990

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2023 Do not enter social security numbers on this form as it may be made public. **Open to Public** Go to www.irs.gov/Form990 for instructions and the latest information Inspection For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24THE FOUNDATION OF PALM SPRINGS B Check if applicable: C Name of organization D Employer identification number Address change UNIFIED SCHOOL DISTRICT Doing business as 26-1265520 Name change Number and street (or P.O. box if mail is not delivered to street address) 150 District Center Drive Initial return 760-416-8455 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated PALM SPRINGS CA 92264 1,760,959 G Gross receipts\$ Amended return Name and address of principal officer. Application pending H(a) Is this a group return for subordinates Mark Gauthier H(b) Are all subordinates included? If "No," attach a list. See instructions **X** 501(c)(3) Tax-exempt status: 501(c) ( ) (insert no.) 4947(a)(1) or WWW.PSUSD.US/THEFOUNDATION H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 2008 M State of legal domicile: CA Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance 2 Check this box | I if the organization discontinued its operations or disposed of more than 25% of its net assets. ಠ 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 3 6 Total number of volunteer 0 6 7a Total unrelated business revenue 0 7a b Net unrelated business xable in ome f om Form 9 line 11 7b 0 Current Year 8 Contributions and grants (Part VIII, line 1h) 3,489,494 1,177,164 9 Program service revenue (Part VIII, line 2g) 46,485 99,611 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 264,128 484,184 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,800,107 760,959 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ...... 452,534 479,545 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 152,670 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ...... 1,109,813 1,560,311 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,562,347 2,039,856 19 Revenue less expenses. Subtract line 18 from line 12 2,237,760 -278,897 풀 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 5,008,288 4,751,437 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 008,288 751 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Mark Gauthier President Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid GREGORY D. BARTON, CPA GREGORY D. BARTON, CPA 05/13/25 self-employed P00653434 Preparer Barton CPA Firm's name 95-4770856 Firm's EIN **Use Only** 787 N Palm Canyon Dr Palm Springs, CA 92262-5507 760-969-6499 May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990 (2023)

m 990 (2023) <b>THE FOUNDATION</b>		-1265520	Page <b>2</b>
Part III Statement of Program S	ervice Accomplishments		<b>——</b>
Check if Schedule O conta	ains a response or note to any line i	n this Part III	<u>X</u>
Briefly describe the organization's mission:  ENGAGE OUR DIVERSE COM			THE DECOUDER
REACH THEIR FULL POTEN	MONITES TO ENSURE ALI TIAL.	STUDENTS HAVE	THE RESOURCES
• • • • • • • • • • • • • • • • • • • •			
Did the organization undertake any significant	ant program services during the year which	vere not listed on the	
If "Yes," describe these new services on S	chedule O		Yes X No
	make significant changes in how it conducts,	any program	
services?			Yes X No
If "Yes," describe these changes on Sched	lule O.		
	e accomplishments for each of its three larg organizations are required to report the amor r each program service reported.		
(Code: )(Expenses\$ ENGAGE OUR DIVERSE COM REACH THEIR FULL POTEN' DISTRICT TO PROVIDE FOR	TIAL BY FUNDING GRANTS R VARIOUS FINE ART ANI	FOR CLASSES OF TECHNOLOGY PRO	THE SCHOOL
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**Checklist of Required Schedules** 

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2_	<u> </u>	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	<del></del>	41
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а				v
b	complete Schedule D, Part V  Did the organization report an amount for investments— the securices in Part X, line 1 t, that I see or more	11a		X
~	of its total assets reported in 1.1%, Illum 187 if 160, find a special plet. Schildule D, Pan 160	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1110	-	- 22
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	-110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ļ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	445	i	₹.
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	
•	assistance to ar far foreign individuals? If "Vas." complete Schodule E. Darte III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	'0		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	١.,		3,5
	through 24d and complete Schedule K. If "No," go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	to defense any tay exempt hende?	240		
a	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	<del> </del>	<b></b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	<b></b> -	<del>                                     </del>
<b>2</b> 3a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b		254		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			İ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			İ
	persons? If "Yes." complete Schedule L. Part III	27		x
28	Was the organization a party to a business transaction vish one of the following partitis? (See the Sche lui			
	L, Part IV, instructions for applicable liling tries olds, conditions, and exceptions).		:	
а	A current or former officer, director, theteo, key compleyed, creator or founder, constantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			İ
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	ļ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		47
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		x
250	or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
IJ	and all and the will in the greening of motion 540/h/40/0 (6/1/a Proposite Colombia) D. Dod M. Gold	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
00	related amonimation 2.16 "Van " annualsta Cabadula D. Dout V. Vin J. O.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	x	
Pa	art 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 51			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	]		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c_		

