Form 990

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury

Inter	nal Reve	enue Service Go to www.irs.gov/Form990 for instructions and th	ne latest in	normation.	Inspection
Α	For th	e 2022 calendar year, or tax year beginning $ { m JUL}1,2022$ and e	ending J	UN 30, 2023	
В	Check if applicab	C Name of organization		D Employer identified	cation number
	Addre	PALO ALTO PARTNERS IN EDUCATION			
	Name	pe Doing business as		77-01863	64
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	P.O. BOX 1557		650-329-3	
	termi ated			G Gross receipts \$	5,549,500.
	Amer returr	$\mathbf{PALO} \mathbf{ALIO}, \mathbf{CA} 94302$		H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: DINDA DION		for subordinates	? Yes 🚺 No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
	Webs			H(c) Group exemption	
<u>K</u>	orm o	f organization: 🚺 Corporation Trust Association Other	L Year	of formation: 2005	State of legal domicile: CA
P	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: PALO			
DCe		(PIE) RAISES MONEY TO PROVIDE ALL PALO AL	TO UNI	FIED SCHOOL	DISTRICT
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	30
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			30
ŝ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	5
vitie	6	Total number of volunteers (estimate if necessary)		6	110
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		5,389,432.	5,521,389.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,115.	28,111.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		5,391,547.	5,549,500.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,017,143.	5,117,208.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		216,751.	249,763.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	. b	Total fundraising expenses (Part IX, column (D), line 25) 213, 49	97.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		168,918.	183,224.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,402,812.	5,550,195.
	19	Revenue less expenses. Subtract line 18 from line 12		-11,265.	-695.
Net Assets or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		369,331.	368,636.
AS	21	Total liabilities (Part X, line 26)		5,500.	5,500.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		363,831.	363,136.
	art II	Signature Block			
Unc	er nen		and stateme	ents and to the best of my	knowledge and belief it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

		-
Sign	Signature of officer	Date
Here	LINDA LYON, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	NICK PETERSEN (clides before 9/20/2023	self-employed P01274743
Preparer	Firm's name ROBERT LEE & ASSOCÍATES, LLP	Firm's EIN 27-1155496
Use Only	Firm's address 999 W TAYLOR STREET, STE A	
	SAN JOSE, CA 95126	Phone no. (408) 855-6770
May the II	S discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	t 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:
	PALO ALTO PARTNERS IN EDUCATION (PIE) RAISES MONEY FROM PARENTS AND
	THE COMMUNITY TO PROVIDE ALL PALO ALTO UNIFIED SCHOOL DISTRICT
	STUDENTS AN EDUCATIONAL EXPERIENCE BEYOND WHAT IS POSSIBLE WITH PUBLIC
	FUNDING. PIE'S VOLUNTEERS, IN PARTNERSHIP WITH PARENTS, SCHOOLS, AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$5,192,063. including grants of \$5,117,208.) (Revenue \$5,521,389.
	PALO ALTO PARTNERS IN EDUCATION (PIE) REMAINS THE ONLY NON-PROFIT
	ORGANIZATION DEVOTED EXCLUSIVELY TO RAISING MONEY FOR ALL PALO ALTO
	UNIFIED SCHOOL DISTRICT (PAUSD) SCHOOLS, AND THE ONLY ONE WHOSE
	CONTRIBUTIONS CAN PAY FOR ADDITIONAL AND MUCH NEEDED PAUSD TEACHERS AND
	STAFF. DUE IN LARGE PART TO DEDICATED VOLUNTEERS, PIE'S OPERATING
	EXPENSES CONTINUE TO BE EXTREMELY LOW, ALLOWING MORE THAN 92% OF
	DONATIONS TO GO DIRECTLY TO THE SCHOOLS. IN ELEMENTARY SCHOOLS, PIE
	FUNDS: CLASSROOM SUPPORT: AIDES, ASSISTANTS, READING AND MATH
	SPECIALISTS AND TEACHER COACHES WHO SUPPORT AND ENRICH ALL STUDENTS
	LEARNING. SCIENCE ENRICHMENT: PROGRAMS AND SPECIALISTS WHO HELP SCIENCE
	COME ALIVE FOR STUDENTS THROUGH HANDS-ON UNITS. ARTS INSTRUCTION:
	TRAINED STAFF WHO TEACH SPECTRA ART AND COMPARABLE CREATIVE ARTS. IN
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
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	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

Form 990 (2022)				IN	EDUCATION
Part IV Checklist of R	equired	Schedu	lles		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<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			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	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			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
•				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI		- 11	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
232003	12-13-22	Form	990	(2022)

232003 12-13-22

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	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,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes, '' complete</i>	- 51		
52		32		x
33	Schedule N, Part II	52		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		24		x
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		<u> </u>
b		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
30		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37		27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		00	- 23	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5		162	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c	Х	
22000				(2022)
232004	↓ 12-13-22 /	Form		(2022)

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Form	990 (2022) PALO ALTO PARTNERS IN EDUCATION 77-0186	364	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	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			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		37
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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business nothings at any time during the year?	0		
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, 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.	-	000	
232005	12-13-22	Form	390	(2022)

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232005	12-13-22
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Form 990	(2022)
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PALO ALTO PARTNERS IN EDUCATION

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

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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. X

		1	1	~	<u>م</u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		3	0		
	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		3	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	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	e direct	t supervisio	on			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?		. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		X
6	Did the organization have members or stockholders?						X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				10		
a	The governing body?	-	-		8a	х	
	Each committee with authority to act on behalf of the governing body?					X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
3	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
Sec				<u></u>	. 9		1
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			V.	
						Yes	No X
	Did the organization have local chapters, branches, or affiliates?				<u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?					37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the	form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13					X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cont	flicts?		. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe				
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	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 arranger	ment w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-				
	exempt status with respect to such arrangements?				16b		
200	tion C. Disclosure			<u></u>		1	
シモレ	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>						
		nd gan	-T (section	501(~)(3)s only)	availat	hle
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable) 000 a	10 000		551(0)(0	Sig Only)	availa	010
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply						
17	for public inspection. Indicate how you made these available. Check all that apply.		hadul- O				
17 18	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)				nd finar		
17 18 19	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparison of the second se			oolicy, a	nd finan	cial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	onflict c	of interest p	oolicy, a	nd finan	cial	
17 18	for public inspection. Indicate how you made these available. Check all that apply. Image: State many state in the st	onflict o	of interest p d records		nd finan	cial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's box MARIA DERRICK, PALO ALTO PARTNERS IN EDUCATION - 6	onflict o	of interest p d records		nd finan	cial	
17 18 19 20	for public inspection. Indicate how you made these available. Check all that apply. Image: State many state in the st	onflict o	of interest p d records			cial	

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.

