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IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning $\ JUL\ 1$, 2023, and ending $\ JUN\ 30$, 20 $\ 24$

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2023

OMB No. 1545-0047

EIN or SSN Name of filer REDONDO BEACH EDUCATIONAL FOUNDATION 33-0470935 JOHN NEMETH Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 2, 152, 970. Form 990 check here 1a 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b 9a **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize EVERGREEN ALLIANCE PROFESSIONAL CORP. <u>90</u>277 to enter my PIN Enter five numbers, but FRO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 30352190720 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. REBECCA CHRISTIANSEN 12/10/24 ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2023)

** PUBLIC DISCLOSURE COPY **

_{=orm} 990

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

Return 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.

and ending JUN 30,

OMB No. 1545-0047
2023

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

JUL 1, 2023

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identifi	cation number			
	□Addres	S DEDONDO DESCU EDUCAMIONAL ECUNDAMION						
H	change			33-04709	35			
F	chang Initial return	0	n/suite	E Telephone number				
F	Final	107 N DACTETC COAST HIGHWAY 310		310-954-				
	—lreturn/ termin ated			G Gross receipts \$	2,698,188.			
	Ameno		- +	H(a) Is this a group r				
	Applic	F Name and address of principal officer: JOHN NEMETH		for subordinates? Yes X No				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No			
1	Tax-exe	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527		list. See instructions			
	Websit			H(c) Group exemption	n number			
			L Year o	f formation: 1992 I	State of legal domicile: CA			
P		Summary						
ø	1	Briefly describe the organization's mission or most significant activities: RBEF IN	ISPII	RES OUR COM	MUNITY TO			
Governance	.	INVEST IN REDONDO BEACH SCHOOLS SO THAT EVE						
ērn		Check this box if the organization discontinued its operations or disposed o	of more	ı				
õ		Number of voting members of the governing body (Part VI, line 1a)			12 12			
		Number of independent voting members of the governing body (Part VI, line 1b)			88			
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			41			
ξį		Total number of volunteers (estimate if necessary)			0.			
Ä		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			
-	8	Contributions and grants (Part VIII, line 1h)		1,777,165.	1,545,447.			
Revenue		Program service revenue (Part VIII, line 2g)		386,544.	678,548.			
e e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-16,756.	5,334.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-23,064.	-76,359.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,123,889.	2,152,970.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,276,333.	1,296,901.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		554,553.	701,209.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	🗀	0.	0.			
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 125, 409.	_					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		154,944.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,985,830.	2,196,475.			
	19	Revenue less expenses. Subtract line 18 from line 12		138,059.	-43,505.			
Net Assets or Find Balances			Beg	inning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		2,358,021.	2,614,143.			
et A	21	Total liabilities (Part X, line 26)		493,526.	596,250.			
	22	Net assets or fund balances. Subtract line 21 from line 20		1,864,495.	2,017,893.			
	art II	Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules and	atatama	nto and to the best of m	vy knovyladao and haliaf it ia			
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pr			y knowledge and bellet, it is			
uuc	,	t, and complete. Declaration of preparer (other than officer) is based on an information of which pr	reparer r	las any knowledge.				
Sig	ın	Signature of officer		I Date				
He		JOHN NEMETH, PRESIDENT						
110		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN			
Pai	d		12	2/10/24 if self-employ	P01219191			
	parer	Firm's name EVERGREEN ALLIANCE PROFESSIONAL COR	RP.	Firm's EIN 8	6-1400078			
Use	Only	Firm's address 4332 CERRITOS AVE, SUITE A105						
		LOS ALAMITOS, CA 90720		Phone no. 71	4-372-8110			
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	RBEF INSPIRES OUR COMMUNITY TO INVEST IN REDONDO BEACH SCHOOLS SO TH	AT
	EVERY STUDENT CAN DEVELOP KNOWLEDGE AND SKILLS THAT GO BEYOND WHAT	
	PUBLIC FUNDING ALONE WOULD ACHIEVE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	d
	revenue, if any, for each program service reported.	
4a)
	THE REDONDO BEACH EDUCATIONAL FOUNDATION ("RBEF") IN PARTNERSHIP WIT	<u>H</u>
	INDIVIDUALS, COMMUNITY BUSINESSES, AND CORPORATIONS, PROVIDED	
	ADDITIONAL FUNDING NEEDED TO ENHANCE THE EDUCATIONAL EXPERIENCE IN S	UCH
	PROGRAMS AS MUSIC, SCIENCE, AND TECHNOLOGY TO ALL CHILDREN IN THE	
	REDONDO BEACH UNIFIED SCHOOL DISTRICT ("RBUSD").	
	(Code:) (Expenses \$ 457,491. including grants of \$) (Revenue \$ 678,5	10
4b	(Code:) (Expenses \$ 457,491. including grants of \$) (Revenue \$ 678,5] RBEF ADMINISTERS THE RBUSD STUDENT SUMMER SESSION PROGRAMS FOR	40.)
	ACADEMICS AT THE ELEMENTARY, MIDDLE, AND HIGH SCHOOL LEVELS, AS WELL	7 (
	SUMMER ATHLETICS PROGRAMS (REFERRED TO AS THE SEA HAWK SPORTS CAMPS)	
	FOR THE HIGH SCHOOL SPORTS PROGRAMS.	
	TON THE MICH BEHOOD BIONIB INCOMING.	
4c	(Code:) (Expenses \$)
	Other program consiscs (Decaribe on Schodule O.)	
40	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,927,823.	
10	Form 990	(2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۰		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	and the first of the control of the	144		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2023) REDONDO BEACH EDUCATIONAL FOUNDATION | Part IV | Checklist of Required Schedules (continued)

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

332004 12-21-23

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 88									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x						
	any contributions that were not tax deductible as charitable contributions?	6a								
D	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?									
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b								
7		7a	х							
b	 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 									
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	Х							
·	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10								
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		Х						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?										
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	_								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	4								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-								
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou								
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand	1								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
excess parachute payment(s) during the year?										
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

332005 12-21-23

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	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									
	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 12									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b		Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
_	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	KRISTI BIEBER - 310-954-2004									
	407 N. PACIFIC COAST HIGHWAY, 310, REDONDO BEACH, CA 90277									

332006 12-21-23

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and title	Average hours per week	box offic	not c , unle	Pos heck ss pe	ition more rson	than is bot or/trus	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KRISTI BIEBER EXECUTIVE DIRECTOR	40.00			x				125,489.	0.	0.
(2) DORIS DONLOU-RICHMOND	5.00			^				123,409.	0.	0.
PRESIDENT	3.00	X		Х				0.	0.	0.
(3) JOHN NEMETH	3.00									
VICE-PRESIDENT		х		х				0.	0.	0.
(4) SHARON DAY	4.00							-		<u> </u>
TREASURER		Х		Х				0.	0.	0.
(5) ROBYN TOTH	3.00									
SECRETARY		Х		Х				0.	0.	0.
(6) STEPHANE ERNOUX	2.00									
DIRECTOR		Х						0.	0.	0.
(7) BEN KIM	2.00									
DIRECTOR		Х						0.	0.	0.
(8) AMANDA CARTEE	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) KERRI WILKERSON	2.00	l								
DIRECTOR		Х						0.	0.	0.
(10) AUDRA NARIKAWA	2.00									•
DIRECTOR	2 00	Х						0.	0.	0.
(11) HOLLY KAUFFMAN	2.00	٠,,						0.	0.	0
DIRECTOR	2.00	Х						0.	0.	0.
(12) DAVID TAITELBAUM DIRECTOR	2.00	X						0.	0.	0.
(13) SAM FORD	2.00	Δ						0.	0.	· ·
DIRECTOR	2.00	X						0.	0.	0.
DIRECTOR									0.	0.
		1								
		ł								
		1								

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Page 8

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)					(D)	(E)			(F)			
	Name and title	Average	(do not ch			Position on the check more than one			Reportable	Reportable		Es	stimate	: d
		hours per week	box	, unle	ss pe	rson	is bot	n an	'	compensation		an	nount	of
		(list any	_					,	from the	from related organizations		com	other pensa	tion
		hours for	Individual trustee or director				D.		organization	(W-2/1099-MISC	2/		om th	
		related	tee or	ustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	al trus	onal tr		loyee	comp		1099-NEC)				d relat	
		below line)	dividu	Institutional trustee	Officer	Key employee	ghest ploye	Former				orga	anizati	ons
			흐	Ë	JO.	- S	宝岩	요			\dashv			
											\dashv			
											\neg			
											\dashv			
						_					\dashv			
											\dashv			
1b	Subtotal					<u> </u>	<u> </u>		125,489.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								125,489.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable				
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,			кеу е	empl	loye	e, o	hiç	ghest compensated emp	oloyee on				37
_	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su											4		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		
3	rendered to the organization? If "Yes," com	•				•			•			5		Х
Sec	tion B. Independent Contractors	pioto comodur		0, 00	3011	00,0								
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	rs t	that received more than	\$100,000 of comp	ens:	ation 1	rom	
	the organization. Report compensation for													
(A) (B)										(0				
	Name and business	address	N	INC	3				Description of s	ervices	C	ompe	nsatio	n
								_						
								\dashv						
								\dashv		 				
								\dashv						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation				(0							

REDONDO BEACH EDUCATIONAL FOUNDATION

332008 12-21-23

		Check if Schedule O contains a resp	onse	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts	k c c e f	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f 1g		155,961. 389,486. 41,203.				
a Co	•	h Total. Add lines 1a-1f	•		1,545,447.			
	2 a	GIRAGE GEGGTON C GEN	Н	Business Code 900099	678,548.	678,548.		
Program Service Revenue		d e f All other program service revenue			678,548.			
	3	g Total. Add lines 2a-2f			0,0,540.			
	4	other similar amounts) Income from investment of tax-exempt b	ond p	proceeds	297.			297.
	5	Royalties(i) Re		(ii) Personal				
	6 a	a Gross rents 6a 6b 6c Rental income or (loss) 6c						
		d Net rental income or (loss)	ities	(ii) Other				
enne	ŀ	assets other than inventory b Less: cost or other basis and sales expenses	65. 28.					
3eV		()			5,037.			5,037.
Other Revenue		d Net gain or (loss) a Gross income from fundraising events (not including \$155,961 _ of contributions reported on line 1c). See Part IV, line 18	8a	33,064.	3,037.			3,037.
		b Less: direct expenses		118,335.	05 071			05 071
		c Net income or (loss) from fundraising eva Gross income from gaming activities. Se			-85,271.			-85,271.
	9 6	Part IV, line 19		9,767.				
	k	b Less: direct expenses		855.				
		c Net income or (loss) from gaming activit	es	I	8,912.			8,912.
		a Gross sales of inventory, less returns and allowances						
		b Less: cost of goods sold		1				
,,		c Net income or (loss) from sales of invent	ory	Business Code				
eon:	11 a	a						
lan Vent		b						<u> </u>
Miscellaneous Revenue		d All other revenue						
Σ		e Total. Add lines 11a-11d						
	12	Total revenue. See instructions			2,152,970.	678,548.	0.	-71,025.

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).

Total expenses Tot		Check if Schedule O contains a response or note to any line in this Part IX									
Crafts and of the assistance to directly consistency 1,293,901.	Do			(B)	(C)	(D)					
1 Grarks and other assistance to demestic organizations and domestic governments. See Part IV, line 21 1,293,901. 1,293,901. 3,000. 3,0				Program service		Fundraising					
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to domestic organizations, foreign governments, and foreign departments of the seed o				expenses	general expenses	expenses					
2 Garats and other assistance to domestic inclividuates. See Part IV, line 17 (and the section of the section o	1	_	1 202 001	1 203 001							
Individuals. See Part IV, line 22 3,000. 3,000.	_		1,293,901.	1,493,901.							
3 Grants and other assistance to foreign organizations, foreign powements, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above to dequalified persons (as defined under section 498b(f)(1) and persons described in section 498b(f)(1) and 498b(f) employer contributions) 5 7 8 4 5 1, 913, 1, 720, 1, 712,	2		2 000	2 000							
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		T T T T T T T T T T T T T T T T T T T	3,000.	3,000.							
Individuals See Part IV, lines 15 and 16	3	· ·									
## Benefits paid to or for members 129,120		organizations, foreign governments, and foreign									
129,120 38,736 25,824 64,560		individuals. See Part IV, lines 15 and 16									
129,120. 38,736. 25,824. 64,560.	4	Benefits paid to or for members									
6 Compensation not included above to disqualified persons (as defined under section 4986(f)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 57,865. 1,913. 1,720. 1,712. 10 Payroll taxes 57,865. 44,830. 6,535. 6,503. 11 Fees for services (nonemployees): 10 Advantagement 11 Legal 12 CAccounting 12 CAccounting 13 CACCOUNTING 14 Information and part management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essensing services. See Part IV, line 17 Investment management essension services. See Part IV, line 17 Investment management essension services. See Part IV, line 17 Investment essension	5	Compensation of current officers, directors,									
persons described in section 4986(I/(1)) and persons described in section 4986(I/(1)) and persons described in section 4986(I/(1)) and approach section 401(I/(1)) and 498(I/(1)) and 498(trustees, and key employees	129,120.	38,736.	25,824.	64,560.					
persons described in section 4988(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Management 13 Legal 14 Lobbying 15 Professional fundraising services. See Part IV, line 17 Investment management fees 19 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for line rest of the rest	6	Compensation not included above to disqualified									
7 Other salaries and wages		persons (as defined under section 4958(f)(1)) and									
7 Other salaries and wages		persons described in section 4958(c)(3)(B)									
8 Pension plan accruals and contributions (include section 40 (1(6) and 403(6) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 8 Management 12 Legal 13 Caccounting 14 Lobbying 15 Professional fundraising services. See Part IV, line 17 If Investment management tees 15 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 16 Advertising and promotion 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 18 Payments to affiliates 19 Payments to affiliates 10 Depre List inscellation, and amortization languards (15 Incress) 11 Incress 12 Payments of travel or, and amortization languards (15 Incress) 13 Dept 15 Incress 14 Incress 15 Jan 24 Jan 24 Jan 24 Jan 25 Jan 24 Jan 25 Jan 26 Jan 26 Jan 26 Jan 26 Jan 27 Jan 28 Jan	7		500,088.	429,600.	54,811.	15,677.					
Section 401(k) and 403(b) employer contributions) 5,345,			, -	,	•	· · · · · · · · · · · · · · · · · · ·					
10 Payroll taxes	•	,	5.345.	1.913.	1.720	1.712.					
10 Payroll taxes	a	```	8.788.	3.145.	2.828	2.815.					
11 Fees for services (nonemployees): a Management		F	57 868			6.503					
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9,060. 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 15,490. 14 Advertising and promotion 15,490. 15,490. 16 Occupancy 17,896. 17,896. 17,669. 17,896. 17,669. 17,896. 17,669. 17,896. 17,669. 17,896. 17,896. 17,896. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 22 Other expenses. Itemize expenses on line 24e. If line 24e and sone of the convention of the			37,000	14,000		0,505					
b Legal		· ·									
C Accounting 24,913. 24,913. 24,913.											
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.) Advertising and promotion 15, 490. 4, 510. 1.00. 1.00, 880. Advertising and promotion 15, 490. 4, 510. 1.00. 10, 880. Information technology 7, 896. 1, 669. 3, 798. 2, 429. Royalties Cocupancy 7, 838. 465. 6, 957. 416. Cocupancy 7, 838. 465. 6, 957. 416. Travel 1, 012. 362. 326. 324. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses in the Expenses on Schoelule 0.) a PROGRAMMATIC EXPENSES b LICENSES & FEES BAID DEBT EXPENSE 1,000. 1,000. d e All other expenses. 5 Total functional expenses. Add lines 1 through 24e 2 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraisings solicitation. Check here intowney of the processing solicitation. Check here intowney of the separation in the service of the profession of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here introvers of the profession of th			24 012		24 012						
e Professional fundraising services. See Part IV, line 17 f Investment management feese 9 9,060			24,313.		24,313.						
1 Investment management fees 9 , 0 6 0 . 9 , 0 6 0 .											
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion		- · · · · · · · · · · · · · · · · · · ·	0 000		0 000						
Column (A), amount, list line 11g expenses on Sch 0, Column (A), amount, list line 11g expenses on Sch 0, Column (A), amount, list line 14g expenses on Sch 0, Column (A	f	F	9,060.		9,060.						
12 Advertising and promotion 15,490. 4,510. 100. 10,880.	g	· · · · · · · · · · · · · · · · · · ·	626	4.45	150	2.0					
1,915 426 867 622		column (A), amount, list line 11g expenses on Sch 0.)				32.					
14	12					10,880.					
15	13										
16 Occupancy	14	Information technology	7,896.	1,669.	3,798.	2,429.					
17. Travel 1,012. 362. 326. 324. 18. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Payments to affiliates Insurance 5,350. 1,070. 4,280. 20. Depreciation, depletion, and amortization Insurance 5,350. 1,070. 4,280. 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. PROGRAMMATIC EXPENSES 91,889. 91,889. b. LICENSES & FEES 31,366. 11,862. 65. 19,439. c. BAD DEBT EXPENSE 1,000. 1,000. d. All other expenses Shad lines 1 through 24e 2,196,475. 1,927,823. 143,243. 125,409. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)	15	Royalties									
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) PROGRAMMATIC EXPENSES BAD DEBT EXPENSE All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	16	Occupancy									
for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 5, 350 1, 070 4, 280 . 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 BAD DEBT EXPENSE b All other expenses 25 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here into into into the complete in solicitation. Check here into into into into into into into into	17	Travel	1,012.	362.	326.	324.					
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a PROGRAMMATIC EXPENSES b LICENSES & FEES c BAD DEBT EXPENSE 4 All other expenses 5, 350. 1,070. 4,280. 5, 350. 1,070. 4,280. 5, 350. 1,070. 4,280. 5, 350. 1,070. 4,280. 6 Jine 24e amount, list line 24e expenses on Schedule 0.) a PROGRAMMATIC EXPENSES b LICENSES & FEES c Total functional expenses. Add lines 1 through 24e 2,196,475. 1,927,823. 143,243. 125,409. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here infollowing SOP 98-2 (ASC 958-720)	18	Payments of travel or entertainment expenses									
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a PROGRAMMATIC EXPENSES b LICENSES & FEES c BAD DEBT EXPENSE d e All other expenses 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. Check here if following SOP 98-2 (ASC 958-720)		for any federal, state, or local public officials									
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 BAD DEBT EXPENSE 4 All other expenses 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. Check here if following SOP 98-2 (ASC 958-720)	19	Conferences, conventions, and meetings									
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 BAD DEBT EXPENSE 4 All other expenses 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. Check here if following SOP 98-2 (ASC 958-720)	20	Interest									
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on to 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.) PROGRAMMATIC EXPENSES LICENSES & FEES C BAD DEBT EXPENSE All other expenses. Add lines 1 through 24e All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Total functional expenses. Add lines 1 through 24e Total functional expenses and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	21										
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 BAD DEBT EXPENSE d All other expenses Total functional expenses. Add lines 1 through 24e 2,196,475. 1,927,823. 143,243. 125,409. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	22										
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 BAD DEBT EXPENSE 4 All other expenses Total functional expenses. Add lines 1 through 24e 2,196,475. 1,927,823. 143,243. 125,409. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	23	Insurance	5,350.	1,070.	4,280.						
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 BAD DEBT EXPENSE d All other expenses 25 Total functional expenses. Add lines 1 through 24e 2 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	24	Other expenses. Itemize expenses not covered									
amount, list line 24e expenses on Schedule 0.) PROGRAMMATIC EXPENSES LICENSES & FEES BAD DEBT EXPENSE All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) amount, list line 24e expenses on Schedule 0.) 91,889. 91,889. 91,889. 91,889. 1,000. 1,000. 1,000. 1,000.											
PROGRAMMATIC EXPENSES b LICENSES & FEES c BAD DEBT EXPENSE 4 All other expenses Total functional expenses. Add lines 1 through 24e 2,196,475. 1,927,823. 143,243. 125,409. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)											
b LICENSES & FEES c BAD DEBT EXPENSE d e All other expenses Total functional expenses. Add lines 1 through 24e 2, 196, 475. 1,927,823. 143,243. 125,409. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	а		91,889.	91,889.							
EAD DEBT EXPENSE e All other expenses Total functional expenses. Add lines 1 through 24e 2,196,475. 1,927,823. 143,243. 125,409. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	-				65.	19,439.					
d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	-			,		- ,					
e All other expenses Total functional expenses. Add lines 1 through 24e 2, 196, 475. 1, 927, 823. 143, 243. 125, 409. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			_,		.,						
Total functional expenses. Add lines 1 through 24e 2,196,475. 1,927,823. 143,243. 125,409. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		All other expenses									
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		· ———	2.196.475.	1.927.823.	143.243.	125.409.					
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	20	, ,									
Check here if following SOP 98-2 (ASC 958-720)		, , , ,									
	0000	m.ccoming cor to 1 (nee cos 120)				Earm QQ ((0000)					

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 733,917. 829,931. Cash - non-interest-bearing 1 63,135. 52,456. 2 Savings and temporary cash investments 232,582. 216,000. Pledges and grants receivable, net 3 25,999. 16,970. Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use R 24,427. 26,865. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 10c 1,294,543. 1,423,102. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 32,237. 0. Other assets. See Part IV, line 11 15 15 2,358,021. 2,614,143. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 217,368. 62,719. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 430,807. 19 348,525. 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 30,357. 0. 493,526. 596,250. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,624,495. 1,760,311. Net assets without donor restrictions 27 27 240,000. 257,582. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,864,495. 2,017,893. Total net assets or fund balances 32 32 2,358,021. 2,614,143. 33 Total liabilities and net assets/fund balances ...

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	2,15		75.				
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1								
5	Net unrealized gains (losses) on investments	5	19	6,9	03.				
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	2,01	7,8	93.				
Pai	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 Schedule O.								
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								
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

REDONDO BEACH EDUCATIONAL FOUNDATION 33-0470935 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support	71		,					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and	` '	` ,	·	. ,	, ,	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	1,855,922.	1,642,329.	1,640,680.	1,777,165.	1,545,446.	8,461,542.		
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								
4	Total. Add lines 1 through 3	1,855,922.	1,642,329.	1,640,680.	1,777,165.	1,545,446.	8,461,542.		
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)						2,482,002.		
	Public support. Subtract line 5 from line 4.						5,979,540.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	1,855,922.	1,642,329.	1,640,680.	1,777,165.	1,545,446.	8,461,542.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,		224	-16	0.45	007	40 005		
	and income from similar sources	8,943.	334.	516.	245.	297.	10,335.		
9	Net income from unrelated business								
	activities, whether or not the			40.05	45 000		0.5.004		
	business is regularly carried on			13,067.	15,000.	9,767.	37,834.		
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						8,509,711.		
12	Gross receipts from related activities,						,154,694.		
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	ourth, or fifth tax y	ear as a section s	501(c)(3)			
<u></u>	organization, check this box and stor						<u></u>		
	etion C. Computation of Publ			-1 (6)		44	70.27 %		
	Public support percentage for 2023 (14			
	Public support percentage from 2022					15			
Iba	33 1/3% support test - 2023. If the c	•		•		•			
	stop here. The organization qualifies								
L	33 1/3% support test - 2022. If the c	-							
170	and stop here. The organization qual								
17 a	10% -facts-and-circumstances tes	_							
	and if the organization meets the fact					_			
J.	meets the facts-and-circumstances to 10% -facts-and-circumstances tes	•				17a, and line 15 is:			
i.		· ·				•	1070 UI		
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
10	*		-	•					
18	Private foundation. If the organization	on ala not check a	box on line 15, 16a	, 10D, 17a, 01 17D	, CHECK THS DOX 8		Earm 000\ 2022		

Schedule A (Form 990) 2023

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

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

Se	ction A. Public Support	clow, picase com	piete i dit ii.j				
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` `	<u> </u>	<u> </u>	1	`,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2023 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	•			
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	· ·			*	•	
20	Private foundation. If the organization			•		ū	

332023 12-21-23

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 disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
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dule	A (Forr	n 990)	2023

332024 12-21-23

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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.	1		
	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.	2		
	ion C. Type II Supporting Organizations			
	<i>,</i>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	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		
	ion D. All Type III Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.	-7-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	За		
	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. Schedule A (Form 990) 2023 332025 12-21-23

3b

Sche	dule A (Form 990) 2023 REDONDO BEACH EDUCATION			33-0470935 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (e <i>xplain i</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	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		

	CITICI	gency temporary reduction (see instructions).	ס		
7		Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
		instructions).			

Schedule A (Form 990) 2023

2

3 4

5

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

REDONDO BEACH EDUCATIONAL FOUNDATION

33-0470935

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	\boxed{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						
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) contributor, during	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\$							
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must e 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 g requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

REDONDO BEACH EDUCATIONAL FOUNDATION

33-0470935

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 300,526.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 56,858.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

REDONDO BEACH EDUCATIONAL FOUNDATION

33-0470935

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Name of organization Employer identification number

REDONDO BEACH EDUCATIONAL FOUNDATION

33-0470935

Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations describerate (a) and the following	ribed in section 50	O1(c)(7), (8), or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$	1,000 or less for th	e year. (Enter this info. once.) \$		
(a) No	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held		
Parti						
		(e) Transt	er of gift			
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee		
		_	-			
		-				
(a) No. from	(b) Purpose of gift	(c) Use of g	vi ft	(d) Description of how gift is held		
Part I	(b) Fullpose of gift	(0) 036 01 9	j	(u) Description of now girt is neith		
		-				
Ī		(e) Transt	er of gift			
		()	J	5		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee		
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held		
1	(e) Transfer of gift					
	(a) it said of gift					
1	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	-	-				
(a) No. from	415	()11	-61	(0.5 (1		
Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held		
		-				
Ī		(e) Transt	er of gift			
		(5)	3			
Į	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

REDONDO BEACH EDUCATIONAL FOUNDATION

Employer identification number 33-0470935

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised	d funds	(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised fur	nds			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be used	only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	y other purpose confe	rring			
_	impermissible private benefit?						
Par		•	s" on Form 990, Part IV	, line 7.			
1	Purpose(s) of conservation easements held by the organizat		I				
	Preservation of land for public use (for example, recrea	ation or education)	1	orically important land area			
	Protection of natural habitat		Preservation of a cert	ified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co				
	day of the tax year.			Held at the End of the Tax Year			
	Total number of conservation easements			2a			
b	-			2b			
С.	Number of conservation easements on a certified historic str			2c			
d	Number of conservation easements included on line 2c acqu						
•	on a historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the orgai	nization during the tax			
	year						
4	Number of states where property subject to conservation ea		ion bandling of				
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conservati	ion essements during the year			
Ū	otali and volunteer flours devoted to morntoning, inspecting,	, mandling of violations, at	id critorollig coriscivati	on casements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation ea	asements during the year			
•	,g,g,g,	aming or monantine, and on	raramg aarraarramarra	accome accoming and year			
8	Does each conservation easement reported on line 2d above	e satisfy the requirements	s of section 170(h)(4)(B))(i)			
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat						
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements th	nat describes the			
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	of Art, Historical Tre	easures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and ba	lance sheet works			
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furthera	ince of public			
	service, provide in Part XIII the text of the footnote to its final	ncial statements that des	cribes these items.				
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	e statement and baland	ce sheet works of			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtherand	e of public service,			
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·			
2	If the organization received or held works of art, historical tre		·	provide			
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.		Schedule D (Form 990) 2023			

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research c Provide a description of thore generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization os collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization to be maintained as part of the organization's collection? Yes No Part IV Excrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X; line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c Amount c Beginning balance 1c Amount d Additions during the year 1d e Distributions during the year 1d b Ending balance 1d b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII 1a Beginning of year balance (a) Current year (b) Prior year (c) Troy years bask (d) Trire years bask (e) Four years bask 1b Contributions (a) Current year (b) Prior year (c) Troy years bask (d) Trire years bask (e) Four years bask 1c Administrative expenses (a) Four years bask (d) Trire years bask (e) Four years bask 1c Tram andowment year (b) Prior year (c) Troy years bask (d) Trire years bask (e) Four years bask (Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Othe	er Simila	ar Asse	ts (contii	nued)	
a Public exhibition d Loan or exchange program c Preservation for future generations d Loan or exchange program c Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization sociolic for receive donations of art, historical treasures, or other similar assets	3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following the	at make s	significant	use of its			
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as part of the organization collection? Yee No Part VI Escrow and Custodial Arrangements Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XX, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		collection items (check all that apply).										
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as part of the organization collection? Yee No Part VI Escrow and Custodial Arrangements Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XX, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	а	Public exhibition	c	ı 🔲 ı	_oan or exc	hange progr	am					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount tel. Amount tel. Additions during the year Beginning balance Cab Bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. Beginning of year balance Cab Contributions If Administrative expenses Garans or scholarships Contributions Amount (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back The percentages on lines 2a, 2b, and 2c should equal 100%. Beginning of year balance Pervive the estimated percentages of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Pervive the estimated percentages of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Pervive the estimated percentages of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Pervive the estimated percentages on the organization of the organization that are held and administered for the organization by: (b) Unrelated organizations? Beginning of	b	Scholarly research	e									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves	С	Preservation for future generations										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 90, or reported an amount on Form 990, Part IV, line 90, or other intermediary for contributions or other assets not included on Form 990, Part IV, line 90, or other intermediary for contributions or other assets not included on Form 990, Part IV, line 90, or other intermediary for contributions or other assets not included on Form 990, Part IV, line 11, and 11 did of 11 did of 12 did of 12 did of 12 did of 12 did of 13 did of 13 did of 13 did of 14 di	4		ollections and explai	in how th	ey further t	he organizat	ion's exe	mpt purpo	se in Par	t XIII.		
To be sold to raise funds rather than to be maintained as part of the organization's collection?	5		="		•	-						
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X Yes No bit "Yes," explain the arrangement in Part XIII and complete the following table: Complete the following table:				-		•				Yes		No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par											
on Form 990, Part X7 b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance			-		3				,	,		
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for	contributio	ns or other a	assets no	t included				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount		on Form 990, Part X?	,	•						Yes		No
c Beginning balance	b											
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the organization answered Pyes" on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered Pyes" on Form 990, Part IV, line 10. Complete if the expandation and the provided in Part XIII Check here if the explanation has been provided in Part XIII the Intended Complete in the organization answered Pyes" on Form 990, Part IV, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Pyes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organizatio		, ,	·	Ü						Amoun	t	
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Bill FYes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Image: Imag										Yes		No
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four y		-						•]
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	_											
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment		'							ears back	(e) Four	years	back
b Contributions	1a	Beginning of year balance			-							
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
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g End of year balance	f											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
a Board designated or quasi-endowment	_		rent vear end haland	ce (line 1	a column (a)) held as:				<u>I</u>		
b Permanent endowment		· · · · · · · · · · · · · · · · · · ·	•		9, 00,4,1,1,1	ajj riola ao.						
c Term endowment												
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment												
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(ii) Unrelated organizations? (iii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment	ou		oolon or the organiz	ation the	it are riola t	and daminion	0100 101 1	110		I	Yes	No
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment		•										
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment	h	If "Yes" on line 3a(ii) are the related organiza	ations listed as requi	red on S	chedule R?)				3h		
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment												
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment	Ė			SWITTETTE	undo.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment				0. Part I\	/. line 11a. \$	See Form 99	0. Part X.	line 10.				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment		•							nd	(d) Boo	k valu	
1a Land b Buildings c Leasehold improvements d Equipment		Description of property	1 ' '				1 '		·	(u) 500	K valu	C
b Buildings C Leasehold improvements C Equipment C Leasehold improvements C Equipment C Leasehold improvements	12	Land	`		24010	(2331)	40					
c Leasehold improvements d Equipment												
d Equipment							 		- -			
							 		- -			
C Outof							 		- -			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				X line 1	Oc column	n (B))	1					0 -

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	KEDONDO PEACH	FDOCALIONAL	FOUNDATION	33-
Part VII Investments -	Other Securities			

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Part IX Other Assets

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

(9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY	30,357.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	30,357.

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

Schedule D (Form 990) 2023

9,060.

Sche	dule D (Form 990) 2023 REDONDO BEACH EDUCATIONAL FOUNDATION	33-	0470935 Page
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturı	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,348,513
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 7,700.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	204,603
3	Subtract line 2e from line 1	3	2,143,910

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,195,115. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX. line 25: 7,700. a Donated services and use of facilities **b** Prior year adjustments 2c c Other losses Other (Describe in Part XIII.) 7,700. 2e Add lines 2a through 2d 2,187,415. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 9,060. a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 9,060. c Add lines 4a and 4b 4c 2,196,475. Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

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

332054 09-28-23

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number Name of the organization REDONDO BEACH EDUCATIONAL FOUNDATION 33-0470935 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

				(b) Event #2 LIGHT UP THE NIGHT	(c) Other events NONE	(d) Total events (add col. (a) through		
<u>o</u>			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	63,438.	125,587.		189,025.		
	2	Less: Contributions	40,878.	115,083.		155,961.		
	3	Gross income (line 1 minus line 2)	22,560.	10,504.		33,064.		
	4	Cash prizes	2,365.	3,683.		6,048.		
Š	5	Noncash prizes	9,733.	31,470.		41,203.		
Direct Expenses	6	Rent/facility costs	13,680.	1,001.		14,681.		
irect E	7	Food and beverages	12,562.	26,232.		38,794.		
		Entertainment	5,430.	6,320. 5,859.		6,320. 11,289.		
		Other direct expenses		3,033.		118,335.		
		Net income summary. Subtract line 10 from li				-85,271.		
Pa								
		\$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			9,767.	9,767.		
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses			855.	855.		
	6	Volunteer labor	Yes % No	Yes % No	X Yes 100.00 % No			
	855.							
	8,912.							
		Net gaming income summary. Subtract line 7						
		the organization licensed to conduct gaming ac				X Yes No		
b If "No," explain:								
		ere any of the organization's gaming licenses re Yes," explain:				Yes X No		

332082 09-13-23 Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 REDONDO BEACH EDUCATIONAL FOUNI	DATION 33-	0470935	Page 3
11 Does the organization conduct gaming activities with nonmembers?		X Yes	□ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or oth			
to administer charitable gaming?		Yes	X No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	.25 %
b An outside facility			.75 %
14 Enter the name and address of the person who prepares the organization's gaming/special event		•	
Name THE ORGANIZATION			
Address 407 N. PACIFIC COAST HIGHWAY SUITE 310 - F	REDONDO BEACH	, CA 90	277
15a Does the organization have a contract with a third party from whom the organization receives gar	ning revenue?	Yes	X No
b If "Yes," enter the amount of gaming revenue received by the organization	and the amount		
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
· · · · · · · · · · · · · · · · · · ·			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming pro-	ceeds to		
retain the state gaming license?		X Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt orga	nizations or spent in the		
organization's own exempt activities during the tax year \$ 8,790.	·		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, c	columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruc	ctions.		

Schedule G	G (Form 990)	REDONDO B	EACH :	EDUCATIONAL	FOUNDATION	33-0470935 _F	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued	d)				
·							
_							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization REDONDO BEACH EDUCATIONAL FOUNDATION 33-0470935 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) ANNUAL DISTRICT GRANT FOR REDONDO BEACH UNIFIED SCHOOL DISTRICT-WIDE PROGRAMS; SCHOOL-SITE GRANTS FROM DISTRICT - 1401 INGLEWOOD AVENUE SKECHERS WALK REDONDO BEACH, CA 90278 95-6002528 501(C)(3) 1,262,440, 0 BEACH CITIES ROBOTICS GRANT TO SUPPORT COSTS ONE SEA HAWK WAY RELATED TO WORLD CHAMPIONSHIP COMPETITION. REDONDO BEACH, CA 90277 13-2797240 501(C)(3) 25,000

3 Enter total number of other organizations listed in the line 1 table
For Paperwork Reduction Act Notice, see the Instructions for Form 990.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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 rec	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.				
PART I, LINE 2:								
THE ORGANIZATION CONDUCTS A PRE-GR	ANT REVI	EW WITH RE	DONDO BEAC	H UNIFIED				
SCHOOL DISTRICT PERSONNEL TO DISCU	ISS PROGR	AMS AND AS	SESS THE D	ISTRICT'S				
CAPACITY TO UNDERTAKE SUCH PROGRAM	IS. THE O	RGANIZATIO	N THEN ISS	UES 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.								

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

	REDONDO BEACH EDUCATIONAL FOUNDATION 33-04						935	
Part I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	ts
1	Art - Works of art	X	2	2,150.				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		4,426.				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	11	4,737.				
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (TICKETS/EXPERIE)	X	27	26,920.				
26	Other (COLLECTIBLES)	X	12	2,970.				
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period	?				30a		X
b	b If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance				tions?	31		X
32a	Does the organization hire or use third parties		-					,.
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
describe in Part II.								

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Name of the organization

REDONDO BEACH EDUCATIONAL FOUNDATION

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

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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization REDONDO BEACH EDUCATIONAL FOUNDATION	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 COMPI	JIANCE WITH THE
CA NONPROFIT INTEGRITY ACT OF 2004. THE ORGANIZATION DID	NOT CHANGE ITS
SELECTION OR OVERSIGHT PROCESS DURING THE YEAR.	