



CPAs & BUSINESS ADVISORS

February 27, 2025

New Village Charter School, Inc.  
147 N Occidental Blvd  
Los Angeles, CA 90026

New Village Charter School, Inc.:

Included are the 2023 Exempt Organization returns, as follows...

2023 Form 990

2023 California Form 199

2023 IRS E-File Signature Authorization for a Tax Exempt Entity (Form 8879-TE)

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state where you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Catherine L. Gray, CPA  
of Eide Bailly, LLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2024

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**Prepared For:**

New Village Charter School, Inc.  
147 N Occidental Blvd  
Los Angeles, CA 90026

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**Prepared By:**

Eide Bailly LLP  
10681 Foothill Blvd., Ste. 300  
Rancho Cucamonga, CA 91730-3831

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2025

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**NEW VILLAGE CHARTER SCHOOL, INC.**

EIN or SSN

**59-3810480**

Name and title of officer or person subject to tax **JENNIFER QUINONES  
PRINCIPAL**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>3,189,344.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize EIDE BAILLY LLP to enter my PIN 12457  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**30363700050**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CATHERINE L. GRAY, CPA

Date 02/27/25

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

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

Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Taxpayer identification number (TIN) <b>59-3810480</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>147 N OCCIDENTAL BLVD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90026</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **THE ORGANIZATION**  
**147 N OCCIDENTAL BLVD - LOS ANGELES, CA 90026**

Telephone No. **213-385-4015** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form header section containing organization name (NEW VILLAGE CHARTER SCHOOL, INC.), address (147 N OCCIDENTAL BLVD, LOS ANGELES, CA 90026), and identification numbers.

Part I Summary

Table with 22 rows detailing financial and governance information, including mission statement (HIGH SCHOOL FOR GIRLS), revenue (3,436,801), expenses (3,448,898), and net assets (2,513,396).

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.

Signature block section with fields for officer signature (JENNIFER QUINONES), preparer name (CATHERINE L. GRAY, CPA), and firm information (EIDE BAILLY LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF NEW VILLAGE CHARTER SCHOOL IS TO PROVIDE A HIGH QUALITY, ENGAGING EDUCATIONAL OPPORTUNITY AND INTEGRATED SUPPORT SERVICES FOR YOUNG WOMEN, ESPECIALLY THOSE EXPERIENCING CHALLENGING LIFE CIRCUMSTANCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,013,994. including grants of \$ ) (Revenue \$ ) ALL PROGRAM SERVICES ARE PROVIDED THROUGH OUR HIGH SCHOOL PROGRAM AT NEW VILLAGE GIRLS ACADEMY. REVENUE AND EXPENSES OF THE HIGH SCHOOL PROGRAM WERE \$3,436,801 AND \$3,448,898, RESPECTIVELY. NEW VILLAGE INTENTIONALLY SEEKS AND SERVES VULNERABLE, DISADVANTAGED AND FORGOTTEN YOUNG WOMEN WHO ARE FACING EXTREME PERSONAL CIRCUMSTANCES. OUR PHILOSOPHY RECOGNIZES THAT OUR STUDENTS' CRITICAL, UNMET NEEDS MUST BE ADDRESSED FIRST, FOLLOWED BY DEVELOPING THEIR UNDERSTANDING THAT A COMMITMENT TO EDUCATION LEADS TO A BETTER FUTURE. DURING THE YEAR WE SERVED 120 STUDENTS. OUR SENIOR CLASS GRADUATION RATE WAS 93%, AND OF OUR 26 GRADUATING SENIORS 77% PLAN TO CONTINUE TO COLLEGE.

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 3,013,994.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		X

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 22; 1b Enter the number of voting members included on line 1a... 22; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 213-385-4015
147 N OCCIDENTAL BLVD, LOS ANGELES, CA 90026

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER QUINONES-FROHLICH PRINCIPAL	40.00			X				135,601.	0.	13,399.
(2) CHRISTA HOLLIS TEACHER	40.00					X		115,979.	0.	8,823.
(3) VERONICA YANAGISAWA SCHOOL PSYCHOLOGIST	40.00					X		115,235.	0.	7,203.
(4) ANA AGUIRRE DEVELOPMENT & COMPLIANCE M	40.00					X		108,344.	0.	12,220.
(5) DAN POSEL CO-BOARD CHAIR	20.00	X		X				0.	0.	0.
(6) BELEN VARGAS CO-BOARD CHAIR	2.00	X		X				0.	0.	0.
(7) LAURIE OWYANG VICE CHAIR	2.00	X		X				0.	0.	0.
(8) GABRIELA TOVAR SECRETARY	2.00	X		X				0.	0.	0.
(9) LOUISE NELSON MEMBER/TREASURER (JAN)	2.00	X		X				0.	0.	0.
(10) NICOLE WILLIAMS BOARD MEMBER/TREASURER (JAN)	2.00	X		X				0.	0.	0.
(11) KRISTEN K. MCGREGOR BOARD/TREASURER (OCT-DEC)	2.00	X		X				0.	0.	0.
(12) DAVID FUHRMAN AUDIT COMMITTEE CHAIR	2.00	X		X				0.	0.	0.
(13) RAQUEL DE LA HOYA AUDIT COMMITTEE CHAIR (JAN)	2.00	X		X				0.	0.	0.
(14) JANICE BEA BOARD MEMBER	1.00	X						0.	0.	0.
(15) LIZA BEARMAN BOARD MEMBER	1.00	X						0.	0.	0.
(16) ROBERT E. DENHAM BOARD MEMBER	1.00	X						0.	0.	0.
(17) JAVIER GUZMAN MEMBER	1.00	X						2,000.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANA HERNANDEZ BOARD MEMBER (OCT-DEC)	1.00	X						0.	0.	0.
(19) MEGAN METZGER BOARD MEMBER (DEC)	1.00	X						0.	0.	0.
(20) JESSICA NOWLAN BOARD MEMBER (DEC)	1.00	X						0.	0.	0.
(21) ROSANA Z SERRANO BOARD MEMBER (DEC)	1.00	X						0.	0.	0.
(22) MARY BETH WEST BOARD MEMBER	1.00	X						0.	0.	0.
(23) EMILY WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								477,159.	0.	41,645.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								477,159.	0.	41,645.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 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	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	20,000.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,750,341.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,161,520.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			2,931,861.			
Program Service Revenue	<b>2 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		25,634.			25,634.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss)							
<b>8 a</b> Gross income from fundraising events (not including \$ 20,000. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		291,560.				
<b>b</b> Less: direct expenses	<b>8b</b>		59,711.				
<b>c</b> Net income or (loss) from fundraising events			231,849.			231,849.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			3,189,344.	0.	0.	257,483.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	143,601.	141,601.	2,000.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,521,795.	1,398,049.	67,570.	56,176.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	204,156.	188,231.	8,811.	7,114.
10 Payroll taxes	365,012.	360,698.	2,387.	1,927.
11 Fees for services (nonemployees):				
a Management				
b Legal	513.		513.	
c Accounting	26,663.		26,663.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	500,849.	474,488.	26,361.	
12 Advertising and promotion	6,309.		6,309.	
13 Office expenses	5,755.		5,755.	
14 Information technology	11,045.		11,045.	
15 Royalties				
16 Occupancy	150,057.	138,686.	6,291.	5,080.
17 Travel	26,677.	26,677.		
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	114,245.	105,588.	4,790.	3,867.
23 Insurance	24,058.		24,058.	
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 O.)				
a <b>FUNDRAISING</b>	80,417.			80,417.
b <b>OTHER EXPENSES</b>	63,756.	20,102.	24,151.	19,503.
c <b>STUDENT INSTRUCTIONAL S</b>	50,493.	50,493.		
d <b>INSTRUCTIONAL MATERIALS</b>	45,823.	45,823.		
e All other expenses	138,979.	63,558.	48,299.	27,122.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>3,480,203.</b>	<b>3,013,994.</b>	<b>265,003.</b>	<b>201,206.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	510,747.	<b>1</b>	623,376.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	345,924.	<b>4</b>	444,546.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	54,928.	<b>9</b>	54,800.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,600,896.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,362,288.	347,167.	<b>10c</b> 238,608.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,810,885.	<b>12</b>	1,890,303.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,945.	<b>15</b>	1,997.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,072,596.	<b>16</b>	3,253,630.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	297,429.	<b>17</b>	239,334.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	261,771.	<b>25</b>	423,522.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	559,200.	<b>26</b>	662,856.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,513,396.	<b>27</b>	2,590,774.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	2,513,396.	<b>32</b>	2,590,774.
	<b>33</b> Total liabilities and net assets/fund balances .....	3,072,596.	<b>33</b>	3,253,630.