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

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

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

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

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(10) KARRIE CHEN 10.00 X X 0. 0. 0. ASSISTANT TREASURER 7/1/22-6/30/23 X X X 0. 0. 0. (11) MANOJ BATRA 5.00 X X 0. 0. 0. 0. SECRETARY 7/1/22-6/30/23 X X X 0. 0. 0. 0. (12) AMIE FRANCONI 10.00 X X 0. 0. 0. 0. VP OF DEVELOPMENT - LCC 4/1/23-6/30/ X X 0. 0. 0. 0. (13) KAREN KESNER 10.00 X X 0. 0. 0. 0. VP OF DEVELOPMENT - SCHOOLS 4/1/23-6 X X 0. 0. 0. 0. (14) MELINA PATTERSON 10.00 X X 0. 0. 0. 0. VP OF GOVERNANCE 4/1/23-6/30/23 X X 0. 0. 0. 0. (15) PATRICK SULLIVAN 10.00 X X 0. 0. 0. 0. DIRECTOR OF MARKETING 7/1/22-3/31/23 X 0.		10.00									
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(11) MANOJ BATRA 5.00 X X 0. 0. 0. SECRETARY 7/1/22-6/30/23 10.00 X X 0. 0. 0. (12) AMIE FRANCONI 10.00 X X 0. 0. 0. 0. VF OF DEVELOPMENT - LCC 4/1/23-6/30/ X X 0. 0. 0. 0. (13) KAREN KESNER 10.00 X X 0. 0. 0. 0. VP OF DEVELOPMENT - SCHOOLS 4/1/23-6 X X 0. 0. 0. 0. (14) MELINA PATTERSON 10.00 X X 0. 0. 0. 0. VP OF GOVERNANCE 4/1/23-6/30/23 X X 0. 0. 0. 0. (15) PATRICK SULLIVAN 10.00 X X 0. 0. 0. 0. VP OF F&A 7/1/22-6/30/23 X X 0. 0. 0. 0. 0. DIRECTOR OF MARKETING 7/1/22-3/31/23 X X 0. 0. 0. 0. 0. DIRECTOR OF GOVERNANCE 7/1/22-3/31/2 X		10.00								0	0
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VP OF DEVELOPMENT - SCHOOLS 4/1/23-6 X X X 0. 0. 0. (14) MELINA PATTERSON 10.00 X X 0. 0. 0. 0. VP OF GOVERNANCE 4/1/23-6/30/23 X X X 0. 0. 0. 0. (15) PATRICK SULLIVAN 10.00 X X 0. 0. 0. 0. VP OF F&A 7/1/22-6/30/23 X X X 0. 0. 0. 0. (16) KAUMUDI BHAWE 5.00 X X 0. 0. 0. 0. DIRECTOR OF MARKETING 7/1/22-3/31/23 X 0. 0. 0. 0. 0. DIRECTOR OF GOVERNANCE 7/1/22-3/31/2 X 0. 0. 0. 0. 0.		10 00	^		^				0.	0.	0.
(14) MELINA PATTERSON 10.00 X X 0. 0. 0. VP OF GOVERNANCE 4/1/23-6/30/23 X X X 0. 0. 0. (15) PATRICK SULLIVAN 10.00 X X X 0. 0. 0. VP OF F&A 7/1/22-6/30/23 X X X 0. 0. 0. (16) KAUMUDI BHAWE 5.00 X X 0. 0. 0. DIRECTOR OF MARKETING 7/1/22-3/31/23 X 0. 0. 0. 0. DIRECTOR OF GOVERNANCE 7/1/22-3/31/2 X 0. 0. 0. 0.		10.00	v		v				0	0	0
VP OF GOVERNANCE 4/1/23-6/30/23 X X X 0. 0. 0. (15) PATRICK SULLIVAN 10.00 X X 0. 0. 0. 0. VP OF F&A 7/1/22-6/30/23 X X X 0. 0. 0. 0. (16) KAUMUDI BHAWE 5.00 X X 0. 0. 0. 0. DIRECTOR OF MARKETING 7/1/22-3/31/23 X 0. 0. 0. 0. 0. DIRECTOR OF GOVERNANCE 7/1/22-3/31/2 X 0. 0. 0. 0. 0.		10 00	Δ		Δ				0.	0.	0.
(15) PATRICK SULLIVAN 10.00 X X 0. 0. 0. VP OF F&A 7/1/22-6/30/23 X X X 0. 0. 0. 0. (16) KAUMUDI BHAWE 5.00 X X 0. 0. 0. 0. DIRECTOR OF MARKETING 7/1/22-3/31/23 X 0. 0. 0. 0. 0. UIRECTOR OF GOVERNANCE 7/1/22-3/31/2 X 0. 0. 0. 0. 0. DIRECTOR OF GOVERNANCE 7/1/22-3/31/2 X 0. 0. 0. 0. 0.		10.00	x		x				0	0	0
VP OF F&A 7/1/22-6/30/23 X X X 0. 0. 0. (16) KAUMUDI BHAWE 5.00 .		10.00			23						U •
(16) KAUMUDI BHAWE 5.00 0. 0. 0. DIRECTOR OF MARKETING 7/1/22-3/31/23 X 0. 0. 0. (17) DONNA DO 5.00 X 0. 0. 0. DIRECTOR OF GOVERNANCE 7/1/22-3/31/2 X 0. 0. 0. 0.		10.00	x		x				0.	0.	0.
DIRECTOR OF MARKETING 7/1/22-3/31/23 X 0. 0. 0. 0. (17) DONNA DO 5.00 0. 0. 0. 0. 0. 0. DIRECTOR OF GOVERNANCE 7/1/22-3/31/2 X 0. 0. 0. 0. 0.		5.00									
(17) DONNA DO 5.00 X 0. 0. 0. DIRECTOR OF GOVERNANCE 7/1/22-3/31/2 X 0. 0. 0. 0.			x						0.	0.	0.
DIRECTOR OF GOVERNANCE 7/1/22-3/31/2 X 0. 0. 0.		5.00	_ <u> </u>								
- 000 (1111)	DIRECTOR OF GOVERNANCE 7/1/22-3/31/2		x						0.	0.	0.
	232007 12-13-22						-			-	

