 89,100. 8,522. 97,622. 6 10,241. 3,252,589. .31%	: 6, column (B) k if a dual-use. See	e instructions.		0.
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C	A A 75,187. 4 89,100. 8,522. 97,622. 6 10,241. 3,252,589. .31% 233.	B	e instructions.		0.
4 5 7 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C	A A 75,187. 4 89,100. 8,522. 97,622. 6 10,241. 3,252,589. .31% 233.	B	e instructions.		D
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C	A A 75,187. 4 89,100. 8,522. 97,622. 6 10,241. 3,252,589. .31% 233. .<	B	e instructions.		0.
4 5 Part 1 2 3 a b c 4 5 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C	A A 75,187. 4 97,622. 97,622. 6 10,241. 3,252,589. .31% 233. . Enter here and on Part I,	B B line 7, column (A)	e instructions.		0. D % 233.
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C STREET APARTMENTS B C C C C C C C C C C C C C C C C C C	A 75,187. 4 89,100. 8,522. 97,622. 6 10,241. 3,252,589. .31% 233. . Enter here and on Part I, 303.	B B line 7, column (A)	e instructions.		0.

2021.05080 FCNL EDUCATION FUND

									1
Schedu	e A (Form 990-T) 2021	ities, Royalties, and	d Donto from	n Control		agnization	N (and in the		Page 3
Part	I interest, Annu					-	6 (see instru lled Organization	,	
	1. Name of controlled	d 2. Employe	er 3. Net	3. Net unrelated		al of specified	5. Part of co		6. Deductions directly
	organization					nents made	that is included in the		connected with
		number	number (see in		-		controlling organiza- tion's gross income		income in column 5
(1)							0		
(2)									
(3)									
<u>(4)</u>									
			Nonexempt (-				
7.	Taxable Income	8. Net unrelated income (loss)		otal of specif syments mad		that is inc	of column 9 luded in the organization's	11.	Deductions directly connected with
		(see instructions)					income	in	come in column 10
(1)									
(2)								_	
(3)									
(4)									
						Enter here	and on Part I,	Ent	d columns 6 and 11. er here and on Part I,
						line o, c	column (A)		line 8, column (B)
Totals	///		<u> </u>	(4 = 1)	<u> </u>	<u> </u>	0	•	0.
Part V		ncome of a Section	n 501(c)(7), (ee instructions	/	E Tatal da da da e
	1. Desc	ription of income		2. Amou incor		3. Deduction directly connection (attach state)	ected (attach	et-asides stateme	
(1)									
(2)									
(3)									
(4)									
				Add amou					Add amounts in column 5. Enter
				here and o	n Part I,				here and on Part I,
				line 9, colu	-				line 9, column (B)
Totals Part V				 Flace Adve	0.				0.
		xempt Activity Inco	ome, other		rusinę	y income	see instructior	1S)	
	Description of exploite		husinggo Ento	r bara and a	o Dort I	line 10 colum	~ (A)		
		ess income from trade or nected with production o						2	
								3	
		unrelated trade or busin							
								4	
		tivity that is not unrelated							
		to income entered on line							
		ses. Subtract line 5 from							
	4. Enter here and on Pa	art II, line 12						7	

Schedule A (Form 990-T) 2021

123731 01-28-22

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	ule A (Form 990-T) 2021					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or more perioc	licals on a co	onsolidated basis.		
	A 🛄					
	в					
	c 🔄					
	D					
Enter a	amounts for each periodical listed above in the	corresponding colum	in.			
		A	۱ I	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	Part I, line 11, colum	n (A)		►	0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	Part I, line 11, colum	n (B)		►	0.
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet	e				
	lines 5 through 7, and enter zero on line 8 \dots					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ss				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7 \dots					
а	Add line 8, columns A through D. Enter the g					•
Devt	Part II, line 13	we at a way a mail True				0.
Part	X Compensation of Officers, Di	rectors, and trus	slees (see	e instructions)	• • •	
			o		3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
(4)					to business	unrelated business
(<u>1</u>)					%	
(<u>2</u>)					%	
<u>(3)</u>					%	
<u>(4)</u>					%	
Total	. Enter here and on Part II, line 1					0.
Part			<u></u>			
i uit						

123732 01-28-22

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FCNL EDUCATION FUND

52-1254489

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,750.
TOTAL TO SCHEDULE A, PART II	, LINE 14	1,750.

990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 06/30/20 06/30/21	7,812. 6,201. 2,739.	0. 0. 0.	7,812. 6,201. 2,739.	7,812. 6,201. 2,739.
NOL CARRYO	VER AVAILABLE THIS	YEAR	16,752.	16,752.

FORM 990-T (A) PA	ART V - DEPRECIAT	ION DEDUCTION		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	1	89,100.	89,100.
TOTAL OF FORM 990-T, SCH	IEDULE A, PART V,	LINE 3(A)		89,100.
FORM 990-T (A)	PART V - OTHER	DEDUCTIONS		STATEMENT 5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
DESCRIPTION —————————— PROPERTY TAXES REPAIRS UTILITIES		AMOUNT 8,522.	ALLOCABLE	
PROPERTY TAXES REPAIRS UTILITIES			ALLOCABLE	

FORM 990-T (A)	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITI TO DEBT-FINANCED	ON DEBT ON OR ALLOCABLE PROPERTY - SUBTOTAL -		10,241.	10,241.
TOTAL OF FORM 990	-T, SCHEDULE A, PART V,	LINE 4		10,241.
FORM 990-T (A)	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI			STATEMENT 7
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL

AVERAGE ADJUSTED BASIS ALLOCABLE TO DEBT-FINANCED PROPERTY	3,252,589.
- SUBTOTAL - 1	3,252,589.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5	3,252,589.