**Part 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	3,189,344.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,480,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	-290,859.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,513,396.
5	Net unrealized gains (losses) on investments	5	368,237.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,590,774.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
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?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c 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?  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</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? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the 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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	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	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**NEW VILLAGE CHARTER SCHOOL, INC.**

Employer identification number

**59-3810480**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number <b>59-3810480</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ACHIEVING AMERICA FAMILY FOUNDATION 450 S. SAN RAFAEL AVE. PASADENA, CA 91105	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ADAMS-MASTROVICH FAMILY FOUNDATION 100 N MAIN ST, MAC D4001-117 WINSTON SALEM, NC 27101	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ANN PEPPERS FOUNDATION 177 EAST COLORADO BOULEVARD, SUITE 800 PASADENA, CA 91105	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ARNOLD LOUIS SPERLING MEMORIAL FUND 717 W TEMPLE ST LOS ANGELES, CA 90012	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BANNERMAN FOUNDATION 9255 SUNSET BOULEVARD, SUITE 400 WEST HOLLYWOOD, CA 90069	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BARON'S SECOND CHANCE FOUNDATION 100 WOODBRIDGE CENTER DRIVE WOODBRIDGE, NJ 07095	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number <b>59-3810480</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BERTERO, KAREN AND CHESTER, TED 1480 NORMANDY DRIVE PASADENA, CA 91103	\$ 5,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BOGEN, ANDREW AND DEBORAH 144 OCEAN WAY SANTA MONICA, CA 90402	\$ 49,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CARL E. WYNN FOUNDATION 444 SOUTH FLOWER STREET, SUITE 1700 LOS ANGELES, CA 90071	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CARRIE ESTELLE DOHENY FOUNDATION 707 WILSHIRE BLVD, STE. 4960 LOS ANGELES, CA 90017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CRAIL-JOHNSON FOUNDATION 461 W 6TH ST, SUITE 300 SAN PEDRO, CA 90731	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	DAN MURPHY FOUNDATION 800 WEST SIXTH STREET, SUITE 1240 LOS ANGELES, CA 90017	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number <b>59-3810480</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DINEL, RICHARD AND JOYCE 16131 ANOKA DR. PACIFIC PALISADES, CA 90272	\$ 5,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	EDWARD A. & AI O. SHAY FAMILY FOUNDATION 625 S FAIR OAKS AVE/SUITE 360 SOUTH PASADENA, CA 91030	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ELIZABETH BIXBY JANEWAY FOUNDATION 1934 WESTHOLME AVENUE LOS ANGELES, CA 90025	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	FUHRMAN, DAVID AND MARIA 1100 S HOPE ST, 701 LOS ANGELES, CA 90015	\$ 5,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	GUMPORT, ANNA 900 HILLCREST PL PASADENA, CA 91106	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	HARRIS, BURT ("BUZZ") I. 316 ALTA AVENUE SANTA MONICA, CA 90402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number <b>59-3810480</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	HELUNA HEALTH 13300 CROSSROADS PKWY NORTH, SUITE 450 CITY OF INDUSTRY, CA 91746	\$ 33,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	JOHNNY CARSON FOUNDATION 16000 VENTURA BLVD, 900 ENCINO, CA 91436	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	JOSEPH DROWN FOUNDATION 2934 1/2 BEVERLY GLEN CIRCLE #714 LOS ANGELES, CA 90077	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	KEITH, DENNIS AND JOANNE 14 BARRIER REEF DRIVE CORONA DEL MAR, CA 92625	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	KLEINER, MADELEINE AND WILLIAMS, HARLEY 10380 WILSHIRE BLVD, APT 1801 LOS ANGELES, CA 90024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	LEINWAND, SHARI 1934 WESTHOLME AVENUE LOS ANGELES, CA 90025	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number <b>59-3810480</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	LEONARD HILL CHARITABLE TRUST 244 S LUCERNE BLVD LOS ANGELES, CA 90004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	LIBERTY HILL FOUNDATION 1001 WILSHIRE BLVD, PMB 2170 LOS ANGELES, CA 90017	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	LOS ANGELES GIVING CIRCLE FUND 6420 WILSHIRE BLVD, SUITE 706 LOS ANGELES, CA 90048	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MERICOS FOUNDATION 625 FAIR OAKS AVE., SUITE 360 SOUTH PASADENA, CA 91030	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	MERRIL LYNCH, PIERCE, FENNER, SMITH INCORPORATE PO BOX 43247 JACKSONVILLE, FL 32231	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MUNGER, WENDY AND GUMPORT, LEONARD 1000 S. MADISON AVE PASADENA, CA 91106	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number <b>59-3810480</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	NELSON, LOUISE 10323 EASTBORNE AVE LOS ANGELES, CA 90024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	NORTHROP GRUMMAN FOUNDATION ONE SPACE PARK REDONDO BEACH, CA 90278	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	OWYANG, LAURIE AND JON 2000 CUMMINGS DRIVE LOS ANGELES, CA 90027	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	PATAPOFF, SHARON 5217 TIERRA BONITA DRIVE WHITTIER, CA 90601	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	PAYDEN, JOAN 333 SOUTH GRAND AVENUE, 32ND FLOOR LOS ANGELES, CA 90071	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	PETERS PHARIS FOUNDATION PO BOX 491577 LOS ANGELES, CA 90049	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number <b>59-3810480</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	POSEL, BEN AND BAUMAN, JESSICA 480 14TH STREET BROOKLYN, NY 11215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	POSEL, DAN AND LENIHAN, JEAN 3476 BEN LOMOND PLACE LOS ANGELES, CA 90027	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	SPRAGUE, LOIS 146 SOUTH BEACHWOOD DRIVE LOS ANGELES, CA 90004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	THE AHMANSON FOUNDATION 9215 WILSHIRE BLVD BEVERLY HILLS, CA 90210	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	THE CAROL & JAMES COLLINS FOUNDATION 11911 SAN VICENTE BLVD/SUITE 320 LOS ANGELES, CA 90049	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	THE JOHN AND KATHERINE GURASH FOUNDATION 2029 CENTURY PARK EAST, SUITE 4000 LOS ANGELES, CA 90067	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number <b>59-3810480</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	THE LYNDA M. GOLDSTEIN FAMILY FOUNDATION  250 STEELE STREET, SUITE 375  DENVER, CO 80206	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	THE PHILIP AND MURIEL BERMAN FOUNDATION  200 SOUTH HUDSON AVENUE  LOS ANGELES, CA 90004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	UNTERMAN, TOM AND JANET  1451 AMALFI DRIVE  PACIFIC PALISADES, CA 90272	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	VIOLETS' GIVING CIRCLE  250 S. ROSSMORE AVE  LOS ANGELES, CA 90004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	WILSON, SUZANNE V.  4114 STANFORD STREET  CHEVY CHASE, MD 20815	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	WINSTON, PHILLIP W.  1970 CUMMINGS DRIVE  LOS ANGELES, CA 90027	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number  <b>59-3810480</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	WWW FOUNDATION  625 FAIR OAKS AVE., SUITE 360  SOUTH PASADENA, CA 91030	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number  <b>59-3810480</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number  <b>59-3810480</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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 NEW VILLAGE CHARTER SCHOOL, INC. Employer identification number 59-3810480

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts of revenue and assets included.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,323,160.	1,138,714.	184,446.
c Leasehold improvements				
d Equipment		218,148.	163,986.	54,162.
e Other		59,588.	59,588.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				238,608.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) WHITTIER TRUST		
(B) INVESTMENTS	1,890,303.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,890,303.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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.

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE	422,525.
(3) OPERATING LEASE LIABILITY	997.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	423,522.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,617,292.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 368,237.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 59,711.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	427,948.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,189,344.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	3,189,344.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,539,914.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 59,711.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	59,711.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,480,203.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,480,203.

**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:**

MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENTS - DIRECT EXPENSE 59,711.

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS - DIRECT EXPENSE 59,711.

CLIENT COPY

**SCHEDULE E  
(Form 990)**

**Schools**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**NEW VILLAGE CHARTER SCHOOL, INC.**

Employer identification number

**59-3810480**

**Part I**

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....

**SEE PART II**

- 4 Does the organization maintain the following?
  - a Records indicating the racial composition of the student body, faculty, and administrative staff? .....
  - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ..
  - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....
  - d Copies of all material used by the organization or on its behalf to solicit contributions? .....
 If you answered "No" to any of the above, please explain. If you need more space, use Part II.  
**AS A PUBLIC CHARTER SCHOOL, THE SCHOOL DOES NOT PROVIDE SCHOLARSHIPS OR FINANCIAL AID.**

- 5 Does the organization discriminate by race in any way with respect to:
  - a Students' rights or privileges? .....
  - b Admissions policies? .....
  - c Employment of faculty or administrative staff? .....
  - d Scholarships or other financial assistance? .....
  - e Educational policies? .....
  - f Use of facilities? .....
  - g Athletic programs? .....
  - h Other extracurricular activities? .....
 If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a Does the organization receive any financial aid or assistance from a governmental agency? .....
- b Has the organization's right to such aid ever been revoked or suspended? .....
- If you answered "Yes" on either line 6a or line 6b, explain on Part II.
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II .....

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b		X
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

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

Schedule E (Form 990) 2023

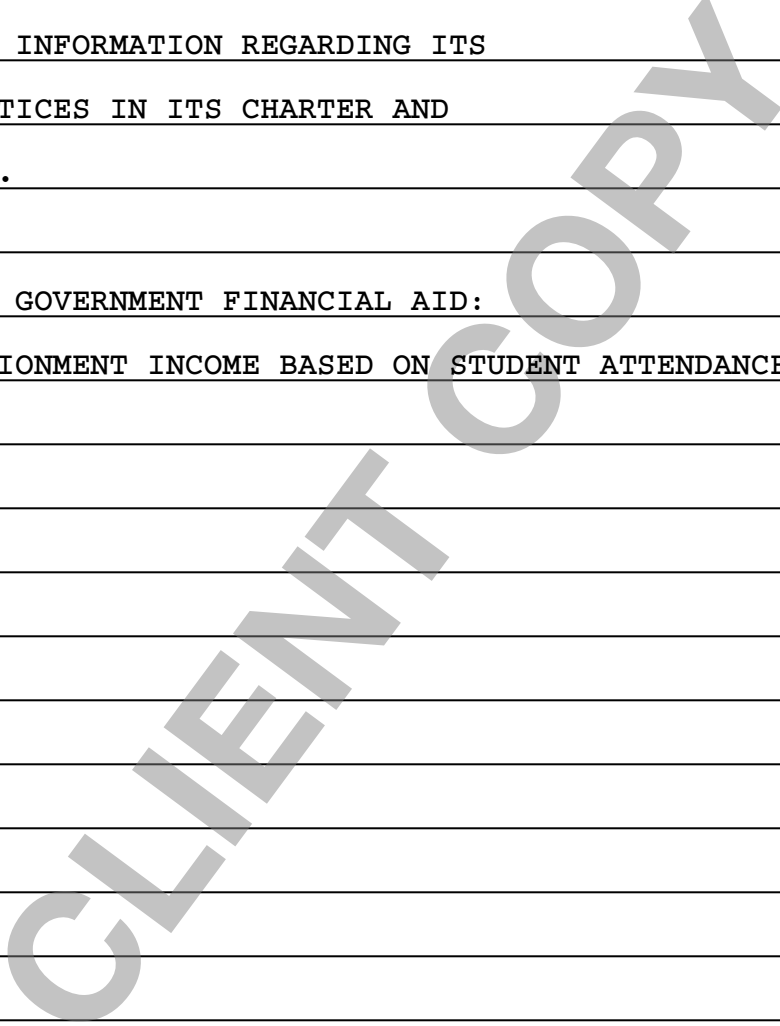
**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND THEREFORE IS NOT SUBJECT TO THE FORMAL COMPLIANCE WITH REVENUE PROCEDURE 75-50 AS LONG AS THE CHARTER AGREEMENT WITH THE STATE IS IN EFFECT. THE SCHOOL DOES INCLUDE INFORMATION REGARDING ITS NON-DISCRIMINATION PRACTICES IN ITS CHARTER AND PARENT/STUDENT HANDBOOK.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

CALIFORNIA STATE APPORTIONMENT INCOME BASED ON STUDENT ATTENDANCE





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL CELEBRATION (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	311,560.		311,560.
	2	Less: Contributions	20,000.		20,000.
	3	Gross income (line 1 minus line 2)	291,560.		291,560.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	7,200.		7,200.
	7	Food and beverages	35,807.		35,807.
	8	Entertainment	12,532.		12,532.
	9	Other direct expenses	4,172.		4,172.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			59,711.
11	Net income summary. Subtract line 10 from line 3, column (d)			231,849.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**NEW VILLAGE CHARTER SCHOOL, INC.**

Employer identification number

**59-3810480**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

NEW VILLAGE CHARTER SCHOOL, INC.

Employer identification number

59-3810480

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

THE FORM 990 IS REVIEWED BY THE BUSINESS SERVICE PROVIDER, THE SCHOOL  
PRINCIPAL AND OTHER OFFICERS. FOLLOWING THEIR REVIEW AND DISCUSSION A  
CORRECTED DRAFT IS CIRCULATED TO ALL OF THE BOARD MEMBERS FOR THEIR REVIEW,  
QUESTIONS AND COMMENTS AND ANY FURTHER CORRECTIONS ARE MADE AS REQUIRED  
BEFORE FILING.

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

THE GOVERNING BOARD MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST  
POLICY. IF A CONFLICT ARISES THE BOARD MEMBER IS ASKED TO EXCUSE  
HIMSELF/HERSELF FROM ALL VOTING OR DISCUSSION ON THE ISSUE.

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

THE DOCUMENTS ARE KEPT IN THE FRONT OFFICE AT THE SCHOOL ADDRESS FOR THE  
PUBLIC TO REVIEW UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	298,110.
MANAGEMENT AND GENERAL EXPENSES	26,361.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>324,471.</b>

CONTRACTED SUBSTITUTE TEACHERS:

PROGRAM SERVICE EXPENSES	30,324.
MANAGEMENT AND GENERAL EXPENSES	0.

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

Schedule O (Form 990) 2023

Name of the organization NEW VILLAGE CHARTER SCHOOL, INC.	Employer identification number 59-3810480
--	--

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,324.

## SPECIAL EDUCATION SERVICES:

PROGRAM SERVICE EXPENSES	11,601.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,601.

## OTHER STUDENT INSTRUCTIONAL SERVICES:

PROGRAM SERVICE EXPENSES	100,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	100,000.

## NURSING &amp; MEDICAL (NON-IEP):

PROGRAM SERVICE EXPENSES	1,389.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,389.

## AFTER SCHOOL SERVICES:

PROGRAM SERVICE EXPENSES	6,795.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,795.

## PROFESSIONAL DEVELOPMENT:

Name of the organization <b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	Employer identification number <b>59-3810480</b>
---	---

<b>PROGRAM SERVICE EXPENSES</b>	<b>26,269.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>26,269.</b>
<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>500,849.</b>

CLIENT COPY

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
	BUILDINGS														
1	BUILDING	09/01/06	SL	20.00		16	783,413.				783,413.	659,309.		39,551.	698,860.
20	BUILDING IMPROVEMENT	05/09/16	SL	40.00		16	539,747.				539,747.	385,879.		53,975.	439,854.
	* 990 PAGE 10 TOTAL BUILDINGS						1,323,160.				1,323,160.	1,045,188.		93,526.	1,138,714.
	FURNITURE & FIXTURES														
2	(D)OFFICE FURNITURE	09/01/06	SL	7.00		16	48,325.				48,325.	48,325.		0.	48,325.
3	SCIENCE ROOM TABLES	09/22/06	SL	7.00		16	3,342.				3,342.	3,342.		0.	3,342.
4	PORTABLE TABLE	07/01/08	SL	7.00		16	3,755.				3,755.	3,755.		0.	3,755.
5	(D)DOUBLE PEDESTAL DESK	07/01/08	SL	7.00		16	1,783.				1,783.	1,783.		0.	1,783.
6	(D)MOBILE DEMONSTRATION	07/01/08	SL	7.00		16	1,390.				1,390.	1,390.		0.	1,390.
7	FURNITURE	07/01/08	SL	7.00		16	32,719.				32,719.	32,719.		0.	32,719.
8	DCTLSS GURN HOOD-PORTABLE	07/01/08	SL	5.00		16	6,065.				6,065.	6,065.		0.	6,065.
12	FIVE WORKSTATIONS	07/01/07	SL	5.00		16	13,707.				13,707.	13,707.		0.	13,707.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						111,086.				111,086.	111,086.		0.	111,086.
	MACHINERY & EQUIPMENT														
9	(D)COMPUTER	09/01/06	SL	5.00		16	4,261.				4,261.	4,261.		0.	4,261.
10	(D)HP LASERJET PRINTERS	10/06/06	SL	5.00		16	2,074.				2,074.	2,074.		0.	2,074.
11	(D)COMPUTER EQUIPMENT	10/30/06	SL	5.00		16	3,095.				3,095.	3,095.		0.	3,095.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
13	SERVER	07/01/07	SL	5.00		16	3,184.				3,184.	3,184.		0.	3,184.
14	SONIC SOFTWARE	07/01/08	SL	5.00		16	1,011.				1,011.	1,011.		0.	1,011.
15	(D)MILK COOLER	07/01/08	SL	5.00		16	1,660.				1,660.	1,660.		0.	1,660.
16	CONTENT FILTER PREMIUM	07/01/08	SL	5.00		16	1,495.				1,495.	1,495.		0.	1,495.
17	HARDWARE/SOFTWARE	07/01/08	SL	5.00		16	74,550.				74,550.	74,550.		0.	74,550.
18	(D)COMPUTER	11/16/12	SL	5.00		16	1,055.				1,055.	1,055.		0.	1,055.
19	COMPUTER	12/13/13	SL	5.00		16	3,900.				3,900.	3,900.		0.	3,900.
21	APPLE CARE PROTECTION	08/30/15	SL	5.00		16	1,590.				1,590.	1,590.		0.	1,590.
22	(D)MAC COMPUTERS (14)	08/30/15	SL	5.00		16	14,019.				14,019.	14,019.		0.	14,019.
23	3D PRINTER AND SCANNER	04/25/16	SL	5.00		16	6,660.				6,660.	6,660.		0.	6,660.
24	SIGN	08/23/16	SL	10.00		16	1,705.				1,705.	1,182.		170.	1,352.
25	LIFELINE AED	11/04/16	SL	5.00		16	1,245.				1,245.	1,245.		0.	1,245.
26	3D PRINTER AND SCANNER	12/03/18	SL	5.00		16	4,328.				4,328.	4,039.		289.	4,328.
27	GLOWFORCE PRO PRINTER	12/03/18	SL	5.00		16	6,673.				6,673.	6,117.		556.	6,673.
28	CARVEY-3D PRINTER	12/07/18	SL	5.00		16	2,499.				2,499.	2,291.		208.	2,499.
29	SCREEN PRINTING KIT	01/03/19	SL	5.00		16	3,472.				3,472.	3,125.		347.	3,472.
30	HEAT TRANSFER KIT	01/30/19	SL	5.00		16	2,320.				2,320.	2,088.		232.	2,320.
31	CUTTING MACHINE	01/04/19	SL	5.00		16	7,095.				7,095.	6,386.		710.	7,096.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
32	APPLE MACBOOK	06/06/19	SL	5.00		16	1,210.				1,210.	988.		222.	1,210.
33	CAMERA PACKAGE	06/28/19	SL	5.00		16	1,150.				1,150.	939.		211.	1,150.
34	IMAC	08/29/19	SL	5.00		16	1,597.				1,597.	1,250.		320.	1,570.
35	APPLE MACBOOK AIR	10/17/19	SL	5.00		16	1,018.				1,018.	765.		204.	969.
36	EQUIPMENT	06/10/20	SL	5.00		16	1,173.				1,173.	732.		235.	967.
37	APPLE - (3) 13-INCH MACBOOK PRO	12/10/20	SL	5.00		16	6,190.				6,190.	3,198.		1,238.	4,436.
38	EYELINER INC	02/01/21	SL	5.00		16	1,999.				1,999.	967.		400.	1,367.
39	THERMAL IMAGING CAMERA	04/07/21	SL	5.00		16	2,168.				2,168.	976.		434.	1,410.
40	(4) SURFACE PRO 7	09/10/20	SL	5.00		16	4,516.				4,516.	2,559.		903.	3,462.
41	(3) SURFACE PRO 7	09/10/20	SL	5.00		16	3,235.				3,235.	1,833.		647.	2,480.
42	PERFORMANCE SYSTEMS	06/17/22	SL	5.00		16	1,282.				1,282.	277.		256.	533.
43	APPLE - 13-INCH MACBOOK PRO	03/22/22	SL	5.00		16	1,317.				1,317.	417.		263.	680.
44	APPLE - (2) 13-INCH MACBOOK PRO	02/15/22	SL	5.00		16	2,634.				2,634.	967.		527.	1,494.
45	APPLE - (1) 13-INCH MACBOOK PRO	09/21/21	SL	5.00		16	1,326.				1,326.	685.		265.	950.
46	BEST BUY - (2) SURFACE PRO 7 TOUCH SCREEN	09/21/21	SL	5.00		16	2,088.				2,088.	1,079.		418.	1,497.
47	COMPUTER EQUIPMENT	09/21/22	SL	5.00		16	57,850.				57,850.	6,661.		11,570.	18,231.
48	COMPUTER EQUIPMENT	02/20/23	SL	5.00		16	5,668.				5,668.			94.	94.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						244,312.				244,312.	169,431.		20,719.	190,150.

2023 DEPRECIATION AND AMORTIZATION REPORT

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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
	* GRAND TOTAL 990 PAGE 10 DEPR						1,678,558.				1,678,558.	1,325,705.		114,245.	1,439,950.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,678,558.			0.	1,678,558.	1,325,594.			1,439,839.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED						77,662.			0.	77,662.	77,662.			77,662.
	ENDING BALANCE						1,600,896.			0.	1,600,896.	1,247,932.			1,362,177.
	ENDING ACCUM DEPR LESS DISPOSITIONS											1,362,177.			
	ENDING BOOK VALUE											238,719.			

2024 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - NEW VILLAGE CHARTER SCHOOL, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	<b>BUILDINGS</b>								
1	BUILDING	090106	SL	20.00	783,413.		783,413.	698,860.	39,171.
20	BUILDING IMPROVEMENT	050916	SL	40.00	539,747.		539,747.	439,854.	13,494.
	* 990 PAGE 10 TOTAL BUILDINGS				1323160.		1323160.	1138714.	52,665.
	<b>FURNITURE &amp; FIXTURES</b>								
3	SCIENCE ROOM TABLES	092206	SL	7.00	3,342.		3,342.	3,342.	0.
4	PORTABLE TABLE	070108	SL	7.00	3,755.		3,755.	3,755.	0.
7	FURNITURE	070108	SL	7.00	32,719.		32,719.	32,719.	0.
8	DCTLSS GURN HOOD-PORTABLE	070108	SL	5.00	6,065.		6,065.	6,065.	0.
12	FIVE WORKSTATIONS	070107	SL	5.00	13,707.		13,707.	13,707.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				59,588.		59,588.	59,588.	0.
	<b>MACHINERY &amp; EQUIPMENT</b>								
13	SERVER	070107	SL	5.00	3,184.		3,184.	3,184.	0.
14	SONIC SOFTWARE	070108	SL	5.00	1,011.		1,011.	1,011.	0.
16	CONTENT FILTER PREMIUM	070108	SL	5.00	1,495.		1,495.	1,495.	0.
17	HARDWARE/SOFTWARE	070108	SL	5.00	74,550.		74,550.	74,550.	0.
19	COMPUTER	121313	SL	5.00	3,900.		3,900.	3,900.	0.
21	APPLE CARE PROTECTION	083015	SL	5.00	1,590.		1,590.	1,590.	0.
23	3D PRINTER AND SCANNER	042516	SL	5.00	6,660.		6,660.	6,660.	0.
24	SIGN	082316	SL	10.00	1,705.		1,705.	1,352.	171.
25	LIFELINE AED	110416	SL	5.00	1,245.		1,245.	1,245.	0.
26	3D PRINTER AND SCANNER	120318	SL	5.00	4,328.		4,328.	4,328.	0.
27	GLOWFORCE PRO PRINTER	120318	SL	5.00	6,673.		6,673.	6,673.	0.
28	CARVEY-3D PRINTER	120718	SL	5.00	2,499.		2,499.	2,499.	0.
29	SCREEN PRINTING KIT	010319	SL	5.00	3,472.		3,472.	3,472.	0.
30	HEAT TRANSFER KIT	013019	SL	5.00	2,320.		2,320.	2,320.	0.
31	CUTTING MACHINE	010419	SL	5.00	7,095.		7,095.	7,096.	-1.
32	APPLE MACBOOK	060619	SL	5.00	1,210.		1,210.	1,210.	0.
33	CAMERA PACKAGE	062819	SL	5.00	1,150.		1,150.	1,150.	0.
34	IMAC	082919	SL	5.00	1,597.		1,597.	1,570.	27.
35	APPLE MACBOOK AIR	101719	SL	5.00	1,018.		1,018.	969.	49.
36	EQUIPMENT	061020	SL	5.00	1,173.		1,173.	967.	206.
37	APPLE - (3) 13-INCH MACBOOK PRO	121020	SL	5.00	6,190.		6,190.	4,436.	1,238.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

NEW VILLAGE CHARTER SCHOOL, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
38	EYELINER INC	020121	SL	5.00	1,999.		1,999.	1,367.	400.
39	THERMAL IMAGING CAMERA	040721	SL	5.00	2,168.		2,168.	1,410.	434.
40	(4) SURFACE PRO 7	091020	SL	5.00	4,516.		4,516.	3,462.	903.
41	(3) SURFACE PRO 7	091020	SL	5.00	3,235.		3,235.	2,480.	647.
42	PERFORMANCE SYSTEMS	061722	SL	5.00	1,282.		1,282.	533.	256.
43	APPLE - 13-INCH MACBOOK PRO	032222	SL	5.00	1,317.		1,317.	680.	263.
44	APPLE - (2) 13-INCH MACBOOK PRO	021522	SL	5.00	2,634.		2,634.	1,494.	527.
45	APPLE - (1) 13-INCH MACBOOK PRO	092121	SL	5.00	1,326.		1,326.	950.	265.
46	BEST BUY - (2) SURFACE PRO 7 TOUCH SCREEN	092121	SL	5.00	2,088.		2,088.	1,497.	418.
47	COMPUTER EQUIPMENT	092122	SL	5.00	57,850.		57,850.	18,231.	11,570.
48	COMPUTER EQUIPMENT	022023	SL	5.00	5,668.		5,668.	94.	1,134.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				218,148.		218,148.	163,875.	18,507.
	* GRAND TOTAL 990 PAGE 10 DEPR				1600896.		1600896.	1362177.	71,172.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2024

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**Prepared For:**

New Village Charter School, Inc.  
147 N Occidental Blvd  
Los Angeles, CA 90026

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**Prepared By:**

Eide Bailly LLP  
10681 Foothill Blvd., Ste. 300  
Rancho Cucamonga, CA 91730-3831

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**To be Signed and Dated By:**

Not applicable

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**Amount of Tax:**

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	0

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**Overpayment:**

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023, and ending (mm/dd/yyyy) 06/30/2024

Corporation/Organization name NEW VILLAGE CHARTER SCHOOL, INC. California corporation number 2751746

Additional information. See instructions. FEIN 59-3810480

Street address (suite or room) 147 N OCCIDENTAL BLVD PMB no.

City LOS ANGELES State CA ZIP code 90026

Foreign country name Foreign province/state/county Foreign postal code

Part I Complete Part I unless not required to file this form. See General Information B and C. A First return B Amended return C IRC Section 4947(a)(1) trust D Final information return E Check accounting method F Federal return filed G Is this a group filing H Is this organization in a group exemption I Did the organization have any changes to its guidelines J If exempt under R&TC Section 23701d, has the organization engaged in political activities K Is the organization exempt under R&TC Section 23701g L Is the organization a limited liability company M Did the organization file Form 100 or Form 109 to report taxable income N Is the organization under audit by the IRS or has the IRS audited in a prior year O Is federal Form 1023/1024 pending

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Receipts and Revenues (Total gross receipts: 3,249,055), Expenses (Total expenses: 3,539,914), and Payments (Balance due: 00).

Sign Here: Signature of officer, Title (PRINCIPAL), Date (02/27/25). Paid Preparer's Use Only: Preparer's signature (CATHERINE L. GRAY, CPA), Firm's name (EIDE BAILLY LLP), and address (10681 FOOTHILL BLVD., STE. 300 RANCHO CUCAMONGA, CA 91730-3831).

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 12-26-23

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	291,560	00	
	2	Interest	•	2	25,634	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income	•	7		00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	317,194	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	143,601	00	
	12	Other salaries and wages	•	12	1,521,795	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	365,012	00
		15	Rents	•	15	150,057	00
		16	Depreciation and depletion (See instructions)	•	16	114,245	00
		17	Other expenses and disbursements	•	17	1,245,204	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	3,539,914	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		510,747	•	623,376
2 Net accounts receivable		345,924	•	444,546
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments <b>STMT 4</b>		1,810,885	•	1,890,303
10 a Depreciable assets	1,672,891		1,600,896	
b Less accumulated depreciation	1,325,724	347,167	1,362,288	238,608
11 Land			•	
12 Other assets <b>STMT 5</b>		57,873	•	56,797
13 <b>Total assets</b>		3,072,596		3,253,630
<b>Liabilities and net worth</b>				
14 Accounts payable		297,429	•	239,334
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities <b>STMT 6</b>		261,771		423,522
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		2,513,396	•	2,590,774
22 <b>Total liabilities and net worth</b>		3,072,596		3,253,630

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	77,378	7 Income recorded on books this year not included in this return. Attach schedule *
2 Federal income tax	•		•
3 Excess of capital losses over capital gains	•		8 Deductions in this return not charged against book income this year.
4 Income not recorded on books this year. Attach schedule	•		•
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		9 Total. Add line 7 and line 8
6 Total. Add line 1 through line 5		77,378	10 Net income per return.
			Subtract line 9 from line 6
			-290,859

\* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ACHIEVING AMERICA FAMILY FOUNDATION	450 S. SAN RAFAEL AVE. PASADENA, CA 91105	03/18/24	20,000.
ADAMS-MASTROVICH FAMILY FOUNDATION	100 N MAIN ST, MAC D4001-117 WINSTON SALEM, NC 27101	10/31/23	15,000.
ANN PEPPERS FOUNDATION	177 EAST COLORADO BOULEVARD, SUITE 800 PASADENA, CA 91105	06/26/24	55,000.
ARNOLD LOUIS SPERLING MEMORIAL FUND	717 W TEMPLE ST LOS ANGELES, CA 90012	03/15/24	25,000.
BANNERMAN FOUNDATION	9255 SUNSET BOULEVARD, SUITE 400 WEST HOLLYWOOD, CA 90069	04/01/24	20,000.
BARON'S SECOND CHANCE FOUNDATION	100 WOODBRIDGE CENTER DRIVE WOODBRIDGE, NJ 07095	12/12/23	35,000.
BERTERO, KAREN AND CHESTER, TED	1480 NORMANDY DRIVE PASADENA, CA 91103	12/28/23	5,110.
BOGEN, ANDREW AND DEBORAH	144 OCEAN WAY SANTA MONICA, CA 90402	08/03/23	49,348.
CARL E. WYNN FOUNDATION	444 SOUTH FLOWER STREET, SUITE 1700 LOS ANGELES, CA 90071	10/31/23	10,000.
CARRIE ESTELLE DOHENY FOUNDATION	707 WILSHIRE BLVD, STE. 4960 LOS ANGELES, CA 90017	03/04/24	5,000.
CRAIL-JOHNSON FOUNDATION	461 W 6TH ST, SUITE 300 SAN PEDRO, CA 90731	04/29/24	10,000.
DAN MURPHY FOUNDATION	800 WEST SIXTH STREET, SUITE 1240 LOS ANGELES, CA 90017	03/13/24	45,000.
DINEL, RICHARD AND JOYCE	16131 ANOKA DR. PACIFIC PALISADES, CA 90272	04/10/24	5,110.
EDWARD A. & AI O. SHAY FAMILY FOUNDATION	625 S FAIR OAKS AVE/SUITE 360 SOUTH PASADENA, CA 91030	06/27/24	30,000.

NEW VILLAGE CHARTER SCHOOL, INC.59-3810480

ELIZABETH BIXBY JANEWAY FOUNDATION	1934 WESTHOLME AVENUE LOS ANGELES, CA 90025	03/05/24	40,000.
FUHRMAN, DAVID AND MARIA	1100 S HOPE ST, 701 LOS ANGELES, CA 90015	03/21/24	5,329.
GUMPORT, ANNA	900 HILLCREST PL PASADENA, CA 91106	05/23/24	15,000.
HARRIS, BURT ("BUZZ") I.	316 ALTA AVENUE SANTA MONICA, CA 90402	12/22/23	5,000.
HELUNA HEALTH	13300 CROSSROADS PKWY NORTH, SUITE 450 CITY OF INDUSTRY, CA 91746	10/12/23	33,958.
JOHNNY CARSON FOUNDATION	16000 VENTURA BLVD, 900 ENCINO, CA 91436	04/30/24	5,000.
JOSEPH DROWN FOUNDATION	2934 1/2 BEVERLY GLEN CIRCLE #714 LOS ANGELES, CA 90077	04/29/24	50,000.
KEITH, DENNIS AND JOANNE	14 BARRIER REEF DRIVE CORONA DEL MAR, CA 92625	04/02/24	5,000.
KLEINER, MADELEINE AND WILLIAMS, HARLEY	10380 WILSHIRE BLVD, APT 1801 LOS ANGELES, CA 90024	10/26/23	5,000.
LEINWAND, SHARI	1934 WESTHOLME AVENUE LOS ANGELES, CA 90025	11/13/23	10,000.
LEONARD HILL CHARITABLE TRUST	244 S LUCERNE BLVD LOS ANGELES, CA 90004	05/13/24	10,000.
LIBERTY HILL FOUNDATION	1001 WILSHIRE BLVD, PMB 2170 LOS ANGELES, CA 90017	06/05/24	100,000.
LOS ANGELES GIVING CIRCLE FUND	6420 WILSHIRE BLVD, SUITE 706 LOS ANGELES, CA 90048	06/14/24	25,000.
MERICOS FOUNDATION	625 FAIR OAKS AVE., SUITE 360 SOUTH PASADENA, CA 91030	04/11/24	200,000.
MERRIL LYNCH, PIERCE, FENNER, SMITH INCORPORATE	PO BOX 43247 JACKSONVILLE, FL 32231	12/21/23	11,500.
MUNGER, WENDY AND GUMPORT, LEONARD	1000 S. MADISON AVE PASADENA, CA 91106	08/15/23	50,000.
NELSON, LOUISE	10323 EASTBORNE AVE LOS ANGELES, CA 90024	04/19/24	5,000.
NORTHROP GRUMMAN FOUNDATION	ONE SPACE PARK REDONDO BEACH, CA 90278	12/21/23	5,000.
OWYANG, LAURIE AND JON	2000 CUMMINGS DRIVE LOS ANGELES, CA 90027	01/26/24	20,000.
PATAPOFF, SHARON	5217 TIERRA BONITA DRIVE WHITTIER, CA 90601	04/21/24	10,000.
PAYDEN, JOAN	333 SOUTH GRAND AVENUE, 32ND FLOOR LOS ANGELES, CA 90071	03/22/24	100,000.
PETERS PHARIS FOUNDATION	PO BOX 491577 LOS ANGELES, CA 90049	12/09/23	10,000.
POSEL, BEN AND BAUMAN, JESSICA	480 14TH STREET BROOKLYN, NY 11215	12/21/23	5,000.
POSEL, DAN AND LENIHAN, JEAN	3476 BEN LOMOND PLACE LOS ANGELES, CA 90027	07/12/23	50,000.
SPRAGUE, LOIS	146 SOUTH BEACHWOOD DRIVE LOS ANGELES, CA 90004	04/01/24	10,000.
THE AHMANSON FOUNDATION	9215 WILSHIRE BLVD BEVERLY HILLS, CA 90210	04/30/24	35,000.
THE CAROL & JAMES COLLINS FOUNDATION	11911 SAN VICENTE BLVD/SUITE 320 LOS ANGELES, CA 90049	03/18/24	30,000.
THE JOHN AND KATHERINE GURASH FOUNDATION	2029 CENTURY PARK EAST, SUITE 4000 LOS ANGELES, CA 90067	12/12/23	32,000.

NEW VILLAGE CHARTER SCHOOL, INC.

59-3810480

THE LYNDA M. GOLDSTEIN FAMILY FOUNDATION	250 STEELE STREET, SUITE 375 DENVER, CO 80206	10/24/23	5,000.
THE PHILIP AND MURIEL BERMAN FOUNDATION	200 SOUTH HUDSON AVENUE LOS ANGELES, CA 90004	10/05/23	10,000.
UNTERMAN, TOM AND JANET	1451 AMALFI DRIVE PACIFIC PALISADES, CA 90272	04/05/24	5,000.
VIOLETS' GIVING CIRCLE	250 S. ROSSMORE AVE LOS ANGELES, CA 90004	05/01/24	10,000.
WILSON, SUZANNE V.	4114 STANFORD STREET CHEVY CHASE, MD 20815	01/11/24	5,000.
WINSTON, PHILLIP W.	1970 CUMMINGS DRIVE LOS ANGELES, CA 90027	01/29/24	25,000.
WWW FOUNDATION	625 FAIR OAKS AVE., SUITE 360 SOUTH PASADENA, CA 91030	03/26/24	50,000.
TOTAL INCLUDED ON LINE 3			<u><u>1,322,355.</u></u>

CLIENT COPY

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT 2

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JENNIFER QUINONES-FROHLICH 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	PRINCIPAL 40.00	141,601.
CHRISTA HOLLIS 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	TEACHER 40.00	0.
VERONICA YANAGISAWA 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	SCHOOL PSYCHOLOGIST 40.00	0.
ANA AGUIRRE 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	DEVELOPMENT & COMPLIANCE M 40.00	0.
DAN POSEL 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	CO-BOARD CHAIR 20.00	0.
BELEN VARGAS 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	CO-BOARD CHAIR 2.00	0.
LAURIE OWYANG 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	VICE CHAIR 2.00	0.
GABRIELA TOVAR 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	SECRETARY 2.00	0.
LOUISE NELSON 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	MEMBER/TREASURER (JAN) 2.00	0.
NICOLE WILLIAMS 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	BOARD MEMBER/TREASURER (JAN) 2.00	0.
KRISTEN K. MCGREGOR 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	BOARD/TREASURER (OCT-DEC) 2.00	0.

DAVID FUHRMAN 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	AUDIT COMMITTE CHAIR 2.00	0.
RAQUEL DE LA HOYA 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	AUDIT COMMITTE CHAIR (JAN) 2.00	0.
JANICE BEA 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	BOARD MEMBER 1.00	0.
LIZA BEARMAN 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	BOARD MEMBER 1.00	0.
ROBERT E. DENHAM 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	BOARD MEMBER 1.00	0.
JAVIER GUZMAN 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	MEMBER 1.00	2,000.
ANA HERNANDEZ 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	BOARD MEMBER (OCT-DEC) 1.00	0.
MEGAN METZGER 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	BOARD MEMBER (DEC) 1.00	0.
JESSICA NOWLAN 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	BOARD MEMBER (DEC) 1.00	0.
ROSANA Z SERRANO 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	BOARD MEMBER (DEC) 1.00	0.
MARY BETH WEST 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	BOARD MEMBER 1.00	0.
EMILY WILLIAMS 147 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	BOARD MEMBER 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

143,601.

CA 199	OTHER EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
FUNDRAISING		80,417.
OTHER EXPENSES		63,756.
STUDENT INSTRUCTIONAL S		50,493.
INSTRUCTIONAL MATERIALS		45,823.
DIRECT EXPENSES OF FUNDRAISING EVENTS		59,711.
OTHER EMPLOYEE BENEFITS		204,156.
LEGAL FEES		513.
ACCOUNTING FEES		26,663.
OTHER PROFESSIONAL FEES		500,849.
ADVERTISING AND PROMOTION		6,309.
OFFICE EXPENSES		5,755.
INFORMATION TECHNOLOGY		11,045.
TRAVEL		26,677.
INSURANCE		24,058.
ALL OTHER EXPENSES		138,979.
TOTAL TO FORM 199, PART II, LINE 17		1,245,204.

CA 199	OTHER INVESTMENTS	STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
WHITTIER TRUST INVESTMENTS	1,810,885.	1,890,303.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,810,885.	1,890,303.

CA 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	54,928.	54,800.
SECURITY DEPOSITS	1,000.	1,000.
OPERATING LEASE RIGHT-OF-USE ASSET	1,945.	997.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	57,873.	56,797.

CA 199	OTHER LIABILITIES	STATEMENT 6	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
REFUNDABLE ADVANCE		260,252.	422,525.
OPERATING LEASE LIABILITY		1,519.	997.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		261,771.	423,522.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 7
DESCRIPTION		AMOUNT
UNREALIZED GAIN ON INVESTMENTS		368,237.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		368,237.

CA 199	FUND BALANCES	STATEMENT 8	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS		2,513,396.	2,590,774.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		2,513,396.	2,590,774.

**Corporation Depreciation  
and Amortization**

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 59-3810480**

Corporation name

California corporation number

**NEW VILLAGE CHARTER SCHOOL, INC.**

**2751746**

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California .....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service .....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation .....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost) .....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from prior taxable years .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
<b>SEE STATEMENT</b>	9	1,678,558.	1,325,594.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....					15	114,245

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	114,245
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	114,245
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	0

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g) .....					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44 .....					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 .....					22	

CA 3885

DEPRECIATION

STATEMENT 9

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 BUILDING	09/01/06	783,413.	659,309.	SL	20.00	39,551.	
2 OFFICE FURNITURE	09/01/06	48,325.	48,325.	SL	7.00	0.	
3 SCIENCE ROOM TABLES	09/22/06	3,342.	3,342.	SL	7.00	0.	
4 PORTABLE TABLE	07/01/08	3,755.	3,755.	SL	7.00	0.	
5 DOUBLE PEDESTAL DESK	07/01/08	1,783.	1,783.	SL	7.00	0.	
6 MOBILE DEMONSTRATION FURNITURE	07/01/08	1,390.	1,390.	SL	7.00	0.	
7 FURNITURE	07/01/08	32,719.	32,719.	SL	7.00	0.	
8 DCTLSS GURN HOOD-PORTABLE	07/01/08	6,065.	6,065.	SL	5.00	0.	
9 COMPUTER	09/01/06	4,261.	4,261.	SL	5.00	0.	
10 HP LASERJET PRINTERS	10/06/06	2,074.	2,074.	SL	5.00	0.	
11 COMPUTER EQUIPMENT	10/30/06	3,095.	3,095.	SL	5.00	0.	
12 FIVE WORKSTATIONS	07/01/07	13,707.	13,707.	SL	5.00	0.	
13 SERVER	07/01/07	3,184.	3,184.	SL	5.00	0.	
14 SONIC SOFTWARE	07/01/08	1,011.	1,011.	SL	5.00	0.	
15 MILK COOLER	07/01/08	1,660.	1,660.	SL	5.00	0.	
16 CONTENT FILTER PREMIUM	07/01/08	1,495.	1,495.	SL	5.00	0.	
17 HARDWARE/SOFTWARE	07/01/08	74,550.	74,550.	SL	5.00	0.	
18 COMPUTER	11/16/12	1,055.	1,055.	SL	5.00	0.	
19 COMPUTER	12/13/13	3,900.	3,900.	SL	5.00	0.	
20 BUILDING IMPROVEMENT	05/09/16	539,747.	385,879.	SL	40.00	53,975.	
21 APPLE CARE PROTECTION	08/30/15	1,590.	1,590.	SL	5.00	0.	
22 MAC COMPUTERS (14)	08/30/15	14,019.	14,019.	SL	5.00	0.	
23 3D PRINTER AND SCANNER	04/25/16	6,660.	6,660.	SL	5.00	0.	
24 SIGN	08/23/16	1,705.	1,182.	SL	10.00	170.	
25 LIFELINE AED	11/04/16	1,245.	1,245.	SL	5.00	0.	
26 3D PRINTER AND SCANNER	12/03/18	4,328.	4,039.	SL	5.00	289.	
27 GLOWFORCE PRO PRINTER	12/03/18	6,673.	6,117.	SL	5.00	556.	

28	CARVEY-3D PRINTER					
	12/07/18	2,499.	2,291.	SL	5.00	208.
29	SCREEN PRINTING KIT					
	01/03/19	3,472.	3,125.	SL	5.00	347.
30	HEAT TRANSFER KIT					
	01/30/19	2,320.	2,088.	SL	5.00	232.
31	CUTTING MACHINE					
	01/04/19	7,095.	6,386.	SL	5.00	710.
32	APPLE MACBOOK					
	06/06/19	1,210.	988.	SL	5.00	222.
33	CAMERA PACKAGE					
	06/28/19	1,150.	939.	SL	5.00	211.
34	IMAC					
	08/29/19	1,597.	1,250.	SL	5.00	320.
35	APPLE MACBOOK AIR					
	10/17/19	1,018.	765.	SL	5.00	204.
36	EQUIPMENT					
	06/10/20	1,173.	732.	SL	5.00	235.
37	APPLE - (3) 13-INCH MACBOOK PRO					
	12/10/20	6,190.	3,198.	SL	5.00	1,238.
38	EYELINER INC					
	02/01/21	1,999.	967.	SL	5.00	400.
39	THERMAL IMAGING CAMERA					
	04/07/21	2,168.	976.	SL	5.00	434.
40	(4) SURFACE PRO 7					
	09/10/20	4,516.	2,559.	SL	5.00	903.
41	(3) SURFACE PRO 7					
	09/10/20	3,235.	1,833.	SL	5.00	647.
42	PERFORMANCE SYSTEMS					
	06/17/22	1,282.	277.	SL	5.00	256.
43	APPLE - 13-INCH MACBOOK PRO					
	03/22/22	1,317.	417.	SL	5.00	263.
44	APPLE - (2) 13-INCH MACBOOK PRO					
	02/15/22	2,634.	967.	SL	5.00	527.
45	APPLE - (1) 13-INCH MACBOOK PRO					
	09/21/21	1,326.	685.	SL	5.00	265.
46	BEST BUY - (2) SURFACE PRO 7 TOUCH SCREEN					
	09/21/21	2,088.	1,079.	SL	5.00	418.
47	COMPUTER EQUIPMENT					
	09/21/22	57,850.	6,661.	SL	5.00	11,570.
48	COMPUTER EQUIPMENT					
	02/20/23	5,668.		SL	5.00	94.
TOTAL TO FORM 3885		1,678,558.	1,325,594.			114,245.

TAXABLE YEAR  
**2023**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>NEW VILLAGE CHARTER SCHOOL, INC.</b>	<b>59-3810480</b>

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<b>3,249,055</b>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<b>3,249,055</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>3,539,914</b>
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)		
7 <input type="checkbox"/> Electronic funds withdrawal	7a Amount	7b Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)

10 Routing number	
11 Account number	12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here		Date		PRINCIPAL	Title
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**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO's signature	<b>CATHERINE L. GRAY, CPA</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P01294460</b>
Must Sign Firm's name (or yours if self-employed) and address	<b>EIDE BAILLY LLP</b> <b>10681 FOOTHILL BLVD., STE. 300</b> <b>RANCHO CUCAMONGA, CA</b>	Firm's FEIN <b>45-0250958</b>	ZIP code <b>91730-3831</b>		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address		Firm's FEIN	ZIP code	