2022.04020 PALO ALTO PARTNERS IN EDU 160103.1

Form 990 (2022) PALO ALTO) PARTNE	RS	II	N	ED	UC	AΊ	ION	77-0186	5364	e Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees, a	and	Hig	ghes	st C	ompensated Employees	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average			Posi	tion			Reportable	Reportable		estimate	he
	hours per		not ch					compensation	compensation		mount	
	week		cer and					from	from related		other	01
	(list any	tor						the	organizations	cor	npensa	tion
	hours for	direc				5		organization	(W-2/1099-MISC/		from the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	or	ganizat	ion
	organizations	trust	al tru		yee	ad mo		1099-NEC)		a	nd relat	ed
	below	ndividual trustee or director	nstitutional trustee	ъ	mplc	est co	er			org	ganizati	ons
	line)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Form					
(18) MEL GURUNATHAN	5.00											
DIRECTOR OF DEVELOPMENT - SCHOOLS 7/		Х						0.	0.			Ο.
(19) BEBE KHUE JACOBS	5.00											
DIRECTOR OF MARKETING 7/1/22-3/31/23		х						0.	0.			0.
(20) JULIA JACOBSEN	5.00											
DIRECTOR OF MARKETING 7/1/22-3/31/23	5.00	х						0.	0.			Ο.
(21) TINA KUAN	5.00	~		_				0.	0.	+		0.
	5.00	77							0			^
DIRECTOR OF DEVELOPMENT - SCHOOLS 7/	F 00	Х						0.	0.	_		0.
(22) SUSHMITA VIJ	5.00											
DIRECTOR OF F & A - TEACHER GRANTS 7		Х						0.	0.			0.
(23) CASIE WALKER	5.00											
DIRECTOR OF DEVELOPMENT - SCHOOLS 7/		Х						0.	0.			0.
(24) ABBY DOMINE	5.00											
DIRECTOR OF DEVELOPMENT - LCC 7/1/22		Х						0.	0.			Ο.
(25) JOYCE FARNSWORTH	5.00											
DIRECTOR OF DEVELOPMENT - SCHOOLS 7/		х						0.	0.			0.
(26) BHARTI JINDAL	5.00											
DIRECTOR OF DEVELOPMENT - LCC 4/1/23		х						0.	0.			0.
								169,411.	0.			0.
1b Subtotal		•••••				•••••		0.	0.	_		0.
c Total from continuation sheets to Part VI								169,411.	0.	_		0.
d Total (add lines 1b and 1c)								· · · ·				0.
2 Total number of individuals (including but no	ot limited to th	ose	listed	ab	ove) wh	o re	eceived more than \$100,0	00 of reportable			1
compensation from the organization											1	
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey er	nplo	oyee	e, or	hig	hest compensated emplo	oyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual									3		X
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mper	nsat	tion	and	oth	ner compensation from th	e organization			
and related organizations greater than \$150	,000? If "Yes.	" со	mplei	te S	Sche	dule	e J f	or such individual		4	Х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com								•		5		Х
Section B. Independent Contractors	piete oenedule	2010	21 500		/0/0							
1 Complete this table for your five highest cor	nnensated ind	ene	nden	t co	ntra	actor	rs th	nat received more than \$	100 000 of compens	ation f	rom	
the organization. Report compensation for t	•	•							· ·			
U	ne calendar ye		nuni	9 001					ai.			
(A) Name and business	address	NC	ONE					(B) Description of se	ervices		(C) ensatio	n
		INC						Bocomption of ot		oomp	enouro	
2 Total number of independent contractors (ir	ncludina but na	ot lin	nited	to t	hos	e lis	ted	above) who received mo	re than			
\$100,000 of compensation from the organiz					0			,				

	SEE	PART	VII,	SECTION	А	CONTINUATION	SHEETS
232008	12-13-22						

Form **990** (2022)

Form 990 PALO ALTO PARTNERS IN EDUCATION 77-0186364												
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest (Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated		
	hours	(cł	neck	all t	that	app	ly)	compensation	compensation	amount of		
	per						-	from	from related	other		
	week					yee		the	organizations	compensation		
	(list any	Individual trustee or director				Highest compensated employee		organization	(W-2/1099-MISC)	from the		
	hours for	r dire				ted e		(W-2/1099-MISC)		organization		
	related	stee c	Institutional trustee			en sa				and related		
	organizations	ul trus	nal tr		Key employee	dmoc				organizations		
	below	vidua	itutio	er	emp	nest o	Former					
	line)	Indi	Inst	Officer	Key	High	Forr					
(27) SUSAN JOHNSON	5.00											
DIRECTOR OF DEVELOPMENT - LCC 7/1/22		Х						0.	0.	0.		
(28) MIRANDA JUNOWICZ	5.00											
DIRECTOR OF MARKETING 4/1/23-6/30/23		Х						0.	0.	0.		
(29) SUE KRAMER	5.00											
DIRECTOR OF MARKETING 7/1/22-6/30/23		X						0.	Ο.	0.		
(30) BRYNA LEE	5.00											
DIRECTOR OF DEVELOPMENT - LCC 7/1/22		x						0.	0.	0.		
(31) LINOR LEVAV	5.00											
DIRECTOR OF GOVERNANCE 4/1/23-6/30/2	5.00	x						0.	0.	0.		
(32) ANDREA LEVESQUE	5.00	Δ						0.	0.	0.		
-	5.00	v						0.	0	0		
DIRECTOR OF DEVELOPMENT - LCC 7/1/22		Х						0.	0.	0.		
(33) MIGUEL LOPEZ	5.00								0	0		
DIRECTOR OF F & A - TEACHER GRANTS 4		Х						0.	0.	0.		
(34) YVETTE MANGALINDAN	5.00									_		
DIRECTOR OF DEVELOPMENT - SCHOOLS 4/		Х						0.	0.	0.		
(35) RACHAELL MONDINO	5.00											
DIRECTOR OF DEVELOPMENT - SCHOOLS 4/		Х						0.	0.	0.		
(36) TERESA MOYE	5.00											
DIRECTOR OF DEVELOPMENT - LCC 4/1/23		Х						0.	Ο.	0.		
(37) SUMITA PANDIT	5.00											
DIRECTOR OF DEVELOPMENT - SCHOOLS 5/		х						0.	0.	0.		
(38) CHRISTINE ROPER	5.00											
DIRECTOR OF DEVELOPMENT - LCC 7/1/22		x						0.	0.	0.		
(39) ANGIE SANAEE	5.00											
DIRECTOR OF DEVELOPMENT - SCHOOLS 7/	5.00	x						0.	0.	0.		
(40) JENNIFER SCHULTZ	5 00	Δ						0.	0.	0.		
	5.00	v						0	0	0		
DIRECTOR OF MARKETING 7/1/22-6/30/23		Х						0.	0.	0.		
(41) SHERI SHAMDASANI	5.00								0	0		
DIRECTOR OF DEVELOPMENT - SCHOOLS 7/		Х						0.	0.	0.		
(42) MONICA TAN	5.00								_	_		
DIRECTOR OF MARKETING 4/1/23-6/30/23		Х						0.	0.	0.		
]										
		1										
	1											
		1										
	I											
Total to Part VII, Section A, line 1c												
TOTAL TO FAIL VII, SECTOR A, III PTC								I		<u> </u>		