	n 990 (2023) THE FOUNDATION OF PALM SPRINGS 26-1265					P	age 5
	art V Statements Regarding Other IRS Filings and Tax Compliance (co.	<u>ntinu</u>	<u>ed)</u>		1	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	<u> 2a</u>					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		ns?		2b	X	<del> </del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche				3b		—
4a	At any time during the calendar year, did the organization have an interest in, or a signature or o		•				l
	a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial	account)?		4a_		X
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financian	cial A	ccounts (FBA	AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	ınsact	ion?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and c	lid the	)				
	organization solicit any contributions that were not tax deductible as charitable contributions?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contri	bution	s or		l .		
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	oods		1 2		
	and services provided to the payor?				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which						
	required to file Form 8282?				7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	]				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	efit co	ntract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of				7f	-	
g	if the organization received considerion of qualified in sectual property, did the organization file			auired?	7g	4-44	
h	If the organization received a contribution of cars, poats all lanes, or other vehicles, did the organization				7h		
8	Sponsoring organizations institutional matrixed funds. Did a donor as used fundamental	ined	by th				
	sponsoring organization have excess business holdings at any time during the year?		• • • • • • • • • • • • • • • • • • • •		8		
9	Sponsoring organizations maintaining donor advised funds.					-	
а	Did the energying experientian make any tayable distributions under carties 40000				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter:					1.1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:		L				
а	Gross income from members or shareholders	11a					100
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1 1 1 1			ler e		
	against amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of I		10412		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1217	l .			. i	
a	In the control of the Property of the Control of th				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				100	7.4	
b	Enter the amount of reserves the organization is required to maintain by the states in which						1
	the organization is licensed to issue qualified health plans	13b					
С	Find and the consequent of any angular conditions of	13c			1 4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sche				14b		
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem				170		<del> </del>
13	and the second state of th				AE		v
	excess parachute payment(s) during the year?				15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.		_				7.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment from 4700. On the style Co.	nent ir	ncome?		16		<u> </u>
4~	If "Yes," complete Form 4720, Schedule O.	,,					1
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any				_		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17	-	
	If "Yes," complete Form 6069.						<u> </u>

	Check if Schedule O contains a response or note to any line in this Part VI			<b>.</b>	X
Sec	ction A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	16			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	l?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		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?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the follo	wing:		
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	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	<del> </del>	9	L.,	X
Sec	t <b>ion B. Policies</b> (This Section B red to its info that on a pout policies to require a b), the last	<u>ernal Rever</u>	<u>rue C</u>		
				Yes	No_
	Did the organization have localizate plans, branches, or affiliate.?		10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		.		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				:
a	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>
b	Other officers or key employees of the organization	• • • • • • • • • • • • • • • • • • • •	15b		X
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
168	, , , , ,		40.		v
1.	with a taxable entity during the year?		_16a		X
D	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				
			401		
800	organization's exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17 10	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 (s	ection bull(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)				
10		root notice:			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of integrated property available to the public during the toy year.	rest policy,			
20	and financial statements available to the public during the tax year.	urde			
20 ייי	State the name, address, and telephone number of the person who possesses the organization's books and recome Foundation 150 District Center Drive	nus.			
	LIM SPRINGS 150 District Center Drive CA 92264	760	-41	6_ <i>6</i>	110
		, 50		J J.	0

Form 990 (2023) THE FOUN Part VII Compensation										Page Page
Independent Compensation		וועו	CCU	Ji S,	•	นอเ	ees	, Rey Employees, r	agnest Compensat	eu Employees, and
		s a	res	oon	se (	or r	ote	to any line in this Pa	art VII	
Section A. Officers, Directors,	Trustees, Key	/ En	ploy	/ees	, an	d H	ighe	st Compensated Emplo	yees	
1a Complete this table for all persorganization's tax year.	ons required to	be I	isted	. Re	port	con	npen	sation for the calendar ye	ar ending with or within th	ie
<ul> <li>List all of the organization's compensation. Enter -0- in column</li> </ul>	s (D), (E), and	(F) i	f no	com	pens	satio	n wa	as paid.	,. •	ount of
List all of the organization's	•				•					,
<ul> <li>List the organization's five controls</li> <li>who received reportable compensation</li> <li>\$100,000 from the organization and</li> </ul>	ation (box 5 of F	orm	W-2	2, bo						
<ul> <li>List all of the organization's 1 \$100,000 of reportable compensa</li> </ul>	ition from the o	rgan	izatio	on a	nd a	ıny r	elate	ed organizations.		
<ul> <li>List all of the organization's to organization, more than \$10,000 of the order in the order in</li> </ul>	of reportable con In which to list th	mpei ne pi	nsati erso	on fr 1s al	om oove	the	orga	nization and any related	organizations.	
X Check this box if neither the o	rganization nor	any	rela	ed c	rgar	nizat	ion d	compensated any current	officer, director, or trustee	),
(A) Name and title	(B) Average hours	bo	x, unk		rson	is bot	h an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	or director	Institution	Officer	Key employee	employee	<u>,                                    </u>	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
			8			ated				
(1) Kathy Bush	00					1			DV.	
Secretary (2) Mark Gauthier	9 00	ľ		ľ		╙	╁			
	0.00	Ī		Γ		Γ	-			
President	0.00	X		X		<u> </u>		0	0	<u>C</u>
(3) Robert Hettinge	0.00									
Treasurer	0.00	x	İ	x				o	o	ر ا
(4) Dan Spencer	0.00	**				<u> </u>				
<u>-</u>	0.00						ĺ			
Vice President	0.00	X		X				0	0	0
(5)										
	,									
(6)										
(7)										
(8)										
(9)										
10)										

(11)

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

	Check if Schedule O cor	itains a re	esponse or no				
				(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1	la Federated campaigns	1a					
₫	<b>b</b> Membership dues	1b					
1	c Fundraising events	1c		4			]
	d Related organizations	1d					
5	e Government grants (contributions)	1e	560,003				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	617,161				
3	lines 1a-1f	1g \$	98,102				
š	h Total. Add lines 1a-1f			1,177,164			
			Business Code				
2	a One Night Only			99,611	99,611		
	<b>b</b>						
2	C						
3	d						
1	е						
	f All other program service revenue						
	g Total. Add lines 2a-2f			99,611			
3							
	other similar amounts)	,		484,184	484,184		
4	Income from investment of tax-exem	pt bond pro	ceeds		•		
5							
	(NRE I		(ii) Faconal				
6	a Gross rents 6a		-   \			Y	
	b Less: rental expenses 6b		_   <i>V</i>				
	c Rental Inc. or (loss) 6c						."
. (							
	a Gross amount from (i) Securities	- 1	(ii) Other				
l	sales of assets other than inventory 7a						
	b Less: cost or other			2.5			
	basis and sales exps. <b>7b</b>						1.0
١,	c Gain or (loss) 7c						
	d Net gain or (loss)						
	a Gross income from fundraising events						
	/mmt to alcosting of	ľ					
	of contributions reported on line						
		8a					
,	1c). See Part IV, line 18						
	c Net income or (loss) from fundraising						<u> </u>
	a Gross income from gaming	eventa					
94	activities. See Part IV, line 19	90					
ı	Less: direct expenses	9a 9b					
					<u>and the second of the second </u>	A STATE OF THE STA	
	Net income or (loss) from gaming ac	livities					
10	a Gross sales of inventory, less	40-					er An er e
	returns and allowances	10a					
	Less: cost of goods sold	10b		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	Net income or (loss) from sales of in	entory					
4.4	_		Business Code		<u> </u>		
11	* * * * * * * * * * * * * * * * * * * *						
t							
C		,	` `				
	Total. Add lines 11a-11d			1 760 050	F00 F0=		
12	Total revenue. See instructions			1,760,959	583,795	0	0

Form 990 (2023) THE FOUNDATION OF PALM SPRINGS 26-1265520 Page 10 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 (A) Total expenses (B) Program service (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 479,545 387,165 46,190 46,190 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... Payroll taxes 10 Fees for services (nonemployees): 11 a Management b e Professional fundraising services. 43,639 43,639 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 451,486 (A) amount, list line 11g expenses on Schedule O.) 420,403 2,511 28,572 26,359 13,674 Advertising and promotion 12,685 12 34,722 13 Office expenses ..... 792,461 756,003 1,736 4,157 Information technology ..... 5,197 520 520 Royalties 92,907 74,325 9,291 9,291 Occupancy 16 73,124Travel 73,124 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19,053 28,101 9,048 Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates ..... Depreciation, depletion, and amortization Insurance 23 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.) 47,037 47,037 COGS d e All other expenses 2,039,856 1,793,952 93,234 152,670 Total functional expenses. Add lines 1 through 24e. Joint costs. Complete this line only if the

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check her following SOP 98-2 (ASC 958-720)

Form **990** (2023)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest-bearing 2,103,923 1 228,570 Savings and temporary cash investments 2 Pledges and grants receivable, net \_\_\_\_\_ 64,177 4 Accounts receivable, net 72,695 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net ...... 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges ................................ 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities ...... 4,458,690 2,831,670 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 5,008,288 4,751,437 Total assets. Add lines 1 through 15 (must equal line 33) ..... 16 17 Accounts payable and accrued expenses 17 18 Grants payable ...... 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 22 23 Secured mortgages and notes payable to unrelated third parties \_\_\_\_\_\_ 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 ..... 0 0 26 Organizations that follow FASB ASC 958, check here |X| Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 5,008,288 4,751,437 27 28 Net assets with donor restrictions 28 Fund Organizations that do not follow FASB ASC 958, check he and complete lines 29 through 33. ö 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund ..... 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 4,751,437 5,008,288 Net 32 32 5,008,288 4,751,437 Total liabilities and net assets/fund balances .... 33

Form 990 (2023)

<u>Forn</u>	n 990 (2023) THE FOUNDATION OF PALM SPRINGS 26-1265520			<u>Pa</u> g	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u>.</u>	X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,76	<u> 50 , 9</u>	<u>959</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,03		
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-2</u>	<u> 18,8</u>	<u>897</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,00	)8,2	<u> 288</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u>22,0</u>	046
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,75	<u>51,4</u>	<u>437</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1 :
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		-		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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 Brancolsolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a competite that assumes responsibility for a craight of			1	
	the audit, review, or compilate and its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				٠.
	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?	<i>.</i>	3a		
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		3b		<u> </u>
			Fom	n 990	(2023)

## SCHEDULE A (Form 990)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE FOUNDATION OF PALM SPRINGS Employer identification number UNIFIED SCHOOL DISTRICT 26-1265520 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organize and operated exclusively to the benefit of, to perform the functione or more publicly surported organization occupied organization section 509(a) ) or section 50 the box on lines 12a through 2d that describes the type of supporting organization and continuous c arr out the purposes of ction 509(a)(3). Check ete lines 1 e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	660,843	715,080	1,211,147	3,489,494	1,177,164	7,253,728
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	660,843	715,080	1,211,147	3,489,494	1,177,164	7,253,728
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						7,253,728
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	660,843	715,080	1,211,147	3,489,494	1,177,164	7,253,728
9	Net income from unrelated using a activities, whether or not the business is regularly carried on		V I		/F I		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		<u> </u>		The state of the s	1.0	7,253,728
12	Gross receipts from related activities, etc		·				1,057,431
13	First 5 years. If the Form 990 is for the organization, check this box and stop he						
Sec	tion C. Computation of Public S	upport Perce	ntage				
14	Public support percentage for 2023 (line	6, column (f) divid	ed by line 11, col	umn (f))		14	100.00%
15	Public support percentage from 2022 Sch						100.00%
16a	33 1/3% support test — 2023. If the org-	anization did not d					
	box and stop here. The organization qua						X
b	33 1/3% support test — 2022. If the orga				ine 15 is 33 1/3%	or more, check	. —
170	this box and stop here. The organization				2 160 or 16b or		Ц
1/a	10%-facts-and-circumstances test — 2 10% or more, and if the organization med	•					
	Part VI how the organization meets the fa						
b	organization 10%-facts-and-circumstances test — 2						
	15 is 10% or more, and if the organization				•	•	
	in Part VI how the organization meets the	facts-and-circum	stances test. The	organization quali	ifies as a publicly	supported	
1Ω	organization  Private foundation. If the organization di	d not check a hav	on line 12 180	16h 17a ar 17h	chack this have		Ц
18							
	instructions						

Part III

m 990) 2023 THE FOUNDATION OF PALM SPRINGS 26-1265520 Page 3

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.

	lf the organization fails to	qualify unde	er the tests liste	ed below, plea	ise complete F	art II.)	
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support	-					<u> </u>
	ndar year (or fiscal year beginning	(2) 2010	(b) 2 20	Val. 12	d) 2022	(e) 2023	(f) Total
9	Amounts from line 6		<b>4</b> 0) 2 <b>2</b> 20	2021	<b>QU)</b> 2022	(e) 2023	(i) Iotai
	····· [						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		:				
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	rganization's fire	t second third fo	urth or fifth tay v	l lear as a section F		<u> </u>
	organization, check this box and <b>stop her</b>	·o					
Sect	tion C. Computation of Public S						
15	Public support percentage for 2023 (line 8	, column (f), div	ided by line 13, co	olumn (f))		15	%
6	Public support percentage from 2022 Sche	edule A, Part III	line 15			16	%
Sect	tion D. Computation of Investme	ent Income I	Percentage				
17	Investment income percentage for 2023 (I	ine 10c, column	(f), divided by line	e 13, column (f))		17	%
<b>8</b> In	vestment income percentage from 2022 Se					40	%_
9a	33 1/3% support tests — 2023. If the org	anization did no	t check the box of				_
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests — 2022. If the org						
	line 18 is not more than 33 1/3%, check the	=	_	•		~	
20	Private foundation. If the organization did	not check a bo	ox on line 14, 19a	, or 19b, check th	is box and see ins	tructions	

### Supporting Organizations Part IV

(Complete only if you checked a box on line 12 on 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	Α.	All	Supp	orting	Org	anizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the for ign su potted organization was used exclusive. nurnoses.
- Did the organization add, s d organizations 5a 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
	-	
1.		
2		
3a		
		-
3b		
3c		
4a		
14.		+ + *1 
4b		
70		
4c		
	1 1/1	
5a		
5b	•	
5c		
1		
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	:	A
7	2.1	-
8		
0		
		1
9a		
9b		
70		
9c		
		4
10a		

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3a

Sched	ule A (Form 990) 2023 THE FOUNDATION OF PALM SPR			520 Page <b>6</b>
<u>Pa</u>	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	)rgar	nizations	
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 r	must o	complete Sections A throu	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		·	
E	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1	3		
4	Cash deemed held for exampt use. Enter 4.0 or line 3 for greater amount see instructions).		PY	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrate	ed Ty	pe III supporting organiza	tion
	(see instructions).			

THE FOUNDATION OF PALM SPRINGS 26-1265520 Schedule A (Form 990) 2023 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 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 Total of lines 3a through 3 g Applied to underdistributions of prior years h Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 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. 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. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. 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 A (Form 990) 2023

DAA

Schedule A (Fe	orm 990) 2023		FOUNDATION			26-12		Page 8
Part VI	Supplementa	al Informatio	n. Provide the ex	planations rec	uired by Part I	I, line 10; Part	II, line 17a	or 17b; Pai
	III, line 12; Pa	art IV, Section	A, lines 1, 2, 3b,	, 3c, 4b, 4c, 5	a, 6, 9a, 9b, 9d	, 11a, 11b, ar	nd 11c; Part	t IV, Section
	B, lines 1 and	d 2; Part IV, S	Section C, line 1; I	Part IV, Section	n D, lines 2 ar	nd 3; Part IV, S	Section E, li	nes 1c, 2a,
	3a, and 3b; F	Part V, line 1;	Part V, Section B	l, line 1e; Part	V, Section D,	lines 5, 6, and	8; and Par	t V, Section
			nplete this part fo					•
Part ]	II, Line l	lO - Othe	er Income D	etail				
FUNDRA	AISING			\$	0			
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Schedule A (Form 990) 2023

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

OMB No. 1545-0047

2023

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

Name of the organization

.. app. T. .. a

Employer identification number

THE FOUNDATION OF PALM SPRINGS UNIFIED SCHOOL DISTRICT

26-1265520

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
, ,	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule	CLIENT COPY						
<u> </u>	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.						
Special Rules							
regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or if from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III.						
contributor, during the contributions totaled m during the year for an General Rule applies	pescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions e during the year						
must answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it 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 at the filing requirements of Schedule B (Form 990).						

Name of organization

Page 1 of 1 Page 2
Employer identification number

THE	FOUNDATION OF PALM SPRINGS	26	-1265520
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space i	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. <b>1</b>	AMAZON.COM, INC 333 FARRELL DRIVE PAM SPRINGS CA 92264	\$ 32,775	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HAROLD MATZNER 555 N PATENCIO ROAD PALM SPRINGS CA 92262	\$ 35,451	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JO ALICE CANTERBURY 41505 CARLOTTA DRIVE #1 0 PALM DESERVE CA 9 211	COPY	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LOUIS HORVATH 333 FARREL DRIVE PALM SPRINGS CA 92264	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RICHARD BROOKE FOUNDATION 17310 WRIGHT ST STE 202 OMAHA NE 68130	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WESTERN WIND FOUNDATION 321 N CLARK STREET FL 5 CHICAGO IL 60654	\$ 32,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)

## 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	,	Employer identification number
	HE FOUNDATION OF PALM SPRINGS		
	NIFIED SCHOOL DISTRICT		26-1265520
P	Organizations Maintaining Donor Advised Complete if the organization answered "Yes"	Funds or Other Similar Funds on Form 990, Part IV, line 6.	or Accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	_
	funds are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor		
	only for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (cl	neck all t <u>hat</u> apply).	
	Preservation of land for public use (for example, recreation or	education Preservation of a historical	y important land area
	Protection of natural habitat	Preservation of a certified I	nistoric structure
	Preservation of open space		
. 2	Complete lines 2a through 2d if the organization held a qualified or	onservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easuments		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation ease. The definition structure	included on handa	2c
d	Number of conservation easements included on line 2c acquired at		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	, extinguished, or terminated by the orga	anization during the
	tax year		
4	Number of states where property subject to conservation easemen		
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it holds		
6	Staff and volunteer hours devoted to monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion easements during the year
7		f violations, and enforcing conservation e	easements during the year
8	Does each conservation easement reported on line 2d above satis	fy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation east	sements in its revenue and expense stat	ement and balance
	sheet, and include, if applicable, the text of the footnote to the organic	anization's financial statements that desc	ribes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of A Complete if the organization answered "Yes" of A	<b>rt, Historical Treasures, or Ot</b> h on Form 990, Part IV, line 8.	ner Similar Assets
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its financial s	tatements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to r	eport in its revenue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public exhib	oition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(III) Assets to deal to Fermi COO Deal V		
2	If the organization received or held works of art, historical treasures		n, provide the
	following amounts required to be reported under FASB ASC 958 re	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

Schedule D (Form 990) 2023 THE FOUNL			26-1265520	Page 2
Part III Organizations Maintaining				
3 Using the organization's acquisition, access collection items (check all that apply).	ion, and other records, ch	eck any of the following th	nat make significant use	of its
a Public exhibition	d Loan o	r exchange program		
b Scholarly research	e Other	r exchange program		
c Preservation for future generations				
4 Provide a description of the organization's of XIII.	collections and explain hov	v they further the organiza	ation's exempt purpose	in Part
5 During the year, did the organization solicit assets to be sold to raise funds rather than				Yes No
Part IV Escrow and Custodial Ar		of the organization's collec	SHOTT!	Tes No
Complete if the organization 990, Part X, line 21.		Form 990, Part IV, I	ine 9, or reported a	an amount on Form
1a Is the organization an agent, trustee, custoo included on Form 990, Part X?				☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XII	I and complete the followi	ng table.		
				Amount
c Beginning balance			1c	
d Additions during the year			1d	
e Distributions during the year			1e	
f Ending balance				
2a Did the organization include an amount on F	Form 990, Part X, line 21,	for escrow or custodial ac	ccount liability?	Yes No
<b>b</b> If "Yes," explain the arrangement in Part XIII	I. Check here if the explan	ation has been provided	on Part XIII	
Part V Endowment Funds Complete if the organization	answered "Yes" on	Form 990 Part IV I	ine 10	
Complete in the organization		Prior year (c) Two ye		s back (e) Four years back
1a Beginning of year balance				5,098
	<del>                                     </del>			7030
b Contributions c Net investment earnings, gain and				
losses			528	3,885
d Grants or scholarships		·		
e Other expenditures for facilities and				
programs				
f Administrative evenence				
g End of year balance				
2 Provide the estimated percentage of the cur	rent year and halance (line	a 1g. column (a)) held as:		
a Board designated or quasi-endowment		e 19, column (a)) neid as.		
b Permanent endowment %				
c Term endowment %				
The percentages on lines 2a, 2b, and 2c sho	ould equal 100%			
3a Are there endowment funds not in the posses	•	that are held and adminic	tared for the	
organization by:	solon of the organization	inat are new and adminis	deleg for the	Yes No
(I) I have been a survey to a Commo				[a /ii]
(II) Deleted energia-flags			,	0-(11)
b If "Yes" on line 3a(ii), are the related organiz	rations listed as required a	n Cabadula D2	• • • • • • • • • • • • • • • • • • • •	
4 Describe in Part XIII the intended uses of the				30
Part VI Land, Buildings, and Equi		int tunas.		
Complete if the organization		Form 000 Port IV li	no 11a Soo Form	000 Part V line 10
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
Description of property	(investment)	(other)	depreciation	(d) book value
4a Land	(integration)	(00,01)	aspi sudion	-
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other  Total. Add lines 1a through 1e. (Column (d) must	equal Form 000 Port V #	ne 10e column (PN		
. Jean That miles to unrough to Conditit (a) Mast	oquai i onni əəb, Fait A, II	100, 001411111 (D))		1

Schedule D (Form 990) 2023 THE FOUNDATION OF PALM SPRINGS 26-1265520 Page 3 Investments - Other Securities Part VII 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) \_\_\_\_(E)\_\_\_\_\_\_ (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (c) Method of valuation: (b) Book value Cost or end-of-vear market value \_(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (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. (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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

_	edule D (Form 990) 2023 THE FOUNDATION OF PALM SPRINGS 26-12655	20	Page 4
P	rart XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,760,959
2			
a b	Net unrealized gains (losses) on investments Donated services and use of facilities 2b		
C		1 1	
d		]	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,760,959
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a b	, , , , , , , , , , , , , , , , , , , ,	1	
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,760,959
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Retur	n
1	Total expenses and losses per audited financial statements	T 1 T	2,039,856
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c	1 1	
d	Other (Describe in Part XIII.)	<b>│</b>	
3	Add lines 2a through 2d Subtract line 2e from line 1	2e   3	2,039,856
4	Amounts included on Form 990_Part IX, line 25, but not on line 1:		2,000,000
	Investment expenses not included on Form \$90 Part VI Nine 7b		
b	Other (Describe in Part XIII)	<u> </u>	
C	Add lines to and the		
	Add lines 4a and 4b	4c	0.000.056
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	2,039,856
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information	5	
5 <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
5 <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information ride 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, lines 1	5	
5 <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information ride 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, lines 1	5	
5 <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information ride 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, lines 1	5	
5 <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information ride 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, lines 1	5	
5 <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information ride 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, lines 1	5	
5 <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information ride 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, lines 1	5	
5 <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information ride 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, lines 1	5	
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Schedule D (I	Form 990) 2023	THE	FOUNDATION	OF	PALM	SPRINGS	26-1265520	Page <b>5</b>
Part XIII	Supplemen	<u>ital In</u>	<mark>iformation</mark> (continu	ed)				
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# SCHEDULE M (Form 990)

## **Noncash Contributions**

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

Attach to Form 990.

2023 pen To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name	of the organization				Emplo	yer identification number		
	UNIFIED	SCHOO	L DISTRICT		26-	-1265520		
Pa	art I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of determining contribution amounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other	7 <b>L</b>			/			
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens				* *****			
24	Archeological artifacts							
25	Other ( )	X	1	98,102	*****			
26	Other ( )			30,102				
27	Other ( )							
 28	Other (							
29	Number of Forms 8283 received by	v the orga	nization during the tax y	ear for contributions for				
	which the organization completed I				29			
	Willow allo organization completed t	OIIII OLOC	o, rait v, bolice molaro	**icagcinoni	20	\	es	No
3Ua	During the year, did the organization	n receive	hy contribution any pro-	nerty reported in Part I liv	ies 1 through		-	
<b>.</b>	28, that it must hold for at least 3 y		, , , ,		ū			ŀ
	used for exempt purposes for the		1 10	•	•	30a		x
b	If "Yes," describe the arrangement		ing pendu:				2.0	-12
31	Does the organization have a gift a	acceptance	. , .	•		24		v
226	contributions?  Does the organization hire or use t			as to policit process or a		31		X
	contributions?	•	•	ns to solicit, process, or s		32a	<del>.</del>	х
	If "Yes," describe in Part II.						:	ı
33	If the organization didn't report an a describe in Part II	amount in	column (c) for a type of	property for which colum	n (a) is checked,			

Schedule M (Fo	orm 990) 2023 <b>THE</b>	FOUNDATION	OF PALM	SPRINGS	26-1265520	Page 2
Part II	Supplemental the organization	Information. Pro	vide the infor art I, column	mation required (b), the number	by Part I, lines 30b, 32b, a of contributions, the numb	nd 33, and whether er of items received,
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### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Name of the organization THE FOUNDATION OF PALM SPRINGS

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

UNIFIED SCHOOL DISTRICT 26-1265520 Form 990 - Organization's Mission or Most Significant Activities Charged as a 501(c)3 with providing a stream of external funds to schools within the District, The Foundation for the Palm Springs Unified School District represents a public-private partnership dedicated to supplementing federal and state support of education. Working in collaboration with the Board of Education and Superintendent, The Foundation (1) helps to underwrite existing initiatives and pilot new initiatives that are unfunded or underfunded; (2) builds visibility of the District's needs among community stakeholders and potential donors, and (3) functions as the external fun fiscal agent for stewarding and providing fiduci Form 990, Part III, Line 4d - All Other Accomplishments ENGAGE OUR DIVERSE COMMUNITY TO ENSURE ALL STUDENTS HAVE THE RESOURCES TO REACH THEIR FULL POTENTIAL BY FUNDING GRANTS FOR CLASSES OF THE SCHOOL DISTRICT TO PROVIDE FOR VARIOUS FINE ART AND TECHNOLOGY PROGRAMS THAT COULD OTHRWISE NOT BE AFFORDED BY THE SCHOOL DISTRICT. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE BOARD REVIEWS THE REVIEWED FINANCIAL STATEMENTS AND FORM 990 PRIOR TO FILING THE ORGANIZATION'S 990 RETURN. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE IF THERE IS A CONFLICT OF