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.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN C Name of organization D Employer identification number Check if applicable Address change PALO ALTO PARTNERS IN EDUCATION Name 77-0186364 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 650-329-3990 P.O. BOX 1557 5,459,028. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 94302 PALO ALTO, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LINDA LYON Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PAPIE.ORG H(c) Group exemption number **K** Form of organization: X Corporation L Year of formation: 2005 M State of legal domicile: CA Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: PALO ALTO PARTNERS IN EDUCATION Activities & Governance (PIE) RAISES MONEY TO PROVIDE ALL PALO ALTO UNIFIED SCHOOL DISTRICT if the organization discontinued its operations or disposed of more than 25% of its net assets. 30 3 Number of voting members of the governing body (Part VI, line 1a) 30 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 5,521,389 5,391,585. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 28.111. 67.443. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 5,549,500. 5,459,028 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,117,208. 5,024,131 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 249,763. 255,618. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 183,224. $\overline{175}, \overline{276}$. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,550,195. 5,455,025. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -695. 4,003. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** $\overline{372},639.$ 368,636. Total assets (Part X, line 16) 5,500. 5,500. 21 Total liabilities (Part X, line 26) 三年 363,136. Net assets or fund balances. Subtract line 21 from line 20 ... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign INDA LYON, EXECUTIVE DIRECTOR Here Type or print name and title

Date PTIN Print/Type preparer's name Preparer's signatur 09/18/2024 P01274743 NICK PETERSEN Paid ROBERT LEE & ASSOCIATES, Firm's EIN 27-1155496 Preparer Firm's name 999 W TAYLOR STREET, Use Only Firm's address Phone no. (408) 855-6770 SAN JOSE, CA 95126 May the IRS discuss this return with the preparer shown above? See instructions X | Yes

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Га	otatement of Frogram Service Accomplishments	₹₹ 1
		X
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?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$5, 100, 052. including grants of \$5, 024, 131.) (Revenue \$5, 459, 028.	<u>•</u> `
	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	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	`
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 5,100,052.	
	- 000 _{(co.}	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 72	_
b		12b		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Pid the appropriation projection of the specific project of the light of the United Obstaco	14a		X
b		144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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
20 a	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		
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	

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PALO ALTO PARTNERS IN EDUCATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
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		<u> </u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			\
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			\
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		<u> </u>
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
J -1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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023) PALO ALTO PARTNERS IN EDUCATION

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ua	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? \dots	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	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:	1		
	Gross income from members or shareholders 11a			
	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		
	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			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	If Yes, see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		43
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.			
32005	5 12-21-23	Form	990	(2023)

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.

It there are material differences in voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body degleate broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization haves, or key employees to a management company or other person? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization than the governing body? 7 Did be organization to contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 To Each committee with authority to act on behalf of the governing body? 8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization remaining address? It "ves." provide the names and addresses on Schedule O 9 Did the organization have local chapters, branches, or affiliates? 10a Did the organization have local chapters, branches, or affiliates? 10b Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10b Describe on Schedule O the process, if any, used by the organization to review		Check if Schedule O contains a response or note to any line in this Part VI			X
1a Enter the number of voting members of the governing body at the end of the tax year If there are malarial differences in voting rights among members of the governing body, or if the governing body delegated torout authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 Draw and your experiment the governing body? 9 Draw and your experiment the will be provided the provide	Sec	tion A. Governing Body and Management			
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 0. 2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 In the poverning body? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 In the poverning body? 9 In the governing body? 9 In the poverning body? 10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 Did the poverning body? 12 Did the organization have local chapters, branches, or affiliates? 13 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review and approval b				Yes	No
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 0. 1 Erriter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? 3 Did the organization delegate control over management duffee customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders, or officer persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization becomes with governing body? 9 In the governing body? 9 In the governing body? 9 In the governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Did the organization have local chapters, branches, or affiliates? 12 Did the organization have local chapters, branches, or affiliates? 13 Did the organization have local chapters, branches, or affiliates? 14 Difference or Schedule O the process, if any other process, if any other process or determining compensation to review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the organization have a written withing compensation or the following persons include a review and approval by independent persons, comparability data, and	1a	Enter the number of voting members of the governing body at the end of the tax year 1a 30			
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X Own website X Upon request Other (explain on Schedule O)	10		orny)	uvanak	JIC
([TZ]			
10 Describe on confedure of whether land it so, now, the organization made its governing documents, conflict of interest policy, and illiancial	10	(financ	leir	
statements available to the public during the tax year.	19		man	nai	
	20				
	20	MARIA DERRICK, PALO ALTO PARTNERS IN EDUCATION - 650-329-3990			
MAKIA DEKKICK, IADO ADIO IAKINEKS IN EDOCATION 030 327 3770		25 CHURCHILL AVENUE, PALO ALTO, CA 94306			

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

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

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

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

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

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

(A) Name and title	(B) Average	(do	not c	(C Posi	C) ition) than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below	stee or director		d a di		Highest compensated transfer employee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization and related organizations
	line)	Indivic	Institu	Officer	Key er	Highe emplo	Former			
(1) LINDA LYON	40.00	-						181 606		
EXECUTIVE DIRECTOR 7/1/23-6/30/24	F 00			Х				171,626.	0.	0.
(2) ABBY DOMINE	5.00	. ,						•	0.	_
DIRECTOR OF DEVELOPMENT - LCC 7/1/23	10 00	Х						0.	0.	0.
(3) AMIE FRANCONI	10.00	Х		х				0.	0.	0.
VP OF DEVELOPMENT - LCC 7/1/23-6/30/ (4) ANDREA LEVESOUE	5.00	Δ		Δ				0.	0.	0.
DIRECTOR OF DEVELOPMENT - LCC 7/1/23	3.00	Х						0.	0.	0.
(5) ANGIE SANAEE	5.00	Λ						0.	0.	0.
DIRECTOR OF DEVELOPMENT - SCHOOLS 7/	3.00	х						0.	0.	0.
(6) BHARTI JINDAL	5.00	22						<u> </u>		<u>.</u>
DIRECTOR OF DEVELOPMENT - LCC 7/1/23	3.00	х						0.	0.	0.
(7) BRYNA LEE	5.00									
DIRECTOR OF DEVELOPMENT - LCC 7/1/23		Х						0.	0.	0.
(8) CASSY CHRISTIANSON	5.00									
DIRECTOR OF DEVELOPMENT - LCC 4/1/24		Х						0.	0.	0.
(9) CHRISTINA LOHMEYER	5.00									
DIRECTOR OF DEVELOPMENT - SCHOOLS 4/		Х						0.	0.	0.
(10) CHRISTINE ROPER	5.00									
DIRECTOR OF DEVELOPMENT - LCC 7/1/23		Х						0.	0.	0.
(11) JENNIFER LEE	15.00									
EXECUTIVE VP 7/1/23-3/31/24, PRESIDE		Х		Х				0.	0.	0.
(12) JENNIFER SCHULTZ	5.00									
DIRECTOR OF MARKETING - 7/1/23-6/30/		Х						0.	0.	0.
(13) JOE PODULKA	10.00									
VP OF F&A 4/1/24-6/30/24		Х		Х				0.	0.	0.
(14) JOYCE FARNSWORTH	5.00							_	_	_
DIRECTOR OF DEVELOPMENT - SCHOOLS 7/		Х						0.	0.	0.
(15) KAITLYN LIAO	15.00	l								
VP OF MARKETING 7/1/23-3/31/24, EXEC	1000	Х		X				0.	0.	0.
(16) KAREN KESNER	10.00							_	_	_
VP OF DEVELOPMENT - SCHOOLS 7/1/23-6	10 00	Х		Х				0.	0.	0.
(17) KARRIE CHEN	10.00	٦,		,				^	^	_
ASSISTANT TREASURER 7/1/23-3/31/24		Х		X				0.	0.	0.

332007 12-21-23

Form 990 (2023) PALO ALTO) PARTNE	'KS	<u> </u>	1/1	ĽЦ	JUC	A.I.	TON	11-0100	364 Page 6
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not ch	ss per	more son i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) LAUREN GOODY	5.00									
DIRECTOR OF DEVELOPMENT - LCC 8/28/2		Х						0.	0.	0.
(19) LINOR LEVAV	5.00									
DIRECTOR OF GOVERNANCE - 4/1/23-11/8		Х						0.	0.	0.
(20) MANOJ BATRA	5.00									
SECRETARY 7/1/23-6/30/24		Х		Х				0.	0.	0.
(21) MARIA DERRICK	10.00									
TREASURER 7/1/23-6/30/24		Х		Х				0.	0.	0.
(22) MELINA PATTERSON	10.00									
<u>VP OF GOVERNANCE 7/1/23-6/30/24</u>		Х		Х				0.	0.	0.
(23) MIGUEL LOPEZ	5.00									
DIRECTOR OF F & A - TEACHER GRANTS 7		Х						0.	0.	0.
(24) MIRANDA JUNOWICZ	5.00									
DIRECTOR OF MARKETING - 7/1/23-6/30/		Х						0.	0.	0.
(25) MOLLY MELIUS	5.00									
DIRECTOR OF GOVERNANCE - 12/4/23-6/3		Х						0.	0.	0.
(26) MONICA TAN	5.00									
DIRECTOR OF MARKETING - 7/1/23-6/30/		Х						0.	0.	0.
1b Subtotal								171,626.	0.	0.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								171,626.	0.	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	1

compensation from the organization

			Yes	NO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address NONE	(B) Description of services	(C) Compensation

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

Form 990 PALO ALTO) PARTNE	ERS	: I	N	ED	<u>UC</u>	AΤ	ION	77-018	6364	
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	es (continued)		
(A)	(B)				C)		_	(D)	(E)	(F)	
Name and title Average Position Reportable Reportable											
	hours	(c			that		ly)	compensation	compensation	Estimated amount of	
	per							from	from related	other	
	week	_				yee		the	organizations	compensation	
	(list any	recto				em plo		organization	(W-2/1099-MISC)	from the	
	hours for	ordi	ee ee			ated		(W-2/1099-MISC)		organization	
	related organizations	ustee	trust		ee	npens				and related organizations	
	below	dual tr	tional		nploy	stcon	_			Organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) ORE ADEYEMI	5.00										
DIRECTOR OF DEVELOPMENT - LCC 4/1/24		Х						0.	0.	0.	
(28) ORIT VIDAS-HOROVITZ	10.00										
ASSISTANT TREASURER 4/1/24-6/30/24		Х		Х				0.	0.	0.	
(29) PATRICK SULLIVAN	10.00										
VP OF F&A 7/1/23-3/31/24		Х		Х				0.	0.	0.	
(30) RACHAELL MONDINO	5.00										
DIRECTOR OF DEVELOPMENT - SCHOOLS 7/		Х						0.	0.	0.	
(31) ROCHNA DHAND	5.00										
DIRECTOR OF DEVELOPMENT - SCHOOLS 4/	F 00	Х						0.	0.	0.	
(32) SHERI SHAMDASANI	5.00	٠,,						0	0		
DIRECTOR OF DEVELOPMENT - SCHOOLS 7/	F 00	Х						0.	0.	0.	
(33) SOPHIA CHE	5.00	х						0.	0.		
DIRECTOR OF DEVELOPMENT - SCHOOLS 4/ (34) STEPHANIE FRICK	15.00	Δ						0.	0.	0.	
PRESIDENT 7/1/23-3/31/24	13.00	Х		Х				0.	0.	0.	
(35) SUE KRAMER	5.00	Δ		_				0.	0.	0.	
DIRECTOR OF MARKETING - 7/1/23-3/31/	3.00	Х						0.	0.	0.	
(36) SUMITA PANDIT	5.00	22						0.	0.	•	
DIRECTOR OF DEVELOPMENT - SCHOOLS 5/	3.00	Х						0.	0.	0.	
(37) TERESA MOYE	5.00							•	•	•	
DIRECTOR OF DEVELOPMENT - LCC 7/1/23	3,00	х						0.	0.	0.	
(38) WEI WANG	10.00	ļ <u></u>							0.1		
VP OF MARKETING 4/1/24-6/30/24		х		Х				0.	0.	0.	
(39) WENDY LEUNG	5.00							-	-	-	
DIRECTOR OF DEVELOPMENT - LCC 4/1/24		Х						0.	0.	0.	
(40) YVETTE MANGALINDAN	5.00										
DIRECTOR OF DEVELOPMENT - SCHOOLS 7/		Х						0.	0.	0.	
		-									
		1									
		1									
		1									
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> .				
,											

77-0186364

Part VIII Statement of Revenue

			Check if Schedule O c	onta	ins a respoi	nse (or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lanction revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues								
ي ق			Fundraising events								
fts, r A			Related organizations								
ı≘'i			Government grants (contri								
Sin			All other contributions, gifts,								
e Hi		'				5	301 585				
ë E			similar amounts not included		e 1f	<i>J</i> ,	391,585. 107,922.				
out		_	Noncash contributions included in I	ines 1	a-1f 1g \$			E 201 E0E			
<u>0</u> 8		n	Total. Add lines 1a-1f					5,391,585.			
							Business Code				
S	2	а				_					
e vi		b									
Sen		С				_					
ev		d									
Program Service Revenue		е				_					
<u>4</u>		f	All other program service r	ever	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	ing c	dividends, ir	tere	st, and				
			other similar amounts)					67,443.			67,443.
	4		Income from investment of								
	5		Royalties								
			•		(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
			Gross amount from sales of		(i) Securiti	es	(ii) Other				
	'		assets other than inventory	7a	(1) 0000		()				
			Less: cost or other basis	1a							
ø.				7							
Ž				7b							
ther Revenue			Gain or (loss)								
Ę.			Net gain or (loss)			······					
t le	8		Gross income from fundraisin	•	•						
0			including \$								
			contributions reported on		•						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from f			$\overline{}$	 I				
	9		Gross income from gamine								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from (gamii	ng activities	<u></u>					
	10	а	Gross sales of inventory, le	ess r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from s			y					
							Business Code				
Miscellaneous Revenue	11	а		_		_					
ine Due		b									
ella		С									
SC Be			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instructio					5,459,028.	0.	0.	67,443.

Costion 501(a)(2) and 501(a)(4) proprietions must complete all columns. All other proprietions must complete columns

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 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	5,024,131.	5,024,131.		
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,	171 606	40 007	40.006	05 013
	trustees, and key employees	171,626.	42,907.	42,906.	85,813
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	60.067	15 016	15 017	20 424
7	Other salaries and wages	60,867.	15,216.	15,217.	30,434
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	23,125.	5,781.	5,782.	11,562
10	Payroll taxes	43,143.	5,701.	5,104.	11,302
11	Fees for services (nonemployees):				
a	Management				
b	Legal	21,553.		21,553.	
c	Accounting	21,333.		21,333.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e •	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	15,429.			15,429
13	Office expenses	1,411.	217.	759.	435
14	Information technology	5,477.		1,371.	4,106
15	Royalties	3,27.7			
16	Occupancy	32,979.	8,245.	8,245.	16,489
17	Travel	V = / V · V ·	.,	7,==0.	
 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				
23	Insurance	14,221.	3,555.	3,555.	7,111
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BANK FEES	43,478.		43,478.	
b	TRAINING & DEVELOPMENT	21,815.		1,615.	20,200
С	DONOR EVENTS	10,999.			10,999
d	ANNUAL REPORT	3,800.			3,800
е	All other expenses	4,114.		4,114.	
25	Total functional expenses. Add lines 1 through 24e	5,455,025.	5,100,052.	148,595.	206,378
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)				

Par	LA	Charle if School is O contains a reasonable or		, line in this D=± V			
		Check if Schedule O contains a response or r	iote to any	/ line in this part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			348,570.	2	352,999.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
¥	9	Prepaid expenses and deferred charges			20,066.	9	19,640.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,352.			
	b	Less: accumulated depreciation		25,352.	0.	10c	0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	368,636.	16	372,639.		
	17	Accounts payable and accrued expenses			5,500.	17	5,500.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV	of Schedule D		21	
တ္ခ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
abi		controlled entity or family member of any of the	nese perso	ons		22	
=	23	Secured mortgages and notes payable to unr	elated thir	d parties		23	
	24	Unsecured notes and loans payable to unrela	ted third p	arties		24	
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on lir	nes 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			5,500.	26	5,500.
		Organizations that follow FASB ASC 958, c	heck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			358,636.	27	363,736.
Ba	28	Net assets with donor restrictions			4,500.	28	3,403.
립		Organizations that do not follow FASB ASC	958, che	ck here			
띤		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			363,136.	32	367,139.
	33	Total liabilities and net assets/fund balances			368,636.	33	372,639.

	1990 (2023) PALO ALTO PARTNERS IN EDUCATION	77-0	186364	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,45	5,0	<u>25.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		4,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	3,1	36.
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	36'	7,1	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	The form Cuidence 2 CER Day 200 Subport 52		20		v

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			NERS IN EDUCA				//-0186364			
Part	I Reason for Public (Charity Status.(All organizations must c	omplete th	nis part.) S	ee instructions.				
The or	ganization is not a private found	lation because it is: (F	or lines 1 through 12, cl	neck only o	one box.)					
1	A church, convention of ch	urches, or association	n of churches described	in sectio	n 170(b)(1)(A)(i).				
2	A school described in sect	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Ente	r the hospital's name,			
	city, and state:									
5	An organization operated for	or the benefit of a coll	lege or university owned	or operate	ed by a go	vernmental unit describ	ped in			
	section 170(b)(1)(A)(iv).	Complete Part II.)								
6	A federal, state, or local go		nental unit described in	section 17	'0(b)(1)(A)	(v).				
7 🖸	An organization that norma	ally receives a substar	ntial part of its support fr	om a gove	rnmental	unit or from the general	public described in			
	section 170(b)(1)(A)(vi). (C	•		· ·		· ·	•			
8	A community trust describe		1)(A)(vi). (Complete Part	: II.)						
9	An agricultural research org			•	ed in conju	nction with a land-gran	t college			
	or university or a non-land-									
	university:									
10	An organization that norma	ally receives (1) more t	than 33 1/3% of its supp	ort from co	ontribution	is, membership fees, ar	nd gross receipts from			
	activities related to its exer	npt functions, subject	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its support	from gross investment			
	income and unrelated busin	ness taxable income ((less section 511 tax) fro	m busines	ses acqui	red by the organization	after June 30, 1975.			
	See section 509(a)(2). (Co	mplete Part III.)								
11	An organization organized	and operated exclusiv	vely to test for public sat	ety. See	section 50	9(a)(4).				
12	An organization organized	and operated exclusiv	vely for the benefit of, to	perform th	ne function	ns of, or to carry out the	e purposes of one or			
	more publicly supported or	ganizations described	d in section 509(a)(1) o	r section 5	509(a)(2).	See section 509(a)(3).	Check the box on			
	lines 12a through 12d that	describes the type of	supporting organization	and comp	olete lines	12e, 12f, and 12g.				
а	Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving			
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the s	supporting			
	organization. You must o									
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by ha	aving			
	control or management of	of the supporting orga	anization vested in the sa	ame persor	ns that co	ntrol or manage the sup	ported			
	organization(s). You mus	st complete Part IV,	Sections A and C.							
С	Type III functionally inte	egrated. A supporting	g organization operated	in connect	ion with, a	and functionally integrat	ed with,			
	its supported organizatio	n(s) (see instructions)	. You must complete i	Part IV, Se	ctions A,	D, and E.				
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nection w	rith its supported organ	ization(s)			
	that is not functionally int	tegrated. The organiz	ation generally must sat	sfy a distri	bution rec	uirement and an attent	iveness			
	requirement (see instruct	ions). You must com	plete Part IV, Sections	A and D,	and Part	٧.				
е	Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III				
	functionally integrated, o	r Type III non-function	nally integrated supporting	ng organiza	ation.					
f E	Enter the number of supported of									
g F	Provide the following information	n about the supported	d organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other			
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6490446.	5218812.	5389432.	5521389.	5391585.	28011664.
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	6490446.	5218812.	5389432.	5521389.	5391585.	28011664.
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)						3820669.
6	Public support. Subtract line 5 from line 4.						24190995.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	6490446.	5218812.	5389432.	5521389.	5391585.	28011664.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	48,055.	1,435.	2,115.	28,111.	67,443.	147,159.
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.)						
11	Total support. Add lines 7 through 10						28158823.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	85.91 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	86.54 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	3

Schedule A (Form 990) 2023

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					 	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					-	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	-			+	 	
6 Total. Add lines 1 through 5					+	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year					-	
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			I	1		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	i01(c)(3) organizatio	on,
check this box and stop here	· ·		*	•	() ()	•
Section C. Computation of Publi						
15 Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	
b 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20 Private foundation If the organization	n did not chock a	hoy on line 14 10	or 10h chock th	nic how and coo inc	etructions	

11 Water Indianation. In the organization and not check a box on line 14, 10a, or 10b, oneck this box and see instructions

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
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Part	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		
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.	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
Soot	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Seci	on c. Type if Supporting Organizations		Ī.,	
			Yes	No
	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			
Sect	the supported organization(s). On D. All Type III Supporting Organizations	1		
	on 217th Type in 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		162	INC
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	ncome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	on 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 instructions	s).		
а	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 in	nstructio	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	these summerical executions and explain to the control of the cont			

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.

2a 2b За

Schedule A (Form 990) 2023

	dule A (Form 990) 2023 PALO ALTO PARTNERS IN E			77-0186364 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
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		

Schedule A (Form 990) 2023

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

instructions).

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

emergency temporary reduction (see instructions).

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	<u>ied) </u>	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	i	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u> i </u>	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

PALO ALTO PARTNERS IN EDUCATION

Employer identification number 77-0186364

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds	or Ac	coun	ts. Con	nplete if the	
		(a) Donor ad	vised	d funds	(b) Fun	ds and ot	her accounts	;
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in v		s hel	d in donor advis	ed func	ls			
	are the organization's property, subject to the organization's	-						Yes	No
6	Did the organization inform all grantees, donors, and donor ad								
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose	conferri	ng			
	impermissible private benefit?							Yes	No
Par	t II Conservation Easements. Complete if the org	ganization answered	"Yes	" on Form 990,	Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).						
	Preservation of land for public use (for example, recreat	tion or education)		Preservation o	f a histo	rically	important	land area	
	Protection of natural habitat			Preservation o	f a certi	fied his	storic stru	cture	
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cor	tribu	tion in the form	of a cor	nserva			
	day of the tax year.						Held at th	e End of the T	ax Year
а	Total number of conservation easements					2a			
b	Total acreage restricted by conservation easements					2b			
С	Number of conservation easements on a certified historic stru	ucture included on lir	ne 2a			2c			
d	Number of conservation easements included on line 2c acqui								
	on a historic structure listed in the National Register					2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	erminated by the	organi	zation	during the	e tax	
	year								
4	Number of states where property subject to conservation eas								
5	Does the organization have a written policy regarding the peri		pecti	on, handling of			_	_	
	violations, and enforcement of the conservation easements it	***************************************					L	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations	s, and	d enforcing cons	servatio	n ease	ments du	ring the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	d enf	orcing conserva	tion eas	sement	s during t	he year	
•	Decree de la constant de la Colon de la co			-f H 470/b	\/ 4\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
8	Does each conservation easement reported on line 2d above							Vaa	Na
•	and section 170(h)(4)(B)(ii)?							Yes	No
9									
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	lote to the organizati	0115	ililariciai Staterri	ents the	ii uesc	nbes the		
Par	t III Organizations Maintaining Collections of	Art, Historical	Γrea	sures, or O	her S	imila	Assets	S.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its	reve	nue statement a	and bala	ınce sh	eet works	3	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educa	tion,	or research in fu	urtheran	ce of p	oublic		
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these item	ıs.				
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and	balance	sheet	works of		
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furtl	nerance	of pub	olic servic	e,	
	provide the following amounts relating to these items.								
	(i) Revenue included on Form 990, Part VIII, line 1						\$		
2	If the organization received or held works of art, historical trea								
	the following amounts required to be reported under FASB A								
а	Revenue included on Form 990, Part VIII, line 1						\$		
b	Assets included in Form 990, Part X						\$		

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

Schedule D (Form 990) 2023

_		O PARTNER				0			36364		age 2
Pa	t III Organizations Maintaining Co								(contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the f	following that	make signi	ficant use of	its			
	collection items (check all that apply).		. —								
a	Public exhibition				hange progra						
b	Scholarly research	•	e	Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll	•		•	· ·	•		Part >	KIII.		
5	During the year, did the organization solicit or				•						
Dai	to be sold to raise funds rather than to be main								Yes		No
Га	Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organization	n answered "	Yes" on For	m 990, Part	IV, IIr	ie 9, or		
10	Is the organization an agent, trustee, custodia		dian, for	contribution	o or other co	acto not inc	Judod				
Ia		•	•						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								165		NO
b	ii res, explain the arrangement in Part Alli a	na complete the lo	mownig t	abie.					Amount		
_	Beginning balance						1c		7 4110 4111		
	Additions during the year						1d				
u	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. C					-			, 100		110
_	t V Endowment Funds Complete if t										
		(a) Current year		Prior year	(c) Two year		Three years b	ack	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment%	ó									
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiz	ation tha	t are held ar	nd administer	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the o		wment f	unds.							
Pa	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990	, Part X, line	e 10.				
	Description of property	(a) Cost or o			or other	. ,	umulated		(d) Book	valu	e
		basis (investi	ment)	basis	(other)	depre	ciation	_			
1a	Land										

Schedule D (Form 990) 2023

e Other

25,352.

c Leasehold improvements
d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

25,352.

Schedule D (Form 990) 2023 PALO ALTO P Part VII Investments - Other Securities	ARTNERS IN ED	UCATION 7	7-0186364 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	_		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. Gee Form 350, Fart X, line 15.	(b) Book value
· · · · · · · · · · · · · · · · · · ·	Decomption		(b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol (B))		
Part X Other Liabilities Complete if the organization answered "Yes"			5
(a) Description of liability	OTT OTTI 550, I art IV, IIIIc	The of Th. Oce Form 550, Fart X, line 20	(b) Book value
			(S) DOOK VAIGO
(2)			
<u>(3)</u> (4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

X

(7) (8) (9)

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total r	evenue, gains, and other support per audited financial statements	1	5,459,028.	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	realized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С	Recov	eries of prior year grants	2c		
d		(Describe in Part XIII.)			
е	Add lir	nes 2a through 2d		2e	0.
3	Subtra	act line 2e from line 1		3	5,459,028.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes 4a and 4b			0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Reconciliation of Expenses per Audited Financial Sta		5	5,459,028.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	tements With Expens	ses per Return	l
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total e	expenses and losses per audited financial statements		1	5,455,025.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donat	ed services and use of facilities	2a		
b	Prior y	ear adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add lir	nes 2a through 2d		2e	0.
3	Subtra	act line 2e from line 1		3	5,455,025.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		_
С	Add lir	nes 4a and 4b			0.
5	Total e	expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8)	5	5,455,025.

Part 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.

Schedule D (Form 990) 2023	PALO	ALTO	PARTNERS	IN	EDUCATION	77-0186364	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Inform	mation	(continued))				
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PALO ALTO F	PARTNERS	IN EDUCATION	ON				77-0186364
Part I General Information on Grants and	Assistance						
1 Does the organization maintain records to s	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assistar	nce?						X Yes No
2 Describe in Part IV the organization's proceed	dures for monito	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Doi					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,0	000. Part II can	be duplicated if additi	onal space is neede	ed.	(a) Mathaul of	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PALO ALTO UNIFIED SCHOOL DISTRICT							
25 CHURCHILL AVE.							
PALO ALTO, CA 94306	94-2168440	170(C)1	5,024,131.	0.	FAIR MARKET		EDUCATIONAL SUPPORT
2 Enter total number of section 501(c)(3) and a	0 0		e line 1 table				······
3 Enter total number of other organizations lis For Paperwork Reduction Act Notice, see the li							Schedule I (Form 990) 2023

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
	Теогрістів	cash grant	Casi assistance	(2001, 1 111, app. alou, 0 110)	
Part IV Supplemental Information. Provide the information re	uired in Part I. lin	e 2: Part III. column	(b): and any other ac	Iditional information.	
PART I, LINE 2:	,	, ,	() ,		
	TION DROW				
THE ORGANIZATION REVIEWS DOCUMENTA					
SET ASIDE A SEPARATE AND IDENTIFIA	BLE ACCOU	NT NUMBER	FOR ALL EX	PENDITURES	
OF PIE FUNDS, AND HAS AN ANNUAL ME	ETING WIT	H EACH PRI	NCIPAL IN	THE DISTRICT	
TO FURTHER SUBSTANTIATE THAT GRANT	FUNDS AR	E USED FOR	REDUCATION	AL PURPOSES	
AND SPENT IN ACCORDANCE WITH ANNUA	LLY-SET F	UNDING TAF	RGETS FOR P.	AUSD'S	
ELEMENTARY, MIDDLE, AND HIGH SCHOO	LS. IN T	HE CASE OF	CRANT FIIN	ns	
·					
DISTRIBUTED TO PAUSD TO FUND THE C					
PURCHASE ORDERS AND/OR OTHER EXPEN	SE REIMBU	RSEMENT DO	CUMENTATIO	N ARE	

Part IV Supplemental Information
REQUIRED TO SUBSTANTIATE THAT FUNDS ARE USED FOR EDUCATIONAL PURPOSES AND
IN COMPLIANCE WITH THE GUIDELINES OF THE TEACHER GRANTS PROGRAM WITH THE
TEACHER GRANT PROJECT APPLICATION APPROVED BY THE TEACHER GRANTS COMMITTEE.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number PALO ALTO PARTNERS IN EDUCATION 77-0186364 **Questions Regarding Compensation**

	2.			Yes	No
1a	Check the appropriate box(es) if the organization provided				
	Part VII, Section A, line 1a. Complete Part III to provide any				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organiza	ation follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses describe	ed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbur	rsing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director	or, regarding the items checked on line 1a?	2		
;	Indicate which, if any, of the following the organization use	ed to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not chec	•			
	establish compensation of the CEO/Executive Director, but				
	X Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
	· · · · · · · · · · · · · · · · · · ·	, ********************************			
	During the year, did any person listed on Form 990, Part V	II. Section A. line 1a, with respect to the filing			
	organization or a related organization:	.,, : ,			
а	Receive a severance payment or change-of-control payment	nt?	4a		Σ
	Participate in or receive payment from a supplemental non				Σ
	Participate in or receive payment from an equity-based cor		· ·		Σ
•	If "Yes" to any of lines 4a-c, list the persons and provide the				Ī
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a				
	contingent on the revenues of:	t, and the organization pay or aborde any compensation			
а			5a		Σ
			·		2
	If "Yes" on line 5a or 5b, describe in Part III.		. 35		Ī
;	For persons listed on Form 990, Part VII, Section A, line 1a	a did the organization pay or accrue any compensation			
,	contingent on the net earnings of:	i, did the organization pay or accrue any compensation			
_			60		Σ
a L	Americal and a superior of the		. 6a		<u> </u>
D			. 6b		
,	If "Yes" on line 6a or 6b, describe in Part III.	did the expenientian provide any confirmal angular			
•	For persons listed on Form 990, Part VII, Section A, line 1a				7
		l	7	-+	Σ
3	Were any amounts reported on Form 990, Part VII, paid or				•
	initial contract exception described in Regulations section		8		Σ
)	If "Yes" on line 8, did the organization also follow the rebut	ttable presumption procedure described in			
	Regulations section 53.4958-6(c)?		. 9		

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

Schedule J (Form 990) 2023

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	V-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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)	168,326.	3,300.	0.	0.	0.	171,626.	0.
EXECUTIVE DIRECTOR 7/1/23-6/30/24	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				l			<u> </u>

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 M (Form 990)

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

PALO ALTO PARTNERS IN EDUCATION

Employer identification number 77-0186364

Pai	rt I Types of Property						
		(a)	(b) Number of	(c) Noncash contribution	(d)		
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu		te
		арріїодьіс	items contributed	Form 990, Part VIII, line 1g	Tioriodori contribu	LIOIT AITICAIT	
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	107,922.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25 26	Other ()						
26 27	Other ()						
28	Other () Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tay year for co	ontributions			
25	for which the organization completed Form 828	-	•				
	101 Willott the organization completed 1 offit eze	, , , art v, D	once herriowicag	<u>20</u>		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I. lines 1 throug	h 28. that it	100	110
	must hold for at least 3 years from the date of t						
	exempt purposes for the entire holding period?					30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31 X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?		_			32a X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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. INHIGH 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

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

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

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

PALO ALTO PARTNERS IN EDUCATION

Employer identification number 77-0186364

THE DRAFT OF THE FORM 990 IS SUBMITTED TO THE AUDIT COMMITTEE (A COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS). THE BOARD OR AUDIT COMMITTEE IS

AUTHORIZED TO APPROVE THE FORM 990 FOR PUBLICATION IN ACCORDANCE WITH

PROCEDURES APPROVED BY THE BOARD OF DIRECTORS. A FINAL COPY OF THE FORM

990 IS PROVIDED TO EACH BOARD MEMBER VIA ELECTRONIC TRANSMISSION 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

Schedule O (Form 990) 2023	Page 2
Name of the organization PALO ALTO PARTNERS IN EDUCATION	Employer identification number 77-0186364
INSPECTION UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION, BYLA	WS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC UPON
REQUEST.	

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	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	1	16	3,501.				3,501.	3,501.		0.	3,501.
3	FRYS1	07/17/11	SL	3.00	1	16	1,230.				1,230.	1,230.		0.	1,230.
4	FRYS2	02/12/12	SL	3.00	1	16	1,709.				1,709.	1,709.		0.	1,709.
5	ASUS ZENBOOK	08/16/12	SL	3.00	1	16	1,539.				1,539.	1,539.		0.	1,539.
				.000	ну1	16									
				.000	ну1	16									
				.000	ну1	L6									
	* 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	1	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.

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone