Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public Inspection

A	For t	he 2	019 calendar y	ear, or tax year begin	ning	07-0	1 , 20 19, a	nd endi	ing	06	-30 , 20 20	
В	Check	if app	licable:	C Name of organizationHE	RMOSA VALLEY VIEW PTO					D Emplo	oyer identification nu	mber
	Addres	ss cha	inge	Doing business as							91-2156228	
	Name	chang	je	Number and street (or P.0	O. box if mail is not delivered to street addre	ss)		Room/sui	ite	E Teleph	none number	
	Initial r	eturn		L645 VALLEY DRI	VE						(310)937-5	888
	Final re	eturn/t	terminated	City or town, state or prov	rince, country, and ZIP or foreign postal code	e				G Gross	s receipts	
	Amend	ded re	turn	HERMOSA BEACH,	CA 90254					\$	17	6,273
	Applica	ation p	pending	F Name and address of prir	ncipal officer:				H(a) Is this a g	group return f	or subordinates? Ye	s X No
									H(b) Are all s	subordinate	es included? Ye	s No
<u> </u>	Tax-ex	empt	status: X 501	(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	5	27		If "No,"	attach a lis	t. (see instructions)	
J	Websi	te: Þ	www.H	VPTO.COM					H(c) Group	exemption	number ►	
K	Form o	of orga	anization: X Cor	poration Trust Asso	ociation Other ►	L	Year of formation	on: 20 0)1 м s	State of leg	al domicile: CA	
Pa	art I		Summary									
	1	l B	Briefly describe	the organization's missi	on or most significant activities:	THE	PURPOSE	OF HV	PTO IS	TO EN	HANCE AND E	NRICH
a)		T	HE EDUCAT	ONAL EXPERIENC	E OF HERMOSA VIEW AND	HERM	OSA VALL	EY ST	UDENTS :	BY EN	COURAGING PA	ARENT
ü		A	ND TEACHER	R PARTICIPATION	AND DEVELOPING A CLO	SER C	ONNECTIO	N WIT	H THE C	OMMUN	ITY.	
rus		_										
ŏ	2	2 C	Check this box	→ ☐ if the organization	discontinued its operations or dis	posed o	f more than 2	25% of i	ts net asset	ts.		
ري ص	3	3 N	lumber of voting	g members of the gove	rning body (Part VI, line 1a)					. 3		11
es	4	l N	lumber of indep	endent voting members	s of the governing body (Part VI, I	ine 1b)				. 4		11
Ϋ́Ε̈́	5	5 T	otal number of	individuals employed in	calendar year 2019 (Part V, line 2	2a)				. 5		0
Activities & Governance	6			volunteers (estimate if r	• /							500
	7	'a T	otal unrelated b	ousiness revenue from I	Part VIII, column (C), line 12					. 7a		0
		b N	let unrelated bu	ısiness taxable income	from Form 990-T, line 39					. 7b		0
									Prior Year		Current Yea	ir
ne	8	3 C	Contributions and	d grants (Part VIII, line	1h)			٠	34	,706	2	2,911
	9		-		e 2g)							0
Revenue	10) Ir	nvestment incor	ne (Part VIII, column (A	a), lines 3, 4, and 7d)					47		42
å	11	I C	Other revenue (F	Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e) .			٠ 📖	179	,700	7	6,701
	12	2 T	otal revenue - a	add lines 8 through 11 (i	must equal Part VIII, column (A), li	ine 12)			214	,453	9	9,654
	13				X, column (A), lines 1-3)				171	,392	13	0,519
	14	1 B	Benefits paid to	or for members (Part IX				0				
s	15	5 S	Salaries, other c	ompensation, employee	benefits (Part IX, column (A), line	es 5-10)		•				0
Expenses	16	Sa P	Professional fun	draising fees (Part IX, o	column (A), line 11e)							0
<u>Be</u>			-	expenses (Part IX, col			0					
ш	17			(Part IX, column (A), lin					10	,050		6,941
	18		•	•	equal Part IX, column (A), line 25)				181	,442	13	7,460
	19) R	Revenue less ex	penses. Subtract line	18 from line 12			•	33	,011	(3	7,806)
ō	Sec							_	nning of Curre	ent Year	End of Year	
ssets	<u> </u>		`	, ,					282	681	23	88,848
Net Assets or	21		`	, ,						365)		8,392)
_		_			line 21 from line 20			.	285	,046	24	7,240
	art II		Signature				and to the heat	of mary lands	امط المصم مصطالحان	inf it in		
					n, including accompanying schedules and s cer) is based on all information of which pre			of my knov	wiedge and bei	ier, it is		
Sig	ın		WENDY N Signature of o	TUSSBAUM officer						Dat		
			•							Dat	.c	
He	re			TUSSBAUM, TREAS name and title	URER							
			Print/Type prepare		Preparer's signature		Date			v	PTIN	
Dai	id				, ,		2410		Check			,
Pa		or	BRADLEE B		BRADLEE BALDWIN			1_	self-em	ployed	P01882977	
	epar		Firm's name		BALDWIN, CPA				Firm's EIN			
US	e Or	ııy	Firm's address		ELLA AVE SUITE 302			P	hone no.	CE	777 2225	
N 4 ~	, tha !	DC	dioques this set		ITOS CA 90720						777-2325	
ivia	, ιne l	KO (uiscuss triis retu	ıırı wıtırı me preparer sh	own above? (see instructions) .					. .	🛛 X Yes	∐ No

d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

91-2156228

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 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			
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		•
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•		_ X
,	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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			Λ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	x	
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

HERMOSA VALLEY VIEW PTO 91-2156228 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 х 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 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х 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? 25b Х 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% X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a Х b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 х Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 35 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form 990 (2019)

91-2156228

Form 990 (2019) HERMOSA VALLEY VIEW PTO

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

			\ ,,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	- 0.0		
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 did the			
- Ju	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 contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or 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?	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	х	
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 by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in 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 rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California			
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			
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			

WENDY NUSSBAUM (310)937-5888, 1645 VALLEY DRIVE, HERMOSA BEACH, CA 90254

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII 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 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 and/or Box 7 of Form 1099-MISC) 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 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.

	(C)									
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average		(do not check more than one				Reportable	Reportable	Estimated amount	
ivalile and tide	hours		box, unless person is both an officer and a director/trustee)				compensation	compensation	of other	
	per week		,		from the	from related	compensation			
	(list any	or In			organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and			
	hours for related	dire	stitut	Officer	y en	ghes	Forme	(VV-2/1099-WISC)	(** = *********************************	related organizations
	organizations	al tr	onal		Key employee	ee t cor				
	below	Individual trustee or director	Institutional trustee		ee	nper				
	dotted line)	Ф	tee			Highest compensated employee				
						٩				
(1) LISA V GARDNER	5.00									
PRESIDENT				х				0	0	0
(2) JULIE SCHMIRLER	2.00									
VP OPERATIONS				х				0	0	0
(3) COURTNEY SHOTT	2.00									
VP COMMUNITY SERVICE				х				0	0	0
(4) AMY SCHAUWECKER	2.00									
SECRETARY				х				0	0	0
(5) WENDY NUSSBAUM	3.00									
TREASURER				х				0	0	0
(6) KAREN_ALEXANDER	2.00									
DEPOSIT TREASURER				х				0	0	0
(7) LENE HANSEN	2.00									
ASSISTANT TREASURER				х				0	0	0
(8) CHRISTINE SHULTZ	2.00									
VP COMMUNICATIONS				х				0	0	0
(9) DANA MILLER	2.00									
VP COMMUNICATIONS - RPS				х				0	0	0
(10)BECKY SCHOLTEN	2.00									
CO-VP EVENTS & VOLUNTEERS				х				0	0	0
(11)GAIL_KIELY	2.00									
CO-VP EVENTS & VOLUNTEERS				х				0	0	0
(12)										
(13)										
(14)										
										(

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(C)												
	(A)	(B) Position (do not check more than of							(D)	(E)		(F)	
	Name and title	Average	,				nan one s both a		Reportable	Reportable	Estin	nated amo	ount
		hours	officer and a director/truste						compensation	compensation		of other	
		per week (list any							from the organization	from related organizations	1	mpensation	on
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	_	nization a	
		related	idual ecto	ution	eŗ	empl	est c oyee	् व			relate	d organiza	ations
		organizations below	r trus	al tru		oyee	omp						
		dotted line)	lee	istee			ensa						
		,					ted						
(15)													
(12)													
(16)													
7. 2/													
(17)													
Σ _/													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(O.E.)													
(25)													
1b	Subtotal												
C	Total from continuation sheets to Part VII, Sect							-					
d	Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but not limit												
-	reportable compensation from the organization		iolou u	DOVE	, w.	10 10	300140	u 1110	οιο τιαι φ 100,000	01			0
	Topontasio compensation in the organization											Yes	No
3	Did the organization list any former officer, direct	tor, trustee,	kev en	yolqr	/ee.	or h	ighest	t con	npensated				
	employee on line 1a? If "Yes," complete Schedu.		-				-				3		x
4	For any individual listed on line 1a, is the sum of re	eportable cor	mpensa	ation	and	oth	er con	npen	sation from the				
	organization and related organizations greater th	an \$150,000)? If "Y	es,"	con	nplei	te Sch	edu	le J for such				
	individual										4		х
5	Did any person listed on line 1a receive or accrue	compensation	n from	any	unr	elate	ed org	aniz	ation or individual				
	for services rendered to the organization? If "Yes	s," complete	Sched	lule .	J for	suc	h pers	son			5		х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensa	ted independ	dent co	ntrac	ctors	s tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	nding	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	SS							Description of service	es	Compens	sation	
-													
	Total number of independent contractors (in the Pa	a but not li	itad +-	the-	0 II:-	to al	obo	\ ,l.					
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				ieu a	above	, wn	U				
	received more than prod,000 or compensation ito	ını un e uryafıl	∠au∪ii	•									

Part VIII

Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
(0	b	Membership dues					
ants ınts	C	Fundraising events 1c					
يق ق	d	Related organizations	- ,				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e					
a,e	f	All other contributions, gifts, grants,					
Sir	ļ .	and similar amounts not included above	16,517				
the	q	Noncash contributions included in	10,317				
d d	9		\$				
ಕ್ಷ ಬ	h	Total. Add lines 1a-1f	_	22 011			
	- "	Total. Add lines 1a-11	Business Code	22,911			
	22						
9	2a						
Program Service Revenue	b						
en:	C						
Re	d						
5 _	e						
<u>-</u>		All other program service revenue					
	g						
	3	Investment income (including dividends, interest,					
		other similar amounts)		42			42
	4	Income from investment of tax-exempt bond produced	i i				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a						
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	b	other than inventory Less: cost or other basis 7a					
ne		and sales expenses 7b					
Revenue	С	Gain or (loss)					
æ	d	Net gain or (loss)					
her	8a	Gross income from fundraising					
ð G		events (not including \$6,394					
		of contributions reported on line					
		1c). See Part IV, line 18	a 130,412				
	b	Less: direct expenses	b 75,164				
	С	Net income or (loss) from fundraising events	·	55,248			55,248
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9	a 22,908				
	b	Less: direct expenses 9	b 1,455				
	С	Net income or (loss) from gaming activities		21,453	21,453		
	10a	Gross sales of inventory, less					
		returns and allowances	a				
	b	Less: cost of goods sold 10	b				
		Net income or (loss) from sales of inventory					
			Business Code				
Sn	11a						
ino Tue	b						
ella	С						
Miscellanous Revenue		All other revenue					
2		Total. Add lines 11a-11d					
		Total revenue. See instructions		99.654	21.453	0	55,290

Form 990 (2019) HERMOSA VALLEY VIEW PTO 91-2156228 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) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 97,082 97,082 Grants and other assistance to domestic 2 33,437 33,437 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): b 255 255 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 13

Form 990 (2019)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	165,396	1	119,925
	2	Savings and temporary cash investments	117,285	2	67,327
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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		5	
	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	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		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	51,596
	16	Total assets. Add lines 1 through 15 (must equal line 33)	282,681	16	238,848
	17	Accounts payable and accrued expenses	(2,641)	17	(8,667)
	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	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		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	276	25	275
	26	Total liabilities. Add lines 17 through 25	(2,365)	26	(8,392)
		Organizations that follow FASB ASC 958, check here			
Ø		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	285,046	27	247,240
ala	28	Net assets with donor restrictions		28	
Β E		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	285,046	32	247,240
2	33	Total liabilities and net assets/fund balances	282,681	33	238,848

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1			99,	654
2	Total expenses (must equal Part IX, column (A), line 25)	2			137,	460
3	Revenue less expenses. Subtract line 2 from line 1	3			(37,	806)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			285,	046
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			247,	240
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	X 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 ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
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		
EA			F	orm	990 (2	2019)

SCHEDULE A

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.

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Open to Public

OMB No. 1545-0047

2019

HERMOSA VALLEY VIEW PTO 91-2156228 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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). 6 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **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. d 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, 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 organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Sche		ALLEY VIEW				91-21562	
Pa	art II Support Schedule for Organiza	ations Descr	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked the	ie box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
Se	ction A. Public Support						
Cal	lendar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support	() 0045	(1) 0040	() 0047	/ N 0040	() 0040	(O. T.)
	lendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7							
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
^	similar sources						
9							
	activities, whether or not the business is regularly carried on						
10							
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s	ee instructions	:)			12	
	First five years. If the Form 990 is for the or		•				·)(3)
	organization, check this box and stop here						
Se	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 6, c			column (f))		14	%
	Public support percentage from 2018 Sched		-			15	%
	a 33 1/3% support test - 2019. If the organiza						
	box and stop here. The organization qualified						
	b 33 1/3% support test - 2018. If the organization						
•	this box and stop here. The organization qu						
172	a 10%-facts-and-circumstances test - 2019.	-		-			
	10% or more, and if the organization meets	_					
	Part VI how the organization meets the "fact						
	organization			-	' - '		
ı	b 10%-facts-and-circumstances test - 2018.						

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

91-2156228

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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	51,467	30,347	32,888	34,705	22,911	172,318
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose	272,459	388,255	307,394	353,667	153,320	1,475,095
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	323,926	418,602	340,282	388,372	176,231	1,647,413
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,647,413
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	323,926	418,602	340,282	388,372	176,231	1,647,413
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	47	47	47	47	42	230
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	47	47	47	47	42	230
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	323,973	418,649		388,419	176,273	1,647,643
14	First five years. If the Form 990 is for the or	•			•	٠,	` '
	organization, check this box and stop here						▶ ∐
	ction C. Computation of Public Suppor					T .= T	
	Public support percentage for 2019 (line 8, c					15	99.99 %
	Public support percentage from 2018 Sched					16	99.99 %
	ction D. Computation of Investment Inc				(0)	1 4-1	
17	Investment income percentage for 2019 (line					17	0.00 %
	Investment income percentage from 2018 Sc					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz						
_	17 is not more than 33 1/3%, check this box	-	-	•			
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this	-	_	•			
<u>20</u>	Private foundation. If the organization did n	ot check a box	on line 14, 19	a, or 19b, chec	k this box and	see instruction	s ▶ <u></u>

Part IV Suppo

Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	_		
	6		
	7		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
A (Fo	rm 990	or 990-E	Z) 2019

га	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
2	Did the organization energies for the honefit of any supported organization other than the supported	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3		2		
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	tions)	
а				
b				
С		see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	22		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2019 HERMOSA VALLEY VIEW PTO		91-21562	228 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying to	rust	on Nov. 20, 1970 (explain	in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	atior	s must complete Sections	A through E.
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			
СО	llection of gross income or for management, conservation, or			
ma	aintenance 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			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	octors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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			

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

6

EEA

emergency temporary reduction (see instructions).

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

Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			

e Excess from 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
_	

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

HER	MOSA VALLEY VIEW PTO		91-2156228
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(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 wi	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	=	
6	Did the organization inform all grantees, donors, and donor adv		
	only for charitable purposes and not for the benefit of the donor		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (e.g., recreation or edu	_	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired af		
ű			2d
3	Number of conservation easements modified, transferred, rele		
Ū	tax year	adda, extinguished, or terminated by the org	anization daining the
4	Number of states where property subject to conservation ease	ment is located.	
5	Does the organization have a written policy regarding the period		
•	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
·	•	raining of violations, and officioning conservati	ion casemente danng the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation e	easements during the year
•	► \$	ig of violations, and officing conscivation of	acomonic daming the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(/	4)(B)(i)
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnote	·	
	organization's accounting for conservation easements.	i to the enganizations intansial catements in	
Pa	rt III Organizations Maintaining Collections	of Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 958		palance sheet works
	of art, historical treasures, or other similar assets held for publi		
	service, provide, in Part XIII the text of the footnote to its finance		on passing
b	If the organization elected, as permitted under FASB ASC 958		nce sheet works of
-	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			▶ \$
	(ii) Assets included in Form 990, Part X		-
2	If the organization received or held works of art, historical treas		1
-	following amounts required to be reported under FASB ASC 9		in, provide the
а	·		▶ \$
a b	Assets included in Form 990, Part X		
	. 100010 I. John Goog Falt A		· · · · · · · · · · · · · · · · · · ·

Sched	ule D (Form 990) 2019 HERMOSA VALLEY						91-2156		Page 2
Pai	rt III Organizations Maintaining							sets (co	ntinued)
3	Using the organization's acquisition, accession	n, and other records	, check any	of the follo	wing that ma	ke signi	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d		or exchange p	-			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they f	urther the c	organization's	exempt	purpose in Part		
_	XIII.		Came Internet	1					
5	During the year, did the organization solicit or		-		•			□ v	□ .
Do	assets to be sold to raise funds rather than to		art of the of	rganization	s collection?.			. U Yes	∐ No
Гаі	rt IV Escrow and Custodial Arra Complete if the organization		on Form	000 Pa	rt IV/ line (or re	anorted an amo	unt on E	orm
	990, Part X, line 21.	answered res	OH I OH	1 990, 1 8	iit iv, iiiie s	9, OI 16	sported an ame	Julit Oll I	OIIII
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ry for contr	ibutions or	other assets	not			
			-					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							_	_
		·	ŭ				Am	ount	
С	Beginning balance					. 1c	:		
d						. 1d	ı		
е	Distributions during the year					. 1e	1		
f	Ending balance					. 1f			
2a	Did the organization include an amount on Fo							. Yes	No
b	If "Yes," explain the arrangement in Part XIII.					-			Ī
Pai	rt V Endowment Funds.		•						
	Complete if the organization	answered "Yes"	on Form	990, Pa	rt IV, line	10.			
		(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four	ears back
1a	Beginning of year balance				, , ,		,, ,		
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g g	End of year balance								
2	Provide the estimated percentage of the curre	ent vear end halance	(line 1a co	olumn (a)) h	l				
a	Board designated or quasi-endowment	%	(IIIIO 19, oc) (a)) i	ioia ao.				
b									
c	Term endowment ► %	70							
·	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%							
3a	Are there endowment funds not in the posses		tion that are	e held and	administered	for the			
ou	organization by:	osion of the organiza	tion that are	o noid and	aariiiiiotoroa	101 1110		Γ	Yes No
	(i) Unrelated organizations							. 3a(i)	100 110
	()							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations							. 3a(ii)	
4	Describe in Part XIII the intended uses of the	•					• • • • • • • • •	. 55	
			windin luil	<i>.</i>					
ı aı	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 oth		1 ' '	r other basis other)		Accumulated epreciation	(d) Book	value
10	Land	,	,	+ "	,	ui ui	.,		
1a	Land			-					
b	Buildings								
C	Leasehold improvements								
d	Equipment								
e Total	Other		urt V andrew	n (P) line	100.)				

91-2156228

Part VII	Investments - Other Securities.	

Part VII	Complete if the organization answered "Yes"	on For	m 990, Part	IV, line 1	11b. See Form	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book val	ue		c) Method of valuation: r end-of-year market value
(1) Financial	derivatives					·
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	re (b) result a result Forms 2000. Port V. and (B) line 40.					
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.	•				
rait viii	Complete if the organization answered "Yes"	on For	m 990, Part	IV, line 1	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book val	ue		c) Method of valuation: r end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) T 1 1 (2)	(I) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	•				
Part IX	Complete if the organization answered "Yes"	on For	m 990, Part	IV, line 1	11d. See Form	990, Part X, line 15.
(4)	(a) Description					(b) Book value
. ,	CATE OF DEPOSIT					50,00
(2)PAYPAL						1,59
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15.)					51,59
Part X	Other Liabilities.			· · · · ·		51,55
1 4.171	Complete if the organization answered "Yes" line 25.	on For	m 990, Part	IV, line 1	11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book v	ralue			
(1) Federal i	ncome taxes					
(2SCRIP (CERTIFICATES OUTSTANDING		275			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 25.).		275			
-	uncertain tax positions. In Part XIII, provide the text of the fo		-			_
organization's	liability for uncertain tax positions under FASB ASC 740. Cl	heck here	if the text of the	e footnote	has been provide	d in Part XIII

Pai	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)		5
	rt XII Reconciliation of Expenses per Audited Financial State		
ı aı	Complete if the organization answered "Yes" on Form 990		per return.
1			1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • • • • • • • • •	1
2		2-	
a	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	-
С	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	-
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		4c
<u>5</u>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,		Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional information.	

EEA Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

lame of the organization						Employer ide	ntification number	
HERMOSA VALLEY VIEW PTO						91-2156228		
Part I Fundraising Activities	. Complete if the	he organiz	ation ans	wered "Yes" on	Form 99	0, Part IV,	line 17.	
Form 990-EZ filers are not	required to con	nplete this p	oart.					
1 Indicate whether the organization rais	ed funds through a	any of the foll	owing activit	ies. Check all that a	pply.			
a Mail solicitations		e 🗌 S	Solicitation of	f non-government gr	ants			
b Internet and email solicitations		f 🗌 S	Solicitation of	f government grants				
c Phone solicitations		g 🗌 S	Special fundr	aising events				
d In-person solicitations		_		•				
2a Did the organization have a written or	oral agreement w	rith any individ	dual (