Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	For the	\simeq 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 and $$	ending J	<u>UN 30, 2023</u>			
В	Check if applicable	PALOS VERDES PENINSULA EDUCATION		D Employer identifi	cation number		
	Addres change						
	Name change Initial			95-34982			
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 300-A PASEO DEL MAR	Room/suite	E Telephone numbe 310-378-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,935,399.		
	Ameno return			H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: LAUKA HUGHES		for subordinates			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in			
T	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions		
J	Websit	D.:D O. C		H(c) Group exemption	on number		
K	Form of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile; CA		
	art I	Summary			<u> </u>		
	1	Briefly describe the organization's mission or most significant activities: SUPPO	ORT TH	E PALOS VER	DES		
Governance		PENINSULA UNIFIED SCHOOL DISTRICT TO HELP					
nar	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as:	sets.		
Ver	3			3	23		
ပိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			23		
≪ ∨	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			206		
itie	6	Total number of volunteers (estimate if necessary)			130		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		· · ·		Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		2,839,577.	2,448,443.		
Revenue	9	Program service revenue (Part VIII, line 2g)		1,242,598.	2,153,407.		
e e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39,461.	133,343.		
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-115,471.	-194,417.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,006,165.	4,540,776.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,100,131.	2,101,005.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
u	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		999,455.	1,385,168.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Dec	b	Total fundraising expenses (Part IX, column (D), line 25) 294,00	7.				
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		376,889.	524,076.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,476,475.	4,010,249.		
		Revenue less expenses. Subtract line 18 from line 12		529,690.	530,527.		
or	ű	·	Be	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		6,299,603.	6,803,772.		
ASS	21	Total liabilities (Part X, line 26)		1,195,336.	779,282.		
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		5,104,267.	6,024,490.		
P	art II	Signature Block					
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.			
Sig		Signature of officer Copy		Date			
He	re	LAURA HUGHES, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	d	AARON PHILLIPS AARON PHILLIPS	0	5/13/24 self-employ			
Pre	parer	Firm's name WINDES, INC.		Firm's EIN 9	5-3001179		
Use	Only	Firm's address P.O. BOX 87					
_		LONG BEACH, CA 90801-0087		Phone no. 56	2-435-1191		
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

	PALOS VERDES PENINSULA EDUCATION
	1990 (2022) FOUNDATION 95-3498211 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SUPPORT THE PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT TO HELP FUND EDUCATIONAL PROGRAMS THAT PROVIDE HIGH QUALITY PUBLIC EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, 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	(Code:) (Expenses \$2,057,000 •including grants of \$2,057,000 •) (Revenue \$
	THE ORGANIZATION RAISES MONEY TO FUND EDUCATIONAL PROGRAMS SUCH AS K-12
	TEACHERS, MUSIC TEACHERS, PE TEACHERS, COUNSELORS, LIBRARY AIDES AND
	STEM ACTIVITIES.
4b	(Code:) (Expenses \$1, 356, 308. including grants of \$) (Revenue \$2, 153, 407.
	THE FOUNDATION RUNS SUMMER CAMP PROGRAMS FOR K-8, SUMMER SCHOOL FOR
	HIGH SCHOOL STUDENTS GRADE 9-12, AND SUMMER SPORTS PROGRAMS FOR HIGH
	SCHOOL STUDENTS GRADES 9-12. THE NET PROCEEDS FROM THESE PROGRAMS HELP
	THE FOUNDATION MEET ITS ANNUAL PLEDGE TO THE PALOS VERDES PENINSULA SCHOOL DISTRICT (PVPUSD).
	Benoon Dibikier (1710bb):
	44.005
4c	(Code:) (Expenses \$44,005. including grants of \$44,005.) (Revenue \$PROVIDES SCHOLARSHIPS TO EDUCATORS AND STUDENTS.
	FROVIDES SCHOLLARSHIFS TO EDUCATORS AND STUDENTS.
	Other program services (Describe on Schedule O.)

232002 12-13-22

including grants of \$ 3 , 457 , 313 .