232201 04-01-22

			2022) PALO ALTO P.	AR'	TNERS IN	EDUCATION		77-0186	364 Page 9
Pa	rt \	VIII	Statement of Revenue						
			Check if Schedule O contains a respor	nse o	or note to any line			(2)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<i>w w</i>	1	2	Federated campaigns 1a						
ant			Membership dues 1b						
٦Ë			Fundraising events 1c						
ifts ar A			Related organizations 1d						
s, Dik			Government grants (contributions) 1e						
ŝ			All other contributions, gifts, grants, and						
the					<u>521,389.</u>				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f		78,263.				
<u>0</u> E		h	Total. Add lines 1a-1f			<u>5,521,389.</u>			
					Business Code				
ice	2	a		_					
ervi		b		_					
n S Ven		c							
Program Service Revenue		d		—					
Pro		e f	All other program service revenue	_					
_		' a	Total. Add lines 2a-2f						
	3		Investment income (including dividends, in						
			other similar amounts)			28,111.			28,111.
	4	Ļ	Income from investment of tax-exempt bor						
	5	5	Royalties						
			(i) Real		(ii) Personal				
	6	i a	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	a	Gross amount from sales of (i) Securiti	es	(ii) Other				
			assets other than inventory 7a						
~		b	Less: cost or other basis						
evenue			and sales expenses 7b Gain or (loss) 7c						
eve									
sr Re			Net gain or (loss) Gross income from fundraising events (not	·····					
Other	0	a	including \$ of						
0			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising even	ts					
	9	a	Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities						
	10	a	Gross sales of inventory, less returns						
				10a					
			J	10b					
	-	С	Net income or (loss) from sales of inventor	у	Business Code				
sn	44	-			Busiliess Coue				
neo	1''	a b		_					
scellaneo Revenue		с С		_					
Miscellaneous Revenue		-	All other revenue	_					
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			5,549,500.	0.	0.	28,111.
23200	9 12	2-13-							Form 990 (2022)

232009 12-13-22

PALO ALTO PARTNERS IN EDUCATION Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,117,208.	5,117,208.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	169,412.	42,353.	42,353.	84,706.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	60,229.	15,058.	15,056.	30,115.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	20,122.	5,030.	5,031.	10,061.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	19,900.		19,900.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	125.			125.
12	Advertising and promotion	16,500.			16,500.
13	Office expenses	4,456.	980.	1,517.	1,959.
14	Information technology	6,062.		1,296.	4,766.
15	Royalties				
16	Occupancy	32,979.	8,245.	8,245.	16,489.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40	- 100		
23	Insurance	12,756.	3,189.	3,189.	6,378.
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.)	10 601		12 621	
a	MERCHANT BANK FEES	42,631.		42,631.	26 770
b	TRAINING & DEVELOPMENT	28,051.		1,281.	26,770.
C	DONOR EVENTS	11,828.			11,828.
d	ANNUAL REPORT	3,800. 4,136.		1 1 2 6	3,800.
	All other expenses		5 102 062	4,136.	212 /07
<u>25</u>	Total functional expenses. Add lines 1 through 24e	5,550,195.	5,192,063.	144,635.	213,497.
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)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)

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232010 12-13-22

Form **990** (2022)

11150920 142001 160103.00

363,831.

369,331.

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FALO	ALIO	LAVINGVO	TTA	EDUCATION

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year 1 Cash - non-interest-bearing 314,880. 348,570. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 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 8 54,451. 20,066. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 25,352. basis. Complete Part VI of Schedule D _____ 10a 25,352. 0. 0. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 369,331. 368,636. **Total assets.** Add lines 1 through 15 (must equal line 33) 16 5,500. 5,500. Accounts payable and accrued expenses 17 18 Grants payable Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 5,500. 5,500. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 332,510. 27 358,636. Net assets without donor restrictions 4,500. 31,321.

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368,636. Form 990 (2022)

363,136.

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Form 990 (2022)

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Liabilities

Net Assets or Fund Balances

Assets

Part X Balance Sheet

	990 (2022) PALO ALTO PARTNERS IN EDUCATION	77-01	.86364	Paç	_{ge} 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,549						
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,550						
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>95.</u> 31.				
4	· · · · · · · · · · · · · · · · · · ·								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	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	363	3,1:	<u>36.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e 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	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 Schedule O.								
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								
				aan /					

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name	ame of the organization Employer identification number											
	PALC) ALTO PART	NERS IN EDUCA	ATION			7	7-0186364				
Par	I Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The or	ganization is not a private found	dation because it is: (For lines 1 through 12, cl	heck only o	one box.)							
1	A church, convention of ch	nurches, or associatio	on of churches described	in sectio	n 170(b)(1)(A)(i).						
2	A school described in sec	tion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990).)								
3	A hospital or a cooperative	e hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).						
4	A medical research organi	zation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
	city, and state:											
5	An organization operated	for the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in				
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local go	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 [X An organization that norm	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in				
	section 170(b)(1)(A)(vi). (0	Complete Part II.)										
8	A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	nction with a	land-grant	college				
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
	university:											
10	An organization that norm	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
	activities related to its exe	mpt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment				
	income and unrelated bus	iness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ıfter June 30, 1975.				
	See section 509(a)(2). (Co	omplete Part III.)										
11	An organization organized	and operated exclus	ively to test for public sat	ety. See	section 50)9(a)(4).						
12	An organization organized	and operated exclus	ively for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or				
	more publicly supported o	rganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section &	509(a)(3). 🤇	Check the box on				
	lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.					
а	Type I. A supporting org	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving				
	the supported organizat	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	Ipporting				
	organization. You must	complete Part IV, Se	ections A and B.									
b	Type II. A supporting or	ganization supervised	l or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring				
	control or management	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported				
	organization(s). You mu	st complete Part IV,	Sections A and C.									
С	Type III functionally int	egrated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,				
	its supported organization	on(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.						
d			porting organization oper				-					
	•	с с	zation generally must sat	•		•	an attentiv	/eness				
	requirement (see instruc	tions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.						
е	Check this box if the org	anization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III					
			nally integrated supporting	ng organiz	ation.							
	Enter the number of supported	•										
g	Provide the following informatic (i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount of	monetany	(vi) Amount of other				
	organization		(described on lines 1-10	in your governi	ng document?	support (see ir		support (see instructions)				
			above (see instructions))	Yes	No		,	, , ,				

Schedule A (Form 990) 2022 Part II Support Sch

PALO ALTO PARTNERS IN EDUCATION

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.)

260										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	6012197.	6490446.	5218812.	5389432.	5521389.	28632276.			
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	6012197.	6490446.	5218812.	5389432.	5521389.	28632276.			
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)						3719382.			
	Public support. Subtract line 5 from line 4.						24912894.			
	ction B. Total Support	1		F	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	6012197.	6490446.	5218812.	5389432.	5521389.	28632276.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	T C 100	40 055	4 495	0 115		1 044			
	and income from similar sources	76,128.	48,055.	1,435.	2,115.	28,111.	155,844.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						00000100			
11	Total support. Add lines 7 through 10						28788120.			
12	,		,			12				
13	First 5 years. If the Form 990 is for the	•				.,.,				
80	organization, check this box and stor					<u></u>				
	ction C. Computation of Public			(5)			86.54 %			
	Public support percentage for 2022 (I		•			14	00 00			
	Public support percentage from 2021					15				
108	33 1/3% support test - 2022. If the o						77			
Ŀ	stop here. The organization qualifies 33 1/3% support test - 2021. If the		-		lino 15 io 22 1/20/					
L										
17-	and stop here. The organization qual									
1/8	 10% -facts-and-circumstances test and if the organization meets the fact 	-								
	meets the facts-and-circumstances te			-	-	vi now the organiz				
F	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is	⊥ 10% or			
C.	more, and if the organization meets the	0								
	organization meets the facts-and-circl									
18	Private foundation. If the organization				• •					
				.,,			(Form 990) 2022			
							· · · · /			

Schedule A (Form	990) 2022
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PALO ALTO PARTNERS IN EDUCATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	Stion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
5	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
1 d	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)		1						
Sec	ction B. Total Support			•	-				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orgar	nization,		
	check this box and stop here	-							
Sec	ction C. Computation of Publ	ic Support Per	centage						
15	Public support percentage for 2022 (line 8, column (f), d	livided by line 13, o	column (f))		15	%		
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%		
Sec	ction D. Computation of Invest	stment Income	e Percentage						
17	Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%		
18	Investment income percentage from					18	%		
19a	33 1/3% support tests - 2022. If the					3 1/3%, and I	ine 17 is not		
	more than 33 1/3%, check this box a								
b	33 1/3% support tests - 2021. If the	-	•				3%, and		
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ition		
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
	23 12-09-22						lule A (Form 990) 2022		
			16	1			. ,		

2022.04020 PALO ALTO PARTNERS IN EDU 160103.1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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		10020	4 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A_{2} (250) controlled entity of a nerven described on line 11a or 11b should be $(x,y) = (x,y)$			

TOTICATION

c 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.

Section 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				
2	Did the organization operate for the benefit of any supported organization other than the supported					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in					
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2				
Section C. Type II Supporting Organizations						

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inside the second seco	struction	S).
---	-----------	-----

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

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

18

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

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

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

3b | | Schedule A (Form 990) 2022

2a

2b

3a

010626

11c

1

N.

Yes No

Yes No

232025 12-09-22

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2022.04020 PALO ALTO PARTNERS IN EDU 160103.1

Schedule A	(Form	990) 2022
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Schedule A	(Form 990)	2022 (PALO	ALTO	PARTNERS	IN	EDUCATION	
Part V	Type III	Non-	Functionally In	tegrate	d 509(a)(3) Su	opor	ting Organizatior	IS

-				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See Instructions.
Sect	All other Type III non-functionally integrated supporting organizations must		(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		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

Section D - Distributions

7

1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Amounts paid to perform activity that directly initials exempt purposes of supported						
organizations, in excess of income from activity						
Administrative expenses paid to accomplish exempt purpose	s of supported organizations	5	3			
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
6 Other distributions (describe in Part VI). See instructions.						
7 Total annual distributions. Add lines 1 through 6.						
B Distributions to attentive supported organizations to which the organization is responsive						
(provide details in Part VI). See instructions.						
9 Distributable amount for 2022 from Section C, line 6						
Line 8 amount divided by line 9 amount			10			
	(i)	(ii)				
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount	organizations, in excess of income from activity2Administrative expenses paid to accomplish exempt purposes of supported organizations3Amounts paid to acquire exempt-use assets4Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)5Other distributions (describe in Part VI). See instructions.6Total annual distributions. Add lines 1 through 6.7Distributions to attentive supported organizations to which the organization is responsive8Distributable amount for 2022 from Section C, line 69Line 8 amount divided by line 9 amount10		

				40	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
				6.	hadula A (Earm 000) 2022

Schedule A (Form 990) 2022

1

Current Year

Form 990) 2022					EDUCAT			186364	Page
Supplemental Part IV, Section A, line 1; Part IV, Sect	lines 1, 2, 3b, 3c, ion D, lines 2 and	4b, 4c, 5a, 3; Part IV,	6, 9a, 9b, 9c Section E, lin	, 11a, 11b ies 1c, 2a,	, and 11c; Pa 2b, 3a, and 3	irt IV, Section E 3b; Part V, line	3, lines 1 and 2; Pa 1; Part V, Section I	rt IV, Section C 3, line 1e; Part	D, V,
Section D, lines 5, ((See instructions.)	6, and 8; and Par	V, Section	i E, lines 2, 5,	and 6. Als	so complete t	his part for any	additional informa	tion.	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

77-0186364	7	7	_	0	1	8	6	3	6	4	
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	PALO ALTO PARTNERS IN EDUCATION	77-0
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

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

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

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

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

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

PALO ALTO PARTNERS IN EDUCATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
2		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
3		\$208,466.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
<u>No.</u>		Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
<u>No.</u>		Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
6		\$5,201.	Person X Payroll Noncash (Complete Part II for
			noncash contributions.)

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Schedule B (Form 990) (2022)

2022.04020 PALO ALTO PARTNERS IN EDU 160103.1

Employer identification number

77-0186364

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contributions	
7	
(a) (c) (d) No. Total contributions Type of co	
8	
(a) (c) (d) No. Total contributions Type of co	
9 S 8,000. Person Payroll Noncash (Complete Pa noncash cont	
(a) (c) (d No. Total contributions Type of co	
<u>10</u> \$	
(a) (c) (d) No. Total contributions Type of co	
11	
(a) (c) (d) No. Total contributions Type of contributions	

Name of organization

12

223452 11-15-22

Employer identification number

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noncash contributions.) Schedule B (Form 990) (2022)

Person Payroll

Noncash

(Complete Part II for

2022.04020 PALO ALTO PARTNERS IN EDU 160103.1

10,000.

\$

25

No.	Total contributions	Type of contribution	
16	\$7,952.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(c) Total contributions	(d) Type of contribution	
<u> 17 </u>	\$ <u>10,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(c) Total contributions	(d) Type of contribution	
<u>18</u> 223452 11-15	 \$ <u>5,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (20	

Schedule B (Form 990) (2022) Name of organization

PALO ALTO PARTNERS IN EDUCATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
<u>No.</u> <u>13</u> 	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
<u> 14 </u>		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
<u> 15 </u>		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
16_		\$7,952.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
<u> 17 </u>		\$10,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
<u> 18 </u>		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Page 2

Employer identification number

77-0186364

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2022.04020 PALO ALTO PARTNERS IN EDU 160103.1

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Schedule B (Form 990) (2022)

Name of organization

77-0186364

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
19		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)		(c)	(d)	
No.		Total contributions	Type of contribution	
20		\$17,112.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)		(c)	(d)	
No.		Total contributions	Type of contribution	
21		\$7,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)		(c)	(d)	
No.		Total contributions	Type of contribution	
22		\$7,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)		(c)	(d)	
No.		Total contributions	Type of contribution	
23		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)		(c)	(d)	
No.		Total contributions	Type of contribution	
24		\$183,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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Page 2

(a)		(c)	(d)
No.		Total contributions	Type of contribution
		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
No.		Total contributions	Type of contribution
29		\$ <u>5,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
No.		Total contributions	Type of contribution
30		\$ <u>10,901.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15			Schedule B (Form 990) (2022)
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Schedule B (Form 990) (2022)

Name of organization

(a)

No.

25

(a)

No.

26

(a)

No.

27

Employer identification number

(d)

Type of contribution

Х

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Х

77-0186364

Person Payroll

Noncash

Person Payroll

Noncash

Person

Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

\$

\$

\$

10,000.

449,902.

25,000.

