	****	THIS IS NO	OT A FII	EABLE CO	PY **	* * *	I	OMB No. 1545-0047
Form 8879-TE		IRS e-file S for a 1	Tax Exen	npt Entity	/			
	For calendar year 202	2, or fiscal year beginning	JUL 1	, 2022, and ending	JUN	<u>30</u> , 20 <u>23</u>	3	2022
Department of the Treasury				ep for your reco				
Internal Revenue Service Name of filer		Go to www.irs.gov	/Form8879TE	for the latest inf	formation.		or SSN	
							8-0470	025
		DUCATIONAL DORIS DON				53	5-04/0	1935
Name and title of officer or pe	ison subject to tax	PRESIDENT		MOND				
Part I Type of	Return and Re	eturn Informatio	n					
Check the box for the retu Form 5330 filers may ente or 10a below, and the am whichever is applicable, b	r dollars and cents ount on that line for	. For all other forms, r the return being file	enter whole do d with this forn	llars only. If you was blank, ther	check the l n leave line	box on line 1 a 1b, 2b, 3b, 4	a, 2a, 3a, 4 b, 5b, 6b,	4a, 5a, 6a, 7a, 8a, 9a 7b, 8b, 9b, or 10b,
than one line in Part I. 1a Form 990 check I	nere X	h. Total rayanya	if any (Form 0	0 Dort VIII colu	imp (A) ling	o 10)	16	2,123,889.
2a Form 990-EZ che	=	b Total revenue	if any (Form 9	90, Fart VIII, Colu 20.EZ line 9)	11111 (A), 1116	e 12)	1D 2h	2,123,009.
3a Form 1120-POL		b Total tax (For	n 1120-POI lin	e 22)			25 3b	
4a Form 990-PF che		b Tax based on	investment in	come (Form 990-	PF. Part V.	. line 5)	4b	
5a Form 8868 check				3c)				
6a Form 990-T chec								
7a Form 4720 check		b Total tax (Form	n 4720, Part III,	line 1)				
8a Form 5227 check		b FMV of assets					8b	
9a Form 5330 check	here	b Tax due (Form	5330, Part II, l	ne 19)			9b	
10a Form 8038-CP cl		b Amount of cre					2) 10 b	0
		ture Authorizat			-			
Under penalties of perjury	, I declare that $\bot X$	I am an officer of t		or LI am a p , (EIN)			h respect	to (name
later than 2 business days payment of taxes to receip personal identification nur PIN: check one box only	ve confidential info nber (PIN) as my si	rmation necessary to gnature for the elect	o answer inquiri ronic return an	es and resolve is d, if applicable, tl	sues relate	ed to the payr t to electronic	ment. I ha funds wit	ve selected a thdrawal.
X I authorize EV	ERGREEN A		OFESSION firm name	AL CORP.		to enter		90277 Inter five numbers, but to not enter all zeros
with a state age	-	22 electronically file charities as part of t screen.						-
return. If I have	indicated within thi program, I will enter	ax with respect to the s return that a copy my PIN on the return	of the return is n's disclosure o	being filed with a consent screen.	a state age	ency(ies) regul		
Signature of officer or person subjection Part III Certification	ation and Auth	THIS IS NO	or a fil	FARTE CO	PY **	~ ~	Date	
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	-	n	33	77969	0720		
I certify that the above nu	meric entry is my P	PIN, which is my sign	ature on the 20		not enter a		oove. I cor	nfirm that I am
submitting this return in a Business Returns.								
ERO's signature REB	ECCA CHRI	STIANSEN			Date	01/16/	24	
		ERO Must Reta ubmit This Forr				To Do So		
LHA For Privacy Act and							Fo	orm 8879-TE (2022)
202521 12-16-22								

000	Return
Form 990	Under section 50

** PUBLIC DISCLOSURE COPY ** n of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury
Internal Revenue Service

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

A	For th	e 2022 calendar year, or tax year beginning $\Box \Box \Box \Box = 2 \cup 2 Z Z$ and ending	ing JU.	N 30, 2023			
В	Check if applicab	le: C Name of organization	D	Employer identifie	cation number		
	Addre						
	Name chang	pe Doing business as		33-04709	35		
	Initial returr			Telephone number			
	Final		0	310-954-			
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	2,907,569.		
	Amer	REDONDO BEACH, CA 90277	н	l(a) Is this a group re	eturn		
	Appli tion pend			for subordinates			
		SAME AS C ABOVE	н	I(b) Are all subordinates in	ncluded? Yes No		
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527	lf "No," attach a	list. See instructions		
	Websi			(c) Group exemption			
			L Year of f	ormation: 1992	State of legal domicile: CA		
Pa	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities: RBEF IN	NSPIR.	ES OUR COM	MUNITY TO		
anc		INVEST IN REDONDO BEACH SCHOOLS SO THAT EVE					
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of	of more th				
20 V	3	Number of voting members of the governing body (Part VI, line 1a)			11 11		
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)					
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			78		
tivit	6	Total number of volunteers (estimate if necessary)		6	40		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year		
			-	1,640,680.	1,777,165.		
ani	8	Contributions and grants (Part VIII, line 1h)		424,088.	386,544.		
Revenue	9	Program service revenue (Part VIII, line 2g)		-31,158.	-16,756.		
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-42,158.	-23,064.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,991,452.	2,123,889.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,196,788.	1,276,333.		
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	14	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		364,199.	554,553.		
see		Professional fundraising fees (Part IX, column (A), line 11e)		1,250.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 140, 136.		2,2001			
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		190,172.	154,944.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,752,409.	1,985,830.		
	19	Revenue less expenses. Subtract line 18 from line 12		239,043.	138,059.		
or			Begin	ining of Current Year	End of Year		
Assets (Balanc	20	Total assets (Part X, line 16)		1,944,751.	2,358,021.		
<u> </u>	1 21	Total liabilities (Part X, line 10)		352,119.	493,526.		
Fund		Net assets or fund balances. Subtract line 21 from line 20		1,592,632.	1,864,495.		
		Signature Block		, , • • • • •	_,.,.,.,.,.,		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Ciana	Signature of officer Date Date Dorest Date Date Date Dorest Dores						Date			
Sign Here										
		Type or print name and title								
	Print/Type prepa	arer's name	F	Preparer's signature	Date	UIEUK	PTIN			
Paid					01/	/16/24 ^{if} self-employed	₽01219191			
	Firm's name			PROFESSIONAL	CORP.	Firm's EIN 86	5-1400078			
Use Only	Firm's address	4332 CERRI	TOS AVE,	SUITE A105						
		LOS ALAMIT	OS, CA 9	0720		Phone no.714	-372-8110			
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4e	Total program service expenses 1,719,513.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	ACADEMICS AT THE ELEMENTARY, MIDDLE, AND HIGH SCHOOL LEVELS, AS WELL A SUMMER ATHLETICS PROGRAMS (REFERRED TO AS THE SEA HAWK SPORTS CAMPS) FOR THE HIGH SCHOOL SPORTS PROGRAMS.
1b	(Code:)(Expenses \$ 301,700. including grants of \$)(Revenue \$ 386,54) RBEF ADMINISTERS THE RBUSD STUDENT SUMMER SESSION PROGRAMS FOR ACADEMICAL ATTERNITION AND ADDID TO AND ALL AN
	PROGRAMS AS MUSIC, SCIENCE, AND TECHNOLOGY TO ALL CHILDREN IN THE REDONDO BEACH UNIFIED SCHOOL DISTRICT ("RBUSD").
	ADDITIONAL FUNDING NEEDED TO ENHANCE THE EDUCATIONAL EXPERIENCE IN SUC
4a	(Code:)(Expenses \$ 1,417,813. including grants of \$ 1,276,333.) (Revenue \$ THE REDONDO BEACH EDUCATIONAL FOUNDATION ("RBEF") IN PARTNERSHIP WITH INDIVIDUALS, COMMUNITY BUSINESSES, AND CORPORATIONS, PROVIDED
-	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.
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
3	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X
2	Did the organization undertake any significant program services during the year which were not listed on the
	EVERY STUDENT CAN DEVELOP KNOWLEDGE AND SKILLS THAT GO BEYOND WHAT PUBLIC FUNDING ALONE WOULD ACHIEVE.
	RBEF INSPIRES OUR COMMUNITY TO INVEST IN REDONDO BEACH SCHOOLS SO THAY
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:

Part IV	Checklist	of Required Sch	edules
Form 990 (2022)	REDONDO	BEAC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	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?	9		х
10	If "Yes," complete Schedule D, Part IV	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
232003	3 12-13-22	Form	990 ((2022)

232003 12-13-22

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Form 990 (2022)	REDONDO	BEACH	EDUCATI
Part IV	Ch	ecklist of Required Sch	edules (co	ntinued)

			Yes	N
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
	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? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23		X
	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		Σ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
	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 24d		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		+
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1 X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			\vdash
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	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		X
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	x	
	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1 X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			-
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	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
	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		1	$\overline{1}$
	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?			x
	If "Yes," complete Schedule R, Part V, line 2	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	N
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	וו		
		7		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	D		
b c) 1c	x	

022)	REDONDO	BEACH	EDUCATIONAL	FOUNDATION
Statements F	Regarding Ot	her IRS F	ilings and Tax Con	npliance (continued)

2a Enter the number of employees reported on From W0, Transmital of Wage and Tax Statements, 2a 78 bit at least one is reported on line 2a, did the organization file al required related amployment tax returns? 2b X bit Tex, "nast lifted a form 990 Tor this year? If Wo't to line 3b, provide an exploration on Schedule 0 3b X bit Tex, "nast lifted a form 990 Tor this year? If Wo't to line 3b, provide an exploration on Schedule 0 3b X bit Tex, "nast lifted a form 990 Tor this year? If Wo't to line 3b, provide an exploration on Schedule 0 3b X bit Tex, "nast lifted a form 990 Tor this year? If Wo't to line 3b, provide an exploration on Schedule 0 3b X bit Tex, "nast lifted a form 990 Tor this year? If Wo't to line 3b, provide an exploration or Schedule 2counts? IEAA; 5a X bit Tex, "nast lifted a form 990 Tor this year? If Wo't to line 3b, provide an exploration conter submit to explore?" 5a X bit Tex, "nast lifted a form 990 Tor this year? If Wo't to line 3b, provide an exploration explore any total total xectors for IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				Yes	No				
b If a last one is reported on line 2a. dd the organization fiel alregunde federal employment law returns 26 X 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year. dd the organization have an interest in, or a signature or other authority over, a financial Accounts of EMD (2000) 4a At any time during the calendar year. dd the organization take an interest in, or a signature or other authority over, a financial Accounts (FBAR). 4a X b If "Yes," institue the name of the foreign country user in a shore account, security to be prohibided tax sheller transaction of the regunation take organization take and regunated in the times or is a party to a prohibide tax sheller transaction? 5a X b Dd any taxabide party notify the nagenization time form 8886-17 5a X c Do set the organization have and gross receipts that an onranally greater than \$100,000, and did the organization solitt any compatibility on prohibide tax sheller transaction? 5a X b If "Yes," to line organization have any creacive deductibile contributions? 5a X b If "Yes," to line organization have any creacive deductibile contributions? 5a X b Dd any canaditation sub any canaditation any service deductibile contrinductions of the apanization free organization nave contro of the	2a								
a Did the organization have unvalue business gross income of \$1,000 or more during the year? is X b If Yes, "tais if life a Form 998 T for this year? If 'No' to life 30, provide an explanation or Other authomy over, a financial account in a foreign country. is A any time during the calendar year. (dit the organization have an interest in, or a signature or other authomy over, a financial account in the name of the foreign country. is A in year the name of the foreign country. is A in year the name of the foreign country. is A in year the name of the foreign country. is A in year the name of the foreign country. is A in year the name of the foreign country. is A in year the arrow of the foreign country. is A in year the arrow of the organization in the mass is a party to a prohibeted tax shelter transaction? is A in year the arrow of the organization in the magnization in the mass of a chirable on the organization include where year chirable contributions? is A in year the arrow of the organization include where year chirable contributions? is A in year the organization include where year colicitation an express statement that such contributions or gifts were not tax douctibles of the wales of the good core services provided 1 the inpanization include where year organization and year of the wales of the good core services provided 2. is A in year indication include where year organization inform 8282? is A in year indication for the mass of the arrow organization include where year indication the arrow or the wales of the good core services provided? is A in year indication fore wales of the good core services provided? is A in year indicat		filed for the calendar year ending with or within the year covered by this return 2a 78							
b 11 Yes, 'has it liked a form 990 Tor this year? If 'We' to ime 3b, provide an exploration on Schedule 0 3b 4a At any line during the calendar year, did the organization have an interest h. or a signature or other authority over, a transcel account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization that organization that it was or is a party to a prohibitot tax war? 5a 5a Was the organization tay and gross receipts that are ormally greater than \$100,000, and did the organization solit and gross receipts that are normally greater than \$100,000, and did the organization solit and gross receipts that are normally greater than \$100,000, and did the organization solit and gross receipts contributions? 5a X b I' Yes, 'a full the organization that are normally greater than \$100,000, and did the organization solit and gross receipts contributions? 5a X b I' Yes, 'a full the organization tax that are normally greater than \$100,000, and did the organization solit and are provided or senices provided to the part? 5a X c D' Yes, 'a full the organization neaves as \$157 mate party as a contribution or any parts or parts are any the solit and an ormally perform that such contributions or gits 5b Ye X d I' Yes, 'indicate the number of Forms 822 field during the year Zd Zd Z X d I' Yes, 'indicate the number of forms 8	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
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Form 990 (2022)

Part V

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Form 990 (2	2022)
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REDONDO BEACH EDUCATIONAL FOUNDATION

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

X

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

	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		2
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		2
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		Σ
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Σ
6	Did the organization have members or stockholders?			6		Σ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?			7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or	76		2
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			7b		-
8		-	-	0.0	Х	
	The governing body?			8a 95	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
о 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			8b		╞╴
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R			5		
		evenue			Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a	100	
	If "Yes," did the organization have written policies and procedures governing the activities of such o			100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	.,				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> ") on Schedule O how this was done	∕es," de	escribe	12c	x	
3	Did the organization have a written whistleblower policy?			13	Х	\vdash
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approv					
Ŭ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		dopondone			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	\uparrow
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	vith a			
	taxable entity during the year?			16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	•	•			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed CA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	and 990)-T (section 501(c)(3)s only) avail	lab
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	n on Sc	hedule ()			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	nd fina	ncial	
-	statements available to the public during the tax year.	5			.ciui	
	State the name, address, and telephone number of the person who possesses the organization's bo	ooks an	id records			
0	KRISTI BIEBER - 310-954-2004	u				
0		C N	00077			
0	407 N. PACIFIC COAST HIGHWAY, 310, REDONDO BEACH,	CA	90277	_	990	/- ·

Part VII	Co	mpensation o	of Officers,	Directors,	Trustees,	Key Employees,	Highest C	compensated
	์ Em	ployees, and	Independe	ent Contra	ctors			

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.

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

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

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

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

under the start directrication (ist any hours for related organizations below line) effect and directrications below line) implicit and directrications below line) implicit and directrications below line) implicit and directrications below line) implicit and related organizations (W-2/1099-MISC) 1099-NEC) other compensations (W-2/1099-MISC) 1099-NEC) other compensations (W-2/1099-MISC) 1099-NEC) (1) KRISTI BLEBER EXECUTIVE DIRECTOR 40.00 X X 833,423. 0. 0. (2) DORIS DONLOU-RICHMOND 5.00 X X 0. 0. 0. (3) JOBN NEMETH 3.000 X X 0. 0. 0. (4) STRAND DAY 4.00 X X 0. 0. 0. (5) ROBYN NOTH 3.000 X X 0. 0. 0. (6) STEPHANE ERNOUX 2.000 X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (8) AMANDA CARTEE 2.000 X 0. 0. 0. 0. DIRECTOR X 0.	(A) Name and title	(B) Average hours per	(C) Position (do not check more than or box, unless person is both				than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
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Form **990** (2022)

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Form 99		BEACH EI	DUC	CAI	TIC	DNA	AL	F	OUNDATION	33-04	470	935	Pa	age 8
Part V	II Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(C Posi	C)			(D)	(E)		(F)		
	Name and title	Average hours per	Average (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation	Reportable compensatic			timate 10unt (
									from	from related		other		
		(list any	ector						the	organization	s	com	pensa	tion
		hours for	or dire	e.			ated		organization	(W-2/1099-MI			om the	
		related organizations	ustee	truste		æ	suadu		(W-2/1099-MISC/	1099-NEC)		•	anizati	
		below	lual tr	tional		ploye	st con yee	_	1099-NEC)				d relati anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	a nzaci	5110
			_	_	0	×	<u> </u>	4						
1h Si	ubtotal								83,423.		0.			0.
	ubtotal otal from continuation sheets to Part VI								0.		0.			0.
	otal (add lines 1b and 1c)								83,423.		0.			0.
-	otal number of individuals (including but n								-	,000 of reportab				-
cc	ompensation from the organization													0
											г	_	Yes	No
	d the organization list any former officer,											•		х
IIN 4 Ec	e 1a? If "Yes," complete Schedule J for s or any individual listed on line 1a, is the su	ucn individual up of reportab	 ח ח		 2005		 	 1 ot	her compensation from	the organization		3		<u></u>
	nd related organizations greater than \$150											4		Х
5 Di	d any person listed on line 1a receive or a	accrue compei	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services				
	ndered to the organization? If "Yes," com	plete Schedul	e J f	for su	ich	pers	son .					5		Х
	n B. Independent Contractors													
	omplete this table for your five highest co e organization. Report compensation for										npens	ation f	rom	
	(A)		oui	orrai	ig t		01 11		(B)			(C	;)	
	Name and business	address	N	ONE	3				Description of s	ervices	С	omper	nsatio	n
2 To	otal number of independent contractors (i	ncluding but n	iot li	mite	d to		~	stec	d above) who received n	nore than				
\$1	00,000 of compensation from the organi	zation				(0					- 4	000	
												Form	99U (2	2022)

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			/		CH	EDUCATI	ONAL FOUND	ATION	33-0470	935 Page 9
Pa	rt v	/111	Check if Schedule O		200	or poto to any li	ao in this Part VIII			
			oneck in Schedule O		1130		(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	1b 1c 1d ributions) 1e grants, and 1 above		121,039. 5,000. 651,126. 21,249.	1,777,165.			
Program Service Revenue	_	a b c d e	SUMMER SESSIC		<u>н</u>	Business Code 900099	386,544.	386,544.		
Pre		f	All other program service Total. Add lines 2a-2f				386,544.			
	3 4		Investment income (inclu other similar amounts) Income from investment	ding dividends, ir of tax-exempt bo	ntere	est, and proceeds	245.			245.
		b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real 6a 6b 6c		(ii) Personal	-			
venue	7	a b	Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securiti 7a 674,41 7b 691,41	es 1. 2.	(ii) Other				
			Net gain or (loss)			<u> </u>	-17,001.			-17,001.
Other Re	8	a	Gross income from fundraisi	ng events (not L , 039 . of h line 1c). See	8a 8b	52,785.				
			Net income or (loss) from				-38,064.			-38,064.
			Gross income from gamir Part IV, line 19 Less: direct expenses	-	9a 9b	4 44 4				
	10	c a	Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold	gaming activities less returns	10a		15,000.			15,000.
			Net income or (loss) from							
sn		_				Business Code				
Miscellaneous Revenue	11	a b								
cella		c								
Misc			All other revenue							
			Total. Add lines 11a-11d					206 514	0	20 000
23200	12		Total revenue. See instructio	ON\$			2,123,889.	386,544.	0.	-39,820. Form 990 (2022)

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REDONDO BEACH EDUCATIONAL FOUNDATION Part IX Statement of Functional Expenses

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

Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,273,333.	1,273,333.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,000.	3,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees and low employees 	125,000.	37,500.	25,000.	62,500
 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 				
7 Other salaries and wages8 Pension plan accruals and contributions (include	377,195.	310,447.	52,315.	14,433
section 401(k) and 403(b) employer contributions) 9 Other employee benefits	13,713. 38,645.	<u>4</u> ,909. 26,638.	4,412.	4,392 5,989
10 Payroll taxes 11 Fees for services (nonemployees): a Management	50,045.	20,030.	0,010.	5,565
b Legal	20,921.		20,921.	
 d Lobbying e 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.) 	8,333.		8,333.	
12 Advertising and promotion	31,579. 1,934.	4,070. 367.	244. 784.	27,265 783
14 Information technology 15 Royalties	9,241.	2,721.	3,166.	3,354
16 Occupancy	173.	62.	56.	55
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance	5,913.	1,183.	4,730.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a PROGRAMMATIC EXPENSES b LICENSES & FEES c OUTSIDE SERVICES	46,286. 30,276. 288.	46,286. 8,796. 201.	130. 72.	21,350 15
d e All other expenses	1 005 000			1 1 0 1 0 1
 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 	1,985,830.	1,719,513.	126,181.	140,136
Check here if following SOP 98-2 (ASC 958-720)		10		Form 990 (2022

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Part X Balance Sheet

REDONDO BEACH EDUCATIONAL FOUNDATION Check if Schedule O contains a response or note to any line in this Part X

33-0470935 Page 11

		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	578,999.	1	733,917.
	2	Savings and temporary cash investments	52,026.	2	63,135.
	3	Pledges and grants receivable, net		3	216,000.
	4	Accounts receivable, net	18,989.	4	25,999.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	22,638.	9	24,427.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	1,272,099.	11	1,294,543.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,944,751.	16	2,358,021.
	17	Accounts payable and accrued expenses	44,726.	17	62,719.
	18	Grants payable		18	
	19	Deferred revenue	307,393.	19	430,807.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
ii:		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	402 505
	26	Total liabilities. Add lines 17 through 25	352,119.	26	493,526.
S		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	1 500 600		1 (24 405
ala	27	Net assets without donor restrictions	1,592,632.	27	1,624,495. 240,000.
d B	28	Net assets with donor restrictions		28	240,000.
'n		Organizations that do not follow FASB ASC 958, check here			
٩. ۲		and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1 500 600	31	
ž	32	Total net assets or fund balances	1,592,632. 1,944,751.	32	1,864,495. 2,358,021.
	33	Total liabilities and net assets/fund balances	1,744,/31.	33	

Form **990** (2022)

	990 (2022) REDONDO BEACH EDUCATIONAL FOUNDATION	33-	0470935	Pa	ge 12					
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	2,12							
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,98		<u>30.</u> 59.					
3	Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,59							
5	Net unrealized gains (losses) on investments	5	13	3,8	04.					
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	1,86	4,4	95.					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				X					
				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 Schedul									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis			37						
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 separat	te 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			37						
	review, or compilation of its financial statements and selection of an independent accountant?			Х						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X					
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000						

Form **990** (2022)

232012 12-13-22

(Form 990)

Total

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-FZ.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of th Internal Revenue	O surviva s	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the	organization	<u></u>					Employer	identification number				
	•	NDO BEACH	EDUCATIONAL	FOUND	απτοΝ	r		3-0470935				
Part I	Reason for Public							5 01/0900				
r –	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).)											
	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											
			nege of university owned	u or opera	lieu by a g	ovennnentai						
	ection 170(b)(1)(A)(iv). (C				70/6//4//4	4.0						
	federal, state, or local go							and the state of the state.				
	n organization that norma		antial part of its support i	rom a gov	ernmental	i unit or from	the general	public described in				
	ection 170(b)(1)(A)(vi). (C											
	community trust describe											
	n agricultural research org											
	r university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	of the colleg	e or				
	niversity:						<u> </u>					
	n organization that norma		•			-	•	•				
	ctivities related to its exen											
	come and unrelated busir		e (less section 511 tax) fr	om busine	esses acqu	lired by the c	rganization	after June 30, 1975.				
	ee section 509(a)(2). (Cor											
	n organization organized a	-	•	•				_				
	n organization organized a											
	ore publicly supported or							Check the box on				
	nes 12a through 12d that											
a 📖	Type I. A supporting orga											
	the supported organization			a majority	of the dire	ctors or trust	ees of the s	supporting				
	organization. You must o											
b 📖	Type II. A supporting org											
	control or management o			ame perso	ons that co	ontrol or man	age the sup	ported				
	organization(s). You mus	• •										
c 📖	Type III functionally inte						ally integrate	ed with,				
	its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.						
d	Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	with its suppo	orted organi	zation(s)				
	that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement ar	nd an attent	iveness				
	requirement (see instruct	tions). You must cor	nplete Part IV, Sections	A and D	, and Part	V.						
	Check this box if the orga					а Туре I, Туре	e II, Type III					
	functionally integrated, or	• •										
f Enter t	he number of supported of	organizations										
	e the following information			(iv) is the orac	nization listed							
(i) N	lame of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other				
	organization		above (see instructions))	Yes	No	support (see i	Instructions)	support (see instructions)				

Schedule A (Form 990) 2022

Part II

REDONDO BEACH EDUCATIONAL FOUNDATION

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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	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.")	1,278,256.	1,855,922.	1,642,329.	1,640,680.	1,777,165.	8,194,352.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1,278,256.	1,855,922.	1,642,329.	1,640,680.	1,777,165.	8,194,352.
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)						2,559,695.
6	Public support. Subtract line 5 from line 4.						5,634,657.
Sec	ction 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	1,278,256.	1,855,922.	1,642,329.	1,640,680.	1,777,165.	8,194,352.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	977.	8,943.	334.	516.	245.	11,015.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				13,067.	15,000.	28,067.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						^{8,233,434} . ,923,664.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	<u>,923,664.</u>
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	vear as a section §	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2022 (I		-			14	68.44 %
	Public support percentage from 2021					15	68.67 %
1 6a	33 1/3% support test - 2022. If the c						
	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 tes	t - 2022. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organization	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances tes	t - 2021. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or	17a, and line 15 is ⁻	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl						
18	Private foundation. If the organizatio	n did not check a b	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a		
						Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022	REDONDO BEACH EDUCATIONAL FOUNDATION	33-0470935 Page 3

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

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

Section A. Public Support		/					
Calendar year (or fiscal year beginning	in) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do	not						
include any "unusual grants.")							
2 Gross receipts from admissions	,						
merchandise sold or services pe	er-						
formed, or facilities furnished in any activity that is related to the	<u>,</u>						
organization's tax-exempt purpo							
3 Gross receipts from activities th	at						
are not an unrelated trade or bu							
iness under section 513							
4 Tax revenues levied for the orga	an-						
ization's benefit and either paid							
or expended on its behalf							
5 The value of services or facilities	6						
furnished by a governmental un							
the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2,							
3 received from disqualified per							
b Amounts included on lines 2 and 3 receive from other than disqualified persons that	d						
exceed the greater of \$5,000 or 1% of the							
amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from lin Section B. Total Support	e 6.)						
		(1) 0010	() 0000	(1) 0001			(0.7.1.1
Calendar year (or fiscal year beginning	, , ,	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total
9 Amounts from line 6 10a Gross income from interest,							
dividends, payments received of	n						
securities loans, rents, royalties and income from similar source	,						
b Unrelated business taxable income	°						
(less section 511 taxes) from busine	esses						
acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated busi							
activities not included on line 10							
whether or not the business is regularly carried on							
12 Other income. Do not include ga							
or loss from the sale of capital							
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, an		+	+				
14 First 5 years. If the Form 990 is	·	I irst second third	I fourth or fifth tax	l vear as a section !	1 501(c)(3)	organizat	ion
check this box and stop here	Ū.					•	
Section C. Computation of						<u></u>	
15 Public support percentage for 2			column (f))		15		%
16 Public support percentage from					16		%
Section D. Computation of							70
17 Investment income percentage					17		%
18 Investment income percentage					18		%
19a 33 1/3% support tests - 2022.						and line 1	
more than 33 1/3%, check this							
b 33 1/3% support tests - 2021.							
line 18 is not more than 33 1/3%							
20 Private foundation. If the organ							
232023 12-09-22			, <u> </u>				A (Form 990) 2022
			15		-	-	. , –
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

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33-0470935 Page 5 REDONDO BEACH EDUCATIONAL FOUNDATION Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

	cupper ling organizatione (continuea)			
		Y	/es	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? 11	1		
b	A family member of a person described on line 11a above? 11	,		
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. 11	;		
Sec	ction B. Type I Supporting Organizations			
		Y	/es	No

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

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	I ype II	Supporting	Organizations	

				Yes	NO
	1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		or management of the supporting organization was vested in the same persons that controlled or managed			
_		the supported organization(s).	1		
	800	ntion D. All Type III Supporting Organizations			

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

-			i .
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	l

Section E. Type III Functionally Integrated Supporting Organizations

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

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

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3b Schedule A (Form 990) 2022

2a

2b

За

1

2

1.4

...

No Yes

No Yes

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Schedule A (Form 990) 2022

REDONDO BEACH EDUCATIONAL FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	•		Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior 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):			
а	Average monthly value of securities	1a		
-	Average monthly cash balances	1b		
с	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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REDONDO BEACH EDUCATIONAL FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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	he organization is responsive	e		
	(provide details in Part VI). See instructions.	0		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)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
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, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

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Part VI	Part IV, Section A, I	Information. Prolines 1, 2, 3b, 3c, 4b ion D, lines 2 and 3;	, 4c, 5a, 6, 9a, 9	9b, 9c, 11a, 1	1b, and 11	c; Part IV, Se	ction B, lines	1 and 2; Part IV, S	ection C,
	Section D, lines 5, 6 (See instructions.)	6, and 8; and Part V,	Section E, line	s 2, 5, and 6.	Also comp	lete this part	for any addition	onal information.	re, i art v
	· · ·								
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Schedule of Contributors

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

REDONDO BEACH EDUCATIONAL FOUNDATION

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)



Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

OMB No. 1545-0047

2022

Employer identification number

33-0470935

Schedule B (Form 990) (2022)

11280116 161399 2715

Name of organization

REDONDO BEACH EDUCATIONAL FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 317,286. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 425,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 77,099. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

33-0470935

Page 2

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15-22	23		Schedule B (Form 990) (2022)

REDONDO BEACH EDUCATIONAL FOUNDATION

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

11280116 161399 2715

(a) Employer identification number

33-0470935

Page 3

2022.05030 REDONDO BEACH EDUCATIONAL F 2715___1

Schedule	B (Form 990) (2022)		Page 4
Name of o	organization		Employer identification number
REDON	DO BEACH EDUCATIONAL F	OUNDATION	33-0470935
		tions to organizations described in a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gi	[
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address,		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	[
·	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	[
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
223454 11-1	5-22		Schedule B (Form 990) (2022

11280116 161399 2715 2022.05030 REDONDO BEACH EDUCATIONAL F 2715___1

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

REDONDO BEACH EDUCATIONAL FOUNDATION

Employer identification number 33-0470935

1	Total number at end of year	(a) Donor advis			unds and other acco	Junto
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 v	writing that the assets	held in donor adv	ised funds		
•	are the organization's property, subject to the organization's	-			Yes	
6	Did the organization inform all grantees, donors, and donor a					
•	for charitable purposes and not for the benefit of the donor o	-	-	-		
	impermissible private benefit?			•	Yes	
Par	t II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply	<u>y).</u>			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	of a historical	lly important land ar	ea
	Protection of natural habitat		Preservation of	of a certified	historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribution in the form	n of a consei	rvation easement or	the last
	day of the tax year.				Held at the End of	
а	Total number of conservation easements			2a	1	
	Total acreage restricted by conservation easements)	
	Number of conservation easements on a certified historic stru				:	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and	l not on a			
	historic structure listed in the National Register			2d	1	
	Number of conservation easements modified, transferred, rel				ion during the tax	
	year					
4	Number of states where property subject to conservation eas	sement is located				
	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		ection, handling o	f		
	Does the organization have a written policy regarding the per	iodic monitoring, inspe			Yes	
5		iodic monitoring, inspe t holds?				
5 6	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it	iodic monitoring, inspe holds? handling of violations,	and enforcing co	nservation e	asements during the	
5 6 7	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, 	iodic monitoring, inspe t holds? handling of violations, lling of violations, and	and enforcing con	nservation easem	asements during the	e year
5 6 7	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, 	iodic monitoring, inspe t holds? handling of violations, lling of violations, and re satisfy the requireme	and enforcing co enforcing conserv ents of section 17	nservation easem ation easem 0(h)(4)(B)(i)	asements during the	e year
5 6 7 8	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	iodic monitoring, inspe t holds? handling of violations, lling of violations, and re satisfy the requireme	and enforcing conservents of section 17	nservation easem ation easem 0(h)(4)(B)(i)	asements during the yea	e year
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5 6 7 8 9 9 1a 1a b	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foother organization's accounting for conservation easements. TIME Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	iodic monitoring, inspe- tholds? handling of violations, and re satisfy the requireme- on easements in its re- note to the organization f Art, Historical T 990, Part IV, line 8. 8, not to report in its re- plic exhibition, education ncial statements that d 8, to report in its rever exhibition, education, asures, or other similar SC 958 relating to the	and enforcing conservents of section 17 venue and expense n's financial statement on, or research in lescribes these ite oue statement and or research in fur assets for financial se items:	nservation easem (0(h)(4)(B)(i) e statement nents that d Dther Sim and balance furtherance of balance sh therance of ial gain, prov	asements during the yea	e year

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	t III Organizations Maintaining C							nued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that make	significant	use of its		
_	collection items (check all that apply):							
a	Public exhibition	C		change program				
b	Scholarly research	e	• Differ					
c	Preservation for future generations						• \/!!!	
4	Provide a description of the organization's c					ise in Par	t XIII.	
5	During the year, did the organization solicit of						7	
Dai	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran		¥				Yes	No
1 0	reported an amount on Form 990, Pa		etë li the organizat	ion answered res c	n Fonn 990	, Part IV,	inte 9, or	
12	Is the organization an agent, trustee, custod		diany for contributio	one or other assets n	at included			
ia							Yes	No No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					······ ـــــ		
			nowing table.				Amoun	t
c	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII							
Pa	t V Endowment Funds. Complete	if the organization ar	nswered "Yes" on I	Form 990, Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
с	Term endowment	<u>%</u>						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the			
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza			1?			3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Pai	t VI Land, Buildings, and Equipn							
	Complete if the organization answere							
	Description of property	(a) Cost or o basis (investr			Accumulate epreciation	d	(d) Boo	k value
1a	Land							
b	Buildings							
	Leasehold improvements							
d	Equipment							
	Other							
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)				0.

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Part VI		CH HDOCHIION	L FOUNDATION	33-0470935 _{Page}
	Complete if the organization answered "Yes"			
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
•	cial derivatives			
	y held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(U) (H)				
. ,	(b) must equal Form 990, Part X, col. (B) line 12.)			
	II Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line	9 13.
	(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must squal Form 000 Dart V sol (D) line 12)			
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Fotal. (Col. Part IX	Other Assets.	on Form 990, Part IV, line	11d. See Form 990. Part X. line	3 15
	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line	e 15. (b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
Part IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line	
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co.	Other Assets. Complete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line	
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co.	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	Description		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co. Part X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co. Part X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Control (Cont	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Control Part X Part X (1) Fe (2)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (7) (8) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Contemport (7) (8) (9) Fotal. (Contemport (1) Ferror (2) (3) (4) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co. Part X Part X (1) Fe (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Con Part X (9) Fotal. (Con Part X (1) Fe (2) (3) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Contemport of the second se	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Con Part X (9) Fotal. (Con Part X (1) Fe (2) (3) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value

REDONDO BEACH EDUCATIONAL FOUNDATION 33-0470935 Page 3

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Sche	edule D (Form 990) 2022 REDONDO BEACH EDUCATIONAL	, FOUNDA	TION	33-	0470935 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,263,120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	133,804.		
b	Donated services and use of facilities		13,760.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	147,564.
3	Subtract line 2e from line 1			3	2,115,556.
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	8,333.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	8,333.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,123,889.
-				-	
Ра	rt XII Reconciliation of Expenses per Audited Financial State			-	
Ра		ments Wit		-	irn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	e ments Wit 2a.	h Expenses per	-	
	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	e ments Wit 2a.	h Expenses per	Retu 1	irn.
1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a.	h Expenses per	Retu 1	irn.
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments Wit	h Expenses per	Retu	irn.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2a 2a 2b	h Expenses per	Retu	irn.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a. 2a. 2b. 2c.	h Expenses per	Retu	ırn. 1,991,257.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2a. 2b. 2c. 2d.	h Expenses per 13,760.	Retu	irn. 1,991,257. 13,760.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	h Expenses per 13,760.	Retu 1	ırn. 1,991,257.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	h Expenses per 13,760.	1 2e 3	irn. 1,991,257. 13,760.
1 2 a b c d 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d	h Expenses per 13,760.	1 2e 3	irn. 1,991,257. 13,760.
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 13 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d 2d	h Expenses per 13,760.	1 2e 3	ırn. 1,991,257. 13,760. 1,977,497.
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b	h Expenses per 13,760. 8,333.	1 2e 3	rn. 1,991,257. 13,760. 1,977,497. 8,333.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b	h Expenses per 13,760. 8,333.	1 2e 3	ırn. 1,991,257. 13,760. 1,977,497.

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

PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX BOARD UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND UNDER REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY. SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAXES. THE ORGANIZATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCIAL REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE

ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE
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Schedule D (Form 990) 2022 REDONDO BEACH EDUCATIONAL FOUNDATION 33-0470935 Page 5 Part XIII Supplemental Information (continued)

TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS,

RESPECTIVELY, AFTER THEY ARE FILED.

MANAGEMENT USES ESTIMATES AND ASSUMPTIONS IN PREPARING FINANCIAL

STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

THOSE ESTIMATES AND ASSUMPTIONS AFFECT THE REPORTED AMOUNTS OF ASSETS AND

LIABILITIES AND THE REPORTED REVENUES AND EXPENSES. ACTUAL RESULTS COULD

DIFFER FROM SUCH ESTIMATES AND THOSE DIFFERENCES COULD BE MATERIAL.

Schedule D (Form 990) 2022

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SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Activiti	es	DMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Inspection
Name of the organization		BEACH EDUCATIONAL	. F O		ΔΨΤΟΝ		nployeride $3-0470$	entification number
Part I Fundrais		Complete if the organization answe						
	complete this par							
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written c ted in Form 990, P		tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or	Yes	
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or cor	ustody	(iv) Gross receipts from activity	to (or re fund	ount paid tained by) draiser in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in wh or licensing.	ich the organizatic	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exe	empt from r	egistration

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

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr				ots greater than \$5,000.
				(b) Event #2 LIGHT UP THE NIGHT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	60,485.	113,339.		173,824.
	2	Less: Contributions	38,885.	82,154.		121,039.
	3	Gross income (line 1 minus line 2)	21,600.	31,185.		52,785.
	4	Cash prizes				
<i>w</i>	5	Noncash prizes	3,976.	17,273.		21,249.
Direct Expenses	6	Rent/facility costs	12,376.			12,376.
rect Ex	7	Food and beverages	9,643.	27,490.		37,133.
Ō	8	Entertainment		5,510.		5,510. 14,581.
	9	Other direct expenses		7,683.		90,849.
		Direct expense summary. Add lines 4 throug				-38,064.
Pa	11 art I	Net income summary. Subtract line 10 from Gaming. Complete if the organization		n 990, Part IV, line 19, or ı		50,001
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue	8,966.		7,453.	16,419.
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
birect I	4	Rent/facility costs				
			805.		614.	1,419.
	5	Other direct expenses			V V 75	
	5 6	Other direct expenses	X Yes .75 %	└── Yes % └── No	X Yes .75 %	
<u> </u>		÷	X Yes .75 %		No	1,419.

9 Enter the state(s) in which the organization conducts gaming activities: CA

a Is the organization licensed to conduct gaming activities in each of these states	?	X Yes	l No
b If "No," explain:			

b If "Yes," explain:

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Schedule G (Form 990) 2022

Schedule G (Form 990) 2022	REDONDO BE	EACH	EDUCATIONAL	FOUNDATION	33-0470935	Page 3
11 Does the organization conduct ga	aming activities with r	nonmemb	ers?		X Yes	No
12 Is the organization a grantor, ben	eficiary or trustee of a	a trust, or	a member of a partner	ship or other entity formed		
to administer charitable gaming?					Yes	X No
13 Indicate the percentage of gamin						- -
a The organization's facility						.25 %
b An outside facility						.75 %
14 Enter the name and address of th	e person who prepar	es the or	ganization's gaming/sp	ecial events books and reco	ords:	
Name THE ORGANIZ	ATION					
Address 407 N. PAC	IFIC COAST	HIGH	WAY SUITE 3	LO – REDONDO BI	EACH, CA 90	277
15a Does the organization have a con	itract with a third part	y from wł	hom the organization re	eceives gaming revenue?	Yes	X No
b If "Yes," enter the amount of gam	nina revenue received	by the o	rganization \$	and the arr	nount	
of gaming revenue retained by the		,				
c If "Yes," enter name and address						
Name						
Address						
16 Gaming manager information:						
Name						
Gaming manager compensation	\$					
	•					
Description of services provided						
		Г				
Director/officer	Employee	L	Independent contra	actor		
17 Mandatory distributions:a Is the organization required under	r atata law ta maka ak	aaritabla	distributions from the a	aming proceeds to		
			c c	0.1	X Yes	
b Enter the amount of distributions				empt organizations or spent		
organization's own exempt activit	-		14,77			
				I, line 2b, columns (iii) and (v); and Part III, lines 9,	9b, 10b,
 15b, 15c, 16, and 17b, as	s applicable. Also pro	vide any a	additional information.	See instructions.		
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			32			

Schedule G	(Form 990) Supplemental Infor	REDONDO	BEACH	EDUCATIONAL	FOUNDATION	33-0470935 Page 4
Part IV	Supplemental Infor	rmation (contin	ued)			
						Schedule G (Form 990)
232084 04-01-	22			33		

SCHEDULE I (Form 990)	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.										
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Forn s.gov/Form990 for		ation.		Open to Public Inspection				
Name of the organization REDONDO E	BEACH EDUC	ATIONAL FOU	JNDATION				Employer identification number 33-0470935				
Part I General Information on Grants a	and Assistance										
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr Part II Grants and Other Assistance to 	stance? ocedures for moni	toring the use of grant	t funds in the Unite	d States.			X Yes No				
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				
REDONDO BEACH UNIFIED SCHOOL DISTRICT - 1401 INGLEWOOD AVENUE - REDONDO BEACH, CA 90278	95-6002528	501(C)(3)	1,266,820.	0.			VARIOUS DISTRICT-WIDE INITIATIVES INCLUDING ROBOTICS, PE TEACHERS, MUSIC TEACHERS, AVID				
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			I ne line 1 table	I	l	1	<u> </u>				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

REDONDO BEACH EDUCATIONAL FOUNDATION

33-0470935

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION CONDUCTS A PRE-GRANT REVIEW WITH REDONDO BEACH UNIFIED

SCHOOL DISTRICT PERSONNEL TO DISCUSS PROGRAMS AND ASSESS THE DISTRICT'S

CAPACITY TO UNDERTAKE SUCH PROGRAMS. THE ORGANIZATION THEN ISSUES A GRANT

LETTER TO THE DISTRICT WHICH ESTABLISHES THE GRANT CONDITIONS. THE DISTRICT

SUBMITS NARRATIVE AND FINANCIAL REPORTS. THE ORGANIZATION UNDERTAKES ONE OR

MORE SITE VISITS.

PART II, LINE 1, COLUMN (H):

NAME	OF	ORGA	NIZATI	ION OF	R GOVE	RNMEN	IT: RE	DONDO	BEAC	H UNI	FIED	SCHOO	OL DIS	TRIC
(H)	PUR	POSE	OF GRA	ANT OI	R ASSI	STANC	CE: VA	RIOUS	DIST	RICT-	WIDE	INIT	IATIVE	S
INCL	UDI	NG ROI	BOTICS	5, PE	TEACH	IERS,	MUSIC	TEAC	HERS,	AVID	SUPI	PORT,	ESPOR	TS,
			TS ANI											
232291 04-01-22													Schedul	e I (Form
14-01-22		61399						36						

REDONDO BEACH EDUCATIONAL FOUNDATION

Schedule I (Form 990)

33-0470935 Page 2

Department of the Treasury

Internal Revenue Service

Part I

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. 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

Employer identification number 33-0470935

REDONDO BEACH EDUCATIONAL FOUNDATION Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1,	Name of discussified person	(b) Relationship between disqualified	(a) Description of transaction	(d) Corrected?		
(a) Name of disqualified person 	person and organization	(c) Description of transaction	Yes	No	
2	Enter the amount of tax incurred by	/ the organization managers or disqualifi	ed persons during the year under			
5	section 4958			\$		
3	Enter the amount of tax, if any, on I	ine 2, above, reimbursed by the organiza	ation	\$		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	rpose (d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
		То	From			Yes	No	Yes	No	Yes	No
Total		 		\$							

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

232131 11-01-22

Schedule L (Form 990) 2022	REDONDO	BEACH	EDUCATIONAL	FOUNDATION	33-0470	935 ı	Page 2				
Part IV Business Transactions Involving Interested Persons.											
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.											
(a) Name of interested perso	n (ip between interested d the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's				
						Vaa	No				

		0			Tevel	lues
					Yes	No
HANH ARCHER	FORMER	DIRECTOR	24,000.	HANH ARCHEI	ર	X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HANH ARCHER

(D) DESCRIPTION OF TRANSACTION: HANH ARCHER RESIGNED FROM THE BOARD

DURING FYE 6/30/22 AND PROVIDES ADMINISTRATIVE CONSULTING SERVICES TO THE

ORGANIZATION.

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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



Employer identification number 33 - 0470935

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

KNOWLEDGE AND SKILLS THAT GO BEYOND WHAT PUBLIC FUNDING ALONE WOULD

REDONDO BEACH EDUCATIONAL FOUNDATION

ACHIEVE.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF

OF THE GOVERNING BODY.

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

THE COMPLETE 990 IS REVIEWED BY THE TREASURER, PRESIDENT AND EXECUTIVE

DIRECTOR BEFORE BEING FORWARDED TO THE BOARD FOR THEIR REVIEW AND

DISCUSSION DURING A BOARD MEETING PRIOR TO FILING.

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

EACH YEAR, BOARD MEMBERS ARE ASKED TO RE-SIGN THE BOARD EXPECTATIONS DOCUMENT, WHICH INCLUDES THE CONFLICT OF INTEREST POLICY. IF THERE IS A POTENTIAL CONFLICT OF INTEREST, THE GOVERNANCE COMMITTEE WOULD INVESTIGATE AND TAKE APPROPRIATE ACTION. IF THERE IS A CONFLICT OF INTEREST ON THE PART OF THE STAFF, THE EXECUTIVE DIRECTOR WOULD WORK WITH THE STAFF TO REMEDY THE SITUATION; IN THE CASE OF CONFLICT OF INTEREST WITH THE EXECUTIVE DIRECTOR, THE BOARD PRESIDENT WOULD WORK TO REMEDY THE SITUATION.

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

THE BOARD VOTES ON THE COMPENSATION OF ALL EMPLOYEES AND PERFORMS ANNUAL

REVIEWS TO DETERMINE INCREASES, IF APPLICABLE. THE BOARD RESEARCHES

INDUSTRY DATA TO ENSURE COMPENSATION IS NOT ABOVE MARKET RATE.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

Name of the organization

REDONDO BEACH EDUCATIONAL FOUNDATION

Page 2 Employer identification number 33-0470935

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON

ITS WEBSITE.

PART XII, LINE 2C

THE ORGANIZATION ESTABLISHED ITS AUDIT COMMITTEE IN COMPLIANCE WITH THE

CA NONPROFIT INTEGRITY ACT OF 2004.

232212 10-28-22