4e Total program service expenses

PALOS VERDES PENINSULA EDUCATION FOUNDATION

Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		τ,	
_	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			v
_	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,			7.7
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</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>X</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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		τ,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		τ,	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Ψ,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7,7
	complete Schedule G, Part III	19		X
20a		20a		<u>X</u>
	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		ι,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	OE a		X
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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
С	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	X	<u> </u>
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	37
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			v
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
J -1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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?			1
D	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable In the number of Forms W-2G included on line 1a. Enter -0- if not applicable In the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Enter the manner of Fermi W Zermended entitle Fall Enter of infloor applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	Х	
	(gambling) winnings to prize winners?	1c	990	(2022

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	206			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	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 Advanced in the Financi	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	inization solicit			,,
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		_			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b			doe of	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uirea			x
لم	to file Form 8282?	7d	İ	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		+2	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		τ?	7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g	N/	
9 h	If the organization received a contribution of qualified intellectual property, and the organization mered in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes,			79 7h	N/	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				,	
•	sponsoring organization have excess business holdings at any time during the year?	-	NT / 7\	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b			N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	L			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A	40		
а	Is the organization licensed to issue qualified health plans in more than one state?		IN/A	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.					
D	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	1			
С	Enter the amount of reserves on hand	13c				
	Did the consideration which are the constant for independent or a significant for its description of the constant of the const		<u> </u>	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		_ -
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	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	t incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.					

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Form 990 (2022)

95-3498211 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on schedule O. see instructions.			
0	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			l
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			 ₩
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		0-	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ь 9		OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	ble
	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 Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	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 records			
	LAURA HUGHES - 310-378-2278			
	300-A PASEO DEL MAR, PALOS VERDES ESTATES, CA 90274			

95-3498211

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LAURA HUGHES	40.00							112 440	_	F F10
EXECUTIVE DIRECTOR	0.00			Х				113,448.	0.	5,712.
(2) JEN MENTESANA	2.00	ļ								•
PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) RYAN YAKUBIK TRUSTEE	1.00	x						0.	0.	0.
(4) KELLY COOK	1.00									
TRUSTEE		Х						0.	0.	0.
(5) MOISE INNOCENT	1.00									
TRUSTEE		Х						0.	0.	0.
(6) CARLIE GARBER	1.00									
TRUSTEE		Х						0.	0.	0.
(7) CATHERINE GRENNAN	1.00									
TRUSTEE		Х						0.	0.	0.
(8) MARIKO HAMA	1.00									
TRUSTEE		Х						0.	0.	0.
(9) TODD HOLLINGSHEAD	1.00									
TRUSTEE		Х						0.	0.	0.
(10) JEAN CHRISTEN	1.00									
TRUSTEE		Х						0.	0.	0.
(11) ALEX KOUZMANOFF	1.00									
TRUSTEE		Х						0.	0.	0.
(12) CORRY MATTHEWS	1.00									
TRUSTEE		Х						0.	0.	0.
(13) CARRIE LAMBERT	1.00]							_	_
TRUSTEE		Х						0.	0.	0.
(14) CONNIE LAI	1.00	1							_	_
TRUSTEE		Х						0.	0.	0.
(15) BETTY LIN PETERSON	1.00							_		_
TRUSTEE	1 2 2 2	Х						0.	0.	0.
(16) GINA MCDUFFIE	1.00	 								
TRUSTEE	1 2 2 2	Х						0.	0.	0.
(17) ALYSON MCFERSON	1.00	∤								_
TRUSTEE		Х						0.	0.	0.

232007 12-13-22

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)							(D) (E)			(F)		
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	1		nount o	of
	week (list any		Ler ar	lu a u	Tecto	Trirus	lee)	from	from related			other	•
	hours for	director				L		the organization	organizations (W-2/1099-MIS			pensat	
	related	e or 0	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	<i>J</i> ,		anizati	
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)			d relate	
	below	Individual trustee or	Institutional trustee	Je.	Key employee	est co	Je.				orga	anizatio	ns
	line)	Indi	Insti	Officer	Key 6	High	Former						
(18) KEYLA MONTGOMERY	1.00												
TRUSTEE	1 00	Х				_		0.		0.			0.
(19) WENDY MOULTON	1.00									_			^
TRUSTEE	1 00	Х	_			┢		0.		0.			0.
(20) LISA PAOLUCCI TRUSTEE	1.00	Х						0.		0.			0.
(21) ALEX SHEN	1.00	Λ				\vdash		1		0.			0.
TRUSTEE	1.00	Х						0.		0.			0.
(22) STEFANI TURNER	1.00							0.		• •			<u> </u>
TRUSTEE	1.00	Х						0.		0.			0.
(23) JACQUI WITHERS	1.00									•			•
TRUSTEE		Х						0.		0.			0.
(24) STEVEN BRENDE	1.00												
TRUSTEE		Х						0.		0.			0.
								110 110		$\overline{}$			_
1b Subtotal								113,448.		0.		5,71	
c Total from continuation sheets to Part VII								0.		00.		C 71	0.
d Total (add lines 1b and 1c)								113,448.		<u>U .</u>		5,71	
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed an	oove	e) wn	io re	eceived more than \$100,	000 of reportable				1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director trust	مم اد	'AV 6	mnl	love	<u> </u>	hio	ihest compensated emp	lovee on	1			-110
line 1a? If "Yes," complete Schedule J for si											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•		•					·	· ·		4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	pers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compe	ensa⁴	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B)		_	((
Name and business	address	NC	ONE	<u> </u>			\dashv	Description of s	services		ompe	nsatior	1
_							\dashv			—			
							\dashv						

Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2022) FOUNDAT
Part VIII Statement of Revenue

			Check if Schedule O contain	ne a reenonce	or note to any lin	e in this Part VIII			
			Officer if Schedule O contain	is a response	or note to any in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
ts st	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues						
G,		С	Fundraising events	1c 1,	449,100.				
ifts			Related organizations						
nis G			Government grants (contribution						
Sic			All other contributions, gifts, grants,						
uti Je		٠			999,343.				
ĕ₽			similar amounts not included above			-			
t b		_	Noncash contributions included in lines 1a-	-1f 1g \$	328,265.	0 440 442			
<u>ŏ</u> <u>ö</u>		h	Total. Add lines 1a-1f			2,448,443.			
					Business Code				
ě	2	а	SUMMER PROGRAMS		900099	2,153,407.	<u>2,153,407.</u>		
ξ		b							
Sel		С							
E S		d							
gra Re		e							
Program Service Revenue			All alle an announce and income						
-			All other program service revenu			2,153,407.			
		g	Total. Add lines 2a-2f			Z,133,407.			
	3		Investment income (including di			122 242			122 242
			other similar amounts)			133,343.			133,343.
	4		Income from investment of tax-e	exempt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)	(i) Securities	(ii) Other				
	1	а	Gross amount from sales of	(i) Securities	(II) Other	-			
			assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses 7b						
Revenue		С	Gain or (loss) 7c						
Re			Net gain or (loss)	<u></u>					
her	8	а	Gross income from fundraising ever	nts (not					
₽			including \$1,449,10	0 • of					
			contributions reported on line 1						
			Part IV, line 18		190,850.				
					394,623.	-			
			Less: direct expenses		DJ4,023.	202 772			-203,773.
			Net income or (loss) from fundra			-203,773.			-203,773.
	9	а	Gross income from gaming activ	I					
			Part IV, line 19			-			
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gamin	g activities					
	10	а	Gross sales of inventory, less re	turns					
			and allowances	10:	a				
		b		101					
			Net income or (loss) from sales		_				
			or (1000) from dates	c. mironitory .	Business Code				
Sn		_	MISCELLANEOUS IN	COME	900099	9,356.			9,356.
e eo	11				700033	9,330.			9,330.
lan		b							
cel Sev		С							
Miscellaneous Revenue		d	All other revenue						
		е	Total. Add lines 11a-11d			9,356.			
	12		Total revenue. See instructions			4,540,776.	2,153,407.	0.	-61,074.

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	7.5.		<u> </u>	
	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	2,057,000.	2,057,000.		
2	Grants and other assistance to domestic	44,005.	44,005.		
_	individuals. See Part IV, line 22	44,003.	44,003.		
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,	111 005	72 222	17 775	10 007
_	trustees, and key employees	111,095.	73,323.	17,775.	19,997.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 101 577	026 666	122 754	101 157
7	Other salaries and wages	1,191,577.	936,666.	133,754.	121,157.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	F 000	4 665	220	000
9	Other employee benefits	5,277.	4,665.	332.	280.
10	Payroll taxes	77,219.	65,620.	6,006.	5,593.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	165.		165.	
С	Accounting	28,350.		28,350.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	3,979.		3,979.	
12	Advertising and promotion	41,193.	871.		40,322.
13	Office expenses	21,069.	4,280.	4,197.	12,592.
14	Information technology	55,993.	3,146.	13,212.	39,635.
15	Royalties				
16	Occupancy	17,826.	17,826.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,169.		1,042.	3,127.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	52,988.	19,974.	33,014.	
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 (A).				
а	amount, list line 24e expenses on Schedule 0.) CREDIT CARD SERVICE FEE	172,444.	106,322.	16,531.	49,591.
a b	SUPPLIES	71,160.	71,160.		-2,001
C	OTHER EXPENSES	53,750.	52,455.	324.	971.
d	DUES & SUBSCRIPTIONS	990.	52,455	248.	742.
	All other expenses	220.		210.	, 12 •
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,010,249.	3,457,313.	258,929.	294,007.
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)				
					Form 990 (2022

Form 990 (2022) Part X Balance Sheet

ı aı	ιΛ	Dalance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	584,126.	1	1,573,328.		
	2	Savings and temporary cash investments	1,254,213.	2	360,934.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4	3,435.		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	these pe	rsons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
S	7	Notes and loans receivable, net		ection 4958(c)(3)(B)		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			123,024.	9	10,940.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		a			
	b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities	4,338,240.	11	4,817,204.		
	12	Investments - other securities. See Part IV, lii		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	37,931.
	16	Total assets. Add lines 1 through 15 (must e			6,299,603.	16	6,803,772.
	17	Accounts payable and accrued expenses			365,203.	17	343,498.
	18	Grants payable		18			
	19	Deferred revenue	830,133.	19	435,784.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
s l	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su	ubstantia	al contributor, or 35%			
ig		controlled entity or family member of any of				22	
≝	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D		, .		25	
	26	Total liabilities. Add lines 17 through 25			1,195,336.	26	779,282.
		Organizations that follow FASB ASC 958,					
es		and complete lines 27, 28, 32, and 33.					
auc	27				4,749,096.	27	5,665,023.
Bal	28	Net assets with donor restrictions			355,171.	28	359,467.
5		Organizations that do not follow FASB AS					
Ī.		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fur		29			
Sets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,104,267.	32	6,024,490.
_	33	Total liabilities and net assets/fund balances			6,299,603.	33	6,803,772.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,01		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,10		
5	Net unrealized gains (losses) on investments	5	38	9,6	<u>96.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,02	4,4	<u>90.</u>
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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public

PALOS VERDES PENINSULA EDUCATION **Employer identification number** Name of the organization FOUNDATION 95-3498211 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	` ,	` ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	2903089.	2590031.	2173896.	2839577.	2448445.	12955038.
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	71,144.	72,808.	74,556.	266,103.	107,333.	591,944.
4	Total. Add lines 1 through 3	2974233.	2662839.	2248452.	3105680.	2555778.	13546982.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						13546982.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2974233.	2662839.	2248452.	3105680.	2555778.	13546982.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	91,673.	94,047.	31,098.	39,461.	133,343.	389,622.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	53,705.			6,425.	162,495.	222,625.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					9,355.	
11	Total support. Add lines 7 through 10						14168584.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 6	,310,897.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
	tion C. Computation of Publi						05.61
	Public support percentage for 2022 (I					14	95.61 %
	Public support percentage from 2021					15	97.19 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c	•		•		•	
	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	ū				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2022

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•		
	check this box and stop here						
	ction C. Computation of Publi					Т Т	
	Public support percentage for 2022 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			40		T 4= T	
	Investment income percentage for 20					17	<u>%</u>
18	,					18	<u>%</u>
19a	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
İ	•		
	2		
ı			
	3a		
	3b		
-	3с		
	4-		
Ì	4a		
	4b		
İ	-TU		
	4c		
	5a		
ŀ	5b		
H	5c		
-	6		
	7		
ł	8		
	9a		
	9b		
	9с		
	55		
	10a		
ŀ	iva		
	10b		
ıle	A (Forn	n 990)	2022

Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	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			l
	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			l
	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			
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	Somplete Selem			
b		(:tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	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			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ı

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 qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.			
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				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
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				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
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				
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	unization (see		

Schedule A (Form 990) 2022

instructions).

	dule A (Form 990) 2022 FOUNDATION			9	5-3498211 _{Page}	7
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)		_
Sect	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations)	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	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				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	·	(i)	(ii)		(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
	Evenes from 2010					

Schedule A (Form 990) 2022

c Excess from 2020d Excess from 2021e Excess from 2022

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:							
MISCELLANENOUS INCOME							
2022 AMOUNT: \$ 9,355.							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

PALOS VERDES PENINSULA EDUCATION FOUNDATION

Employer identification number 95-3498211

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	l in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	• •	
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreat		Preservation of a his	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribut	ion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, c	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$

232051 09-01-22

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

Schedule D (Form 990) 2022

	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	r Simila	ar Assets	contin	ued)	ugo
3	Using the organization's acquisition, accessic						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	collection items (check all that apply):		•	•	•				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 99	00, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f		_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or cu	ıstodial account liab	ility?		Yes	X	No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete if		swered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	· ·		
1a	Beginning of year balance	4,338,240.	5,203,021.	4,316,051.	4,	362,751.	4,	299,	,396.
b	Contributions								
С	Net investment earnings, gains, and losses	478,964.	-863,368.	1,077,992.		188,415.			648.
d	Grants or scholarships					212,045.		209,	,110.
е	Other expenditures for facilities								
	and programs		1,413.	191,022.		23,070.		19,	,183.
f	Administrative expenses								
g	End of year balance	4,817,204.	4,338,240.	5,203,021.	4,	316,051.	4,	362,	751.
2	Provide the estimated percentage of the curre		e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	93.0000	_%						
b	Permanent endowment 4.0000	%							
С	Term endowment 3.0000	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held ar	nd administered for t	he		_		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	1	1	·		<u> </u>			
	Description of property	(a) Cost or of basis (investment)		1 ' '	Accumula epreciatio	II.	(d) Book	(valu	e
1a	Land								
b	Buildings								
	Leasehold improvements								
d	Equipment								
	Other								
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X. column (B), line 1	0c.)					0.

Schedule D (Form 990) 2022

PALOS VERDES	S PENINSULA E		
Schedule D (Form 990) 2022 FOUNDATION		95	-3498211 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 B 1 N/ I	11 0 5 000 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Complete if the organization answered "Yes"			l af
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Dort IV line	11d Con Form 000 Port V line 15	
	Description	Tru. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 ... X

Schedule D (Form 990) 2022

(7) (8)

Sche	PALOS VERDES PENINSULA EDUCA dule D (Form 990) 2022 FOUNDATION	ATION		95-3	3498211 _{Page} 4
	rt XI Reconciliation of Revenue per Audited Financial Statement	ts With			JIJULL Tage
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		-		
1	Total revenue, gains, and other support per audited financial statements			1	5,056,305.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	389,696.		
b	Donated services and use of facilities	2b	125,833.		
С		2c			
d		2d			
е	Add lines 2a through 2d			2e	515,529.
3	Subtract line 2e from line 1			3	4,540,776.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,540,776.
	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,136,082.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	125,833.		
b		2b			
	- · · ·	2c		•	
d		2d			
				2e	125,833.
3				3	4,010,249.
	Subtract line 2e from line 1				4,010,245.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	امدا			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b			0.
c	Add lines 4a and 4b			4c	4,010,249.
Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	4,010,249.
			101 5 11/15 4	D 13	/ II
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part X	i, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inforn	nation.		
D 7 T	OM 17 T T3TH 4				
PAI	RT V, LINE 4:				
	THE PARTY OF THE PERTY OF THE P			D T 61	
1.0	ENHANCE PALOS VERDES PENINSULA UNIFIED SCHO	ות חסכ	STRICT CUR	RICU)LUM
DD /	OCD AMG				
PRO	OGRAMS.				
PAI	RT X, LINE 2:				
FII	N 48:				
THI	E FOUNDATION IS CLASSIFIED AS A SECTION 501	(C)(3)	ORGANIZAT	ION	UNDER THE
IN'	TERNAL REVENUE CODE OF 1986 AND SECTION 2370)1(D)	OF THE CAL	IFOF	RNIA
		··· ~=-			
KE/	VENUE AND TAXATION CODE. HOWEVER, INCOME FRO	M CEF	CTAIN ACTIV	TTTE	ES NOT
די		ייית חת	אספים דם פיי	ח דהי	TM MO
דדח	RECTLY RELATED TO THE FOUNDATION'S TAX-EXEM	T PUF	KPUSE IS SU	BU E(T TU

THE FOUNDATION HAD NO INCOME SUBJECT TO TAXATION AS UNRELATED BUSINESS

TAXATION AS UNRELATED BUSINESS INCOME. FOR THE YEAR ENDED JUNE 30, 2023,

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization PALOS V FOUNDAT	ERDES PENINSULA EDU	JCA'	1OI	1		Employer ide 95-3498	ntification number 2.1.1
Part I Fundraising Activities.	· Complete if the organization answe	red "Y	es" or	Form 990, Part IV, li	ne 17		
required to complete this par 1 Indicate whether the organization rais a	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern sising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization	on is registered or licensed to solicit o			or has been notified	it is e	exempt from red	nistration
or licensing.	This registered of modrided to confer to			or ride been rietilied		oxempt nom re	giotration

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

Schedule G (Form 990) 2022

Pa	ırt I							
of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events								
			1 ' '	(d) Total events				
			TOAST ON THE		1	(add col. (a) through		
				PIER WALK	1	col. (c))		
Φ			(event type)	(event type)	(total number)	. , ,		
Revenue	1	Gross receipts	1,120,418.	262,380.	257,152.	1,639,950.		
ш.	2	Less: Contributions	929,568.	262,380.	257,152.	1,449,100.		
	3	Gross income (line 1 minus line 2)	190,850.			190,850.		
	4	Cash prizes						
ø	5	Noncash prizes						
kpense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses	239,573.	1,786.	153,264.	394,623.		
	10	Direct expense summary. Add lines 4 through				394,623.		
	11	•				-203,773.		
11 Net income summary. Subtract line 10 from line 3, column (d) -203,773 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than								
		\$15,000 on Form 990-EZ, line 6a.		, , , , , , , , , , , , , , , , , , , ,	,			
			(a) Pingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
eve								
	1	Gross revenue						
Ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direc	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	☐ No	☐ No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:								
	_							
		ere any of the organization's gaming licenses re		-	/ear?	Yes No		
	_							

232082 10-27-22

Schedule G (Form 990) 2022

PALOS VERDES PENINSULA EDUCATION

Sch	edule G (Form 990) 2022 FOUNDATION 95	-3498	3211	Page 3					
11	Does the organization conduct gaming activities with nonmembers?	\square	Yes	☐ No					
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
	to administer charitable gaming?		Yes	☐ No					
13	Indicate the percentage of gaming activity conducted in:								
	The organization's facility	13a		%					
	An outside facility			%					
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
•									
	Name								
	Address								
	Audiess								
150	Does the examination have a contract with a third party from whom the examination receives gaming revenue?		Yes	No					
ısa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		163	140					
	If IIV as II and as the constant of constant and as a six of the three constants.								
D	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount								
	of gaming revenue retained by the third party \$								
С	If "Yes," enter name and address of the third party:								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation \$								
	Description of services provided								
	-								
	☐ Director/officer ☐ Employee ☐ Independent contractor								
17	Mandatory distributions:								
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?	\square	Yes	☐ No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the								
	organization's own exempt activities during the tax year \$								
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	art III, li	nes 9,	9b, 10b,					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								
				-					

PALOS VERDES PENINSULA EDUCATION

Schedule G	i (Form 990)	FOUNDATION	95-3498211	Page 4
Part IV	(Form 990) Supplemental Infor	mation _(continued)		
		,		
				-
_			Calcadula C /F	

232084 04-01-22

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.
PALOS VERDES PENINSULA EDUCATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2022

FOUNDATIO	N						95-3498211
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						on X Yes No
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990. Part	IV. line 21, for any
recipient that received more than							,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT - 375 VIA ALMAR - PALOS VERDES ESTATES, CA 90274	95-6006594	GOVERNMENT	2,057,000.	0.			FUND TEACHERS, COUNSELORS, MUSIC, LIBRARY AND STEM.
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	•	•	e line 1 table				1.

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Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TOR AND BAGDASAR SCHOLARSHIPS	3	3,500.	0.		
NTS TO TEACHERS FOR SPECIAL PROJECTS	33	40,505.	0.		
rt IV Supplemental Information. Provide the informati	ion required in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.	
RT I, LINE 2:					
F REPS (PRESIDENT & EXECUTIVE	DIRECTOR) M	EET REGULA	ARLY WITH T	HE	
PERINTENDENT OF PALOS VERDES					
E NEEDS OF THE DISTRICT AND H					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

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

PALOS VERDES PENINSULA EDUCATION FOUNDATION

Employer identification number 95-3498211

Га	rt 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 10	(d) Method of det noncash contribut			s
1	Art - Works of art	Х	1	350				
2	Art - Historical treasures							
3	Art - Fractional interests							
ļ	Books and publications							
5	Clothing and household goods	X		4,473	FMV			
6	Cars and other vehicles							
,	Boats and planes							
3	Intellectual property							
)	Securities - Publicly traded	X	1	12,001	FMV			
)	Securities - Closely held stock							
	Securities - Partnership, LLC, or							
	trust interests							
2	Securities - Miscellaneous							
}	Qualified conservation contribution -							
	Historic structures							
Ļ	Qualified conservation contribution - Other							
,	Real estate - Residential							
;	Real estate - Commercial							
	Real estate - Other							
;	Collectibles	X	8	26,251	FMV			
)	Food inventory	X	172	181,855	FMV			
)	Drugs and medical supplies							
	Taxidermy							
2	Historical artifacts							
}	Scientific specimens							
	Archeological artifacts							
,	Other (EXPERIENCES)	X	134	65,331	FMV			
	Other (MISCELLANEOUS I)	X	52	19,829	FMV			
	Other (SPORTING & OTHE)	X	27	8,902	FMV			
	Other (VACATION PACKAG)	X	4	4,938	FMV			
)	Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
					_		Yes	1
а	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	l for			
	exempt purposes for the entire holding period	?				30a		:
b	If "Yes," describe the arrangement in Part II.							
	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	ıtions?	31	Х	
а	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash	Г			Г
	contributions?		•			32a	Х	
b	If "Yes," describe in Part II.							
,	If the organization didn't report an amount in o	column (c) for	r a type of property	for which column (a) is che	ecked,			
	describe in Part II.	(, ,), i i)	(,,==:::	,			

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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.
PART I, OTHER TYPES OF PROPERTY:
GIFT CERTIFICATES
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 20
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2882.
(D) METHOD OF DETERMINING REVENUE: FMV
MEMBERSHIPS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 5
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1453.
(D) METHOD OF DETERMINING REVENUE: FMV
SCHEDULE M, PART I, COLUMN (B):
THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS
RECEIVED.
SCHEDULE M, LINE 32B:
THE ORGANIZATION USES ITS BROKER TO SELL DONATED STOCK.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PALOS VERDES PENINSULA EDUCATION FOUNDATION

Employer identification number 95-3498211

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THAT PROVIDE HIGH QUALITY PUBLIC EDUCATION. FORM 990, PART VI, SECTION B, LINE 11B: DESCRIBE THE PROCESS USED TO REVIEW FORM 990. THE FINANCE COMMITTEE REVIEWS THE 990 BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: DESCRIBE THE PROCESS USED TO MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. BEFORE A PERSON BECOMES A PART OF THE BOARD, THE CURRENT BOARD MEMBERS REVIEW THE PERSON'S APPLICATION TO CHECK FOR CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: DESCRIBE THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS OR KEY EMPLOYEES. THE OPERATIONS COMMITTEE OF THE FOUNDATION DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE OPERATIONS COMMITTEE IS A COMMITTEE OF BOARD GOVERNANCE COMPRISED OF THE PRESIDENT, EXECUTIVE VICE PRESIDENT (IF APPLICABLE), VICE PRESIDENT OF BOARD GOVERNANCE, AND VICE PRESIDENT OF FINANCE. A SURVEY OF OTHER LIKE EDUCATION FOUNDATIONS WAS CONDUCTED BY THE OPERATIONS COMMITTEE TO HELP DETERMINE APPROPRIATE BENEFITS AND COMPENSATION FOR THE EXECUTIVE DIRECTOR.

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

DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
lame of the organization PALOS VERDES PENINSULA EDUCATION FOUNDATION	Employer identification number 95-3498211
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC.
PUBLIC COPY OF AUDITED FINANCIAL STATEMENTS ARE AVAILABLE	ON WEBSITE AND
JPON REQUEST.	