PALO ALTO PARTNERS IN EDUCATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

PALO ALTO PARTNERS IN EDUCATION

No. Name, address, and ZIP + 4 **Total contributions** 31 14,771. \$ (Complete Part II for noncash contributions.) (a) (c) No. **Total contributions**

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

<u></u>	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(c) Total contributions	(d) Type of contribution
33	\$15,205.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(c) Total contributions	(d) Type of contribution
34_	\$9,220.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(c) Total contributions	(d) Type of contribution
	\$20,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(c) Total contributions	(d) Type of contribution
36	\$5,610.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15-22	29	Schedule B (Form 990) (2022)
		A TH HAT 1 CO10

Employer identification number

(d)

Type of contribution

(d)

Type of contribution

Х

77-0186364

Person Payroll

Noncash

(c)

2022.04020 PALO ALTO PARTNERS IN EDU 160103.1

Schedule B (Form 990) (2022)

Name of organization

PALO ALTO PARTNERS IN EDUCATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 37 Х Person Payroll 5,001. Noncash \$ (Complete Part II for noncash contributions.) (a) (c) (d) No. **Total contributions** Type of contribution 38 Х Person Payroll <u>5,05</u>0. Noncash \$ (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** Type of contribution No. 39 Person Х Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (c) **Total contributions** Type of contribution No. 40 Х Person Payroll 5,150. Noncash \$ (Complete Part II for noncash contributions.) (a) (c) (d) No. **Total contributions** Type of contribution 41 х Person Payroll 8,650. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) **Total contributions** Type of contribution No. 42 Х Person Payroll 6,700. Noncash \$ (Complete Part II for noncash contributions.) 30 11150920 142001 160103.00 2022.04020 PALO ALTO PARTNERS IN EDU 160103.1

Employer identification number

77-0186364

		noncash contributions.)
	(c)	(d)
	Total contributions	Type of contribution
	\$11,390.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
31		Schedule B (Form 990) (2022)
	PALO ALTO PARTNEF	RS IN EDU 160103.1

PALO ALTO PARTNERS IN EDUCATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

77-0186364

(c)

Total contributions

43 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (c) (d) No. **Total contributions** Type of contribution 44 Х Person Payroll 27,966. Noncash \$ (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** Type of contribution No. 45 Х Person Payroll 6,400. Noncash \$ (Complete Part II for noncash contributions.) (a) (c) (d) No. **Total contributions** Type of contribution 46 Х Person Payroll 5,120. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (c) No. **Total contributions** Type of contribution 47 х Person Payroll 5,400. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) Type of contribution No. 48 Х Person Payroll Noncash (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

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Name of organization

PALO ALTO PARTNERS IN EDUCATION Part I Contributors (see instructions) Use duplicate conies of Part Lif additional space is needed

I alti	Contributors (see instructions). Ose duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$8,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
51		\$ <u>55,650.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
52		\$8,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
53		\$ <u>17,420.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
<u>No.</u>		Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	5-22		Schedule B (Form 990) (2022)

Employer identification number

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Employer identification number

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PALO ALTO PARTNERS IN EDUCATION

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Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ <u>19,010.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
56_		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
<u> </u>		\$14,602.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
58		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
59_		\$ <u>5,150.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
<u>60</u>		\$ <u>10,953.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	-22		Schedule B (Form 990) (2022)

Name of organization

Page 2

Name of organization

Employer identification number

77-0186364

PALO ALTO PARTNERS IN EDUCATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

i arti	Contributoro (see instructions). Ose duplicate copies on art in additiona		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
62		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
<u> 63</u>		\$ <u>225,720.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
64		\$29,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
<u> 65 </u>		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
66		\$5,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

2022.04020 PALO ALTO PARTNERS IN EDU 160103.1

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PALO ALTO PARTNERS IN EDUCATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 67 </u>		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
No.		Total contributions	Type of contribution
68		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
No.		Total contributions	Type of contribution
<u> 69</u>		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
No.		Total contributions	Type of contribution
70		\$33,901.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
No.		Total contributions	Type of contribution
71_		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
No.		Total contributions	Type of contribution
72		\$ <u>36,607.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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2022.04020 PALO ALTO PARTNERS IN EDU 160103.1

Employer identification number

77-0186364

36 2022.04020 PALO ALTO PARTNERS IN EDU 160103.1

Employer identification number

77-0186364

PALO ALTO PARTNERS IN EDUCATION

Dort I Contributors (soo inst ructions). Use duplicate copies of Pa

Falli	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
74_		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
75_		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
76		\$5,346.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
77_		\$5,300.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
78		\$5,263.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Schedule B (Form 990) (2022)

223452 11-15-22

11150920 142001 160103.00

(a)

No.

	\$9,884.	Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(c) Total contributions	(d) Type of contribution
80	\$9,793.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

PALO ALTO PARTNERS IN EDUCATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

77-0186364

(c)

Total contributions

PALO A	ALTO PARTNERS IN EDUCATION		7-0186364
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
76_		\$5,346.	12/29/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 5,300.	12/09/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
78		5,263.	09/08/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
79_		\$9,884.	08/26/22
(a) No. from Part I		(c) FMV (or estimate) (See instructions.)	(d) Date received
80		\$9,793.	07/13/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Name of organization

223453 11-15-22

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Schedule B (Form 990) (2022)

Page 3

Employer identification number

Schedule	B (Form 990) (2022)				Page 4			
Name of c	organization				Employer identification number			
PALO	ALTO PARTNERS IN EDUCAT	TON			77-0186364			
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations describe						
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,0	100 or less for the	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 gift	:	(d) Des	cription of how gift is held			
		(e) Transfer	of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee			
		-						
(a) No. from	(b) Purpose of gift	(c) Use of gift	:	(d) Des	cription of how gift is held			
Part I								
		(e) Transfer	of gift					
			_					
	Transferee's name, address, a	na ZIP + 4	R6	elationship of tra	ansferor to transferee			
		-						
(a) No. from	(b) Purpose of gift	(c) Use of gifl		(d) Des	cription of how gift is held			
Part I				(4) Des				
		e) Transfer	of gift					
			or give					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee			
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Des	cription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee			
		-						
223454 11-1	5-22				Schedule B (Form 990) (2022)			

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SCHEDULE D	

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.

2022 Open to Public Inspection

Schedule D (Form 990) 2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

Nam	e of the organization PALO ALTO PARTNERS	IN EDUCATION		Employer identification number 77-0186364
Par			or Ac	
	organization answered "Yes" on Form 990, Part IV, lin			
	-	(a) Donor advised funds	(k) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3				
4	Aggregate value of grants from (during year)			
5	Did the organization inform all donors and donor advisors in v	writing that the assets hold in depart advis	od fund	<u> </u>
5	are the organization's property, subject to the organization's of	0		
6				
6	Did the organization inform all grantees, donors, and donor are for charitable purposes and not for the benefit of the donor of			
Par		appization answered "Voo" on Form 000		
			Fail IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	· · · · · · · · · · · · · · · · · · ·	6 - 1-1-4	to all the second states of the second
	Preservation of land for public use (for example, recreat			rically important land area
	Protection of natural habitat	Preservation o	t a certif	ied historic structure
-	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a con	
	day of the tax year.		ł	Held at the End of the Tax Year
а				2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure listed in the National Register		l	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiz	ation during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servatior	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation eas	ements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	stateme	ent and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents tha	t describes the
_	organization's accounting for conservation easements.	· · · · · · · · ·		
Par	t III Organizations Maintaining Collections of		ther Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherand	ce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue statement and	balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance	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 trea			
	the following amounts required to be reported under FASB A		- /1	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			

LHA F	For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.
232051 (09-01-22	

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Sche		TO PARTNER						77-01	86364	4 р	_{age} 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, or	Other S	Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other recor	ds, checł	k any of the f	following that	make sigr	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progra	m					
b	b Scholarly research e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain how th	ney further th	ne organizatio	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or othe	r similar as	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		plete if the	e organizatio	n answered "	Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi							_	-		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fe	ollowing	table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						_ 1f _		7		٦
	Did the organization include an amount on Fe					-	/?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.							<u></u>			
I ai	t V Endowment Funds. Complete i	(a) Current year		Prior year	(c) Two year			ears back	(e) Four	VADR	back
4	Designing of your balance	(a) Current year		-nor year		S DAUN (C	J Thee y	Cals Dack	(e) i oui	years	Dack
1a ⊾	Beginning of year balance										
u o	Contributions										
ט ה	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
4	and programs										
1	Administrative expenses										
9 2	End of year balance Provide the estimated percentage of the curr			a column (a)) hold as:						
~	Board designated or quasi-endowment		با عاران عان %	y, column (a							
a h	Permanent endowment	%	70								
С		<u> </u>									
U	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse		zation the	at are held ar	nd administer	ed for the					
ou	organization by:	solon of the organiz]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 99	90, Part IV	/, line 11a. S	See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or	other	(b) Cost	or other	(c) Acc	cumulate	d	(d) Boo	k valu	e
		basis (invest			(other)	. ,	eciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
<u>e</u>	Other			2	5,352.		25,35	52.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Par	t X. colur	nn (B). line 1	0c.)						0.
								Schedule	D (Forn	n 990)	2022

() 2	Complete if the organization answered "Yes"			
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
) Finan	cial derivatives			
	y held equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
	(h) must squal Form 000, Dart V, sol. (D) line 10.)			
art VI	(b) must equal Form 990, Part X, col. (B) line 12.)			
	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	d-of-vear market value
(1)	(-)	(-)		
(2)			1	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9) otal. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.)			
(9)	Other Assets.			
(9) tal. (Col.	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(9) tal. (Col.	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col.	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description		(b) Book value
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) otal. (Co	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) otal. (Co	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co Part X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line	Description		
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co Part X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Otal. (Co Part X (1) Fe	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. Part IX Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (0) (1) Fe (2) (1) Fe (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (1) Fe (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Fe (2) (3) (1) Fe (2) (3) (4) (2) (3) (4) (5) (2) (3) (4) (5) (3) (4) (5) (6) (7) (6) (7) (6) (7) (8) (9) (9) (1) (2) (3) (4) (2) (3) (4) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (6) (7) (7) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) ital. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co Part X (1) Fe (2) (3) (4) (5) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) ital. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co Part X (1) Fe (2) (3) (4) (5) (6) (3) (4) (5) (6) (3) (4) (5) (6) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co Part X (1) Fe (2) (3) (4) (5) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		

PALO ALTO PARTNERS IN EDUCATION

77-0186364 Page 3

232053 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 PALO ALTO PARTNERS IN	EDUCATION	77-(0186364 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenu		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			5,549,500.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			5,549,500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	e 12.)		5,549,500.
Pa	t XII Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements		1	5,550,195.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			5,550,195.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	5,550,195.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND WILL RECOGNIZE
A LOSS CONTINGENCY WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED
AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN
BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND
MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN
TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL
UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE
COULD DIFFER FROM THE AMOUNT RECOGNIZED. AS OF THE YEAR END, MANAGEMENT
DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS.

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	dule		n 99	90)	202	2

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2022

11150920 142001 160103.00

232055 09-01-22

SCHEDULE I (Form 990)		arants and Oth vernments, ar					OMB No. 1545-0047
		ete if the organizatio					
Department of the Treasury			Attach to Form	ı 990.			Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization PALO AL	TO PARTNERS	IN EDUCATI	ON				Employer identification number $77 - 0186364$
Part I General Information on Gran	ts and Assistance						
 Does the organization maintain reco criteria used to award the grants or a Describe in Part IV the organization's 	assistance?	-			r for the grants or assis		on 🔀 Yes 🗌 No
Part II Grants and Other Assistance recipient that received more th	-				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PALO ALTO UNIFIED SCHOOL DISTRIC 25 CHURCHILL AVE. PALO ALTO, CA 94306	94-2168440	170(C)1	5,117,208.	٥.	FAIR MARKET		EDUCATIONAL SUPPORT
 Enter total number of section 501(c) Enter total number of other organiza 						<u> </u>	<u> </u>

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

PALO ALTO PARTNERS IN EDUCATION

77-0186364

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Deat IV Organization Deatide the information					•

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

PART I, LINE 2:

THE ORGANIZATION REVIEWS DOCUMENTATION PROVIDED BY THE DISTRICT, WHICH HAS

SET ASIDE A SEPARATE AND IDENTIFIABLE ACCOUNT NUMBER FOR ALL EXPENDITURES

OF PIE FUNDS, AND HAS AN ANNUAL MEETING WITH EACH PRINCIPAL IN THE DISTRICT

TO FURTHER SUBSTANTIATE THAT GRANT FUNDS ARE USED FOR EDUCATIONAL PURPOSES

AND SPENT IN ACCORDANCE WITH ANNUALLY-SET FUNDING TARGETS FOR PAUSD'S

ELEMENTARY, MIDDLE, AND HIGH SCHOOLS. IN THE CASE OF GRANT FUNDS

DISTRIBUTED TO PAUSD TO FUND THE ORGANIZATION'S TEACHER GRANTS PROGRAM,

PURCHASE ORDERS AND/OR OTHER EXPENSE REIMBURSEMENT DOCUMENTATION ARE

Schedule I (Form 990) PALO ALTO PARTNERS IN EDUCATION	77-0186364 Page 2
Part IV Supplemental Information	
REQUIRED TO SUBSTANTIATE THAT FUNDS ARE USED FOR EDUCATION	ONAL PURPOSES AND
IN COMPLIANCE WITH THE GUIDELINES OF THE TEACHER GRANTS	PROGRAM WITH THE
TEACHER GRANT PROJECT APPLICATION APPROVED BY THE TEACHER	
232291 04-01-22	Schedule I (Form 990)

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	2	<u> </u>
•		Compensated Employees		20	LL	
Deres		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	1	Employer	identificatio	on nur	nber
		PALO ALTO PARTNERS IN EDUCATION	77-0)186364	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
				1b		<u> </u>
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
_						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	· · ·	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	·	compensation consultant				
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 000. Dart VII. Section A line 1s, with respect to the filing				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
~	organization or a re			4a		x
a b		e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan?				X
	-	eive payment from an equity-based compensation arrangement?				X
U		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		····· +0		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
-	contingent on the r					
а	•			5a		x
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r					
а	•	~ 		6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2022

232111 10-18-22

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LINDA LYON	(i)	166,311.	3,100.	0.	0.	0.	169,411.	0.
EXECUTIVE DIRECTOR 7/1/22-6/30/23	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
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	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

PALO ALTO PARTNERS IN EDUCATION Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

 Schedule J (Form 990) 2022

SCHE	DULE	Μ
(Form	990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

2

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.

Name of the organization

PALO ALTO PARTNERS IN EDUCATION

Employer identification number	
77-0186364	

ſ ΖU **Open to Public**

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	28	78,263.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organized							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of							v
-	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.			f	· · · · · 0	• •	v	1
31	Does the organization have a gift acceptance p				lons ?	31	X	
32a	Does the organization hire or use third parties		-			20-	x	
L	contributions?					32a	~	
	If "Yes," describe in Part II.	olumn (a) fa	o tupo of property	(for which column (a) is the	akad			
33	If the organization didn't report an amount in c	oiumn (C) foi	a type of property	r for which column (a) is cheo	sked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

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

SCHEDULE M, LINE 32B:

LINE 32 MORGAN STANLEY SMITH BARNEY PROCESSES STOCK DONATIONS FOR THE

ORGANIZATION.

PART I COLUMN (B) REPRESENTS THE NUMBER OF DONORS, NOT THE NUMBER OF

ITEMS RECEIVED.

Schedule M (Form 990) 2022

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Page **2**

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



PALO ALTO PARTNERS IN EDUCATION

Employer identification number 77 - 0186364

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

STUDENTS AN EDUCATIONAL EXPERIENCE BEYOND WHAT IS POSSIBLE WITH PUBLIC

FUNDING.

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

THE COMMUNITY, WILL ENSURE EVERY STUDENT IN THE PALO ALTO UNIFIED

SCHOOL DISTRICT EXPERIENCES AN ENRICHED AND FULFILLING EDUCATION.

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

MIDDLE SCHOOLS, PIE FUNDS: ACADEMIC ENRICHMENT: ADDITIONAL COURSES AND

CLASSROOM SUPPORT IN VIDEO PRODUCTION, CREATIVE WRITING, MUSIC AND

BIOTECHNOLOGY. STUDENT SUPPORT: PROGRAMS WHICH ADDRESS 6TH AND 8TH

GRADE TRANSITIONS; ACADEMIC GUIDANCE AND SUPPORT; AND CHARACTER

DEVELOPMENT. INSTRUCTIONAL TECHNOLOGY: MENTORS WHO ASSIST TEACHERS IN

APPLYING TECHNOLOGY TO CURRICULUM THAT ENHANCES STUDENT LEARNING. IN

HIGH SCHOOL, PIE FUNDS: COLLEGE AND CAREER COUNSELING: STAFFING TO

SUPPORT ADVISING AND RESOURCE PROGRAMS WHICH HELP ALL STUDENTS PLAN

WISELY FOR THE FUTURE. CAREER/TECHNOLOGY EDUCATION: ADDITIONAL COURSES

IN ENGINEERING, MEDIA TECHNOLOGY AND PERFORMING ARTS. INSTRUCTIONAL

TECHNOLOGY: MENTORS WHO ASSIST TEACHERS IN APPLYING TECHNOLOGY TO

CURRICULUM THAT ENHANCES STUDENT LEARNING.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS, LINOR LEVAV AND MIRANDA JUNOWICZ, ARE SISTERS.

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

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

 232211
 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
PALO ALTO PARTNERS IN EDUCATION	77-0186364
THE DRAFT OF THE FORM 990 IS SUBMITTED TO THE AUDIT COMMIT	TEE (A COMMITTEE
APPOINTED BY THE BOARD OF DIRECTORS). THE BOARD OR AUDIT	COMMITTEE IS
Information of the bound of bineoromy, the bound on hobit	
AUTHORIZED TO APPROVE THE FORM 990 FOR PUBLICATION IN ACCO	RDANCE WITH
PROCEDURES APPROVED BY THE BOARD OF DIRECTORS. A FINAL CO	PY OF THE FORM
990 IS PROVIDED TO EACH BOARD MEMBER VIA ELECTRONIC TRANSM	ISSION FROM THE
AUDIT COMMITTEE.	

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

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. THE BOARD OF DIRECTORS, OFFICERS AND EMPLOYEES ARE EXPECTED TO USE GOOD JUDGMENT, TO ADHERE TO HIGH ETHICAL STANDARDS, AND TO CONDUCT THEIR AFFAIRS IN SUCH A MANNER AS TO AVOID ANY ACTUAL OR POTENTIAL CONFLICT BETWEEN THE PERSONAL INTEREST OF A DIRECTOR OR EMPLOYEE AND THOSE OF THE ORGANIZATION. BOTH THE FACT AND THE APPEARANCE OF A CONFLICT OF INTEREST ARE AVOIDED.

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

THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR (THE ORGANIZATION'S ONLY KEY EMPLOYEE) BASED UPON THE FOLLOWING: COMPENSATION IS REASONABLE AND APPROPRIATE IN TERMS OF THE ORGANIZATION'S REVENUES AND EXPENSES, COMPARABILITY WITH OTHER NONPROFITS, THE CALIBER OF SERVICES PROVIDED TO THE ORGANIZATION AND FOR FINANCIAL PLANNING.

THE ORGANIZATION DOES NOT COMPENSATE BOARD MEMBERS OR OFFICERS OF THE

ORGANIZATION (OTHER THAN THE EXECUTIVE DIRECTOR).

FORM	990,	PART	VI,	SECTION	C,	LINE	18:

THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FOR PUBLIC
232212 10-28-22
Schedule O (Form 990) 2022
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2022 DEPRECIATION AND AMORTIZATION REPORT

FOI

FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	UPDATE BLACKBAUD	09/11/05	SL	3.00		16	3,501.				3,501.	3,501.		0.	3,501.
3	FRYS1	07/17/11	SL	3.00		16	1,230.				1,230.	1,230.		0.	1,230.
4	FRYS2	02/12/12	SL	3.00		16	1,709.				1,709.	1,709.		0.	1,709.
5	ASUS ZENBOOK	08/16/12	SL	3.00		16	1,539.				1,539.	1,539.		0.	1,539.
				.000	ну	16									
				.000	ну	16									
				.000	ну	16									
	* 990 PAGE 10 TOTAL OTHER						7,979.				7,979.	7,979.		0.	7,979.
	PROGRAM SERVICES														
1	BLACKBAUD - RAISERS EDGE	07/07/05	SL	3.00		16	17,373.				17,373.	17,373.		0.	17,373.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						17,373.				17,373.	17,373.		0.	17,373.
	* GRAND TOTAL 990 PAGE 10 DEPR						25,352.				25,352.	25,352.		0.	25,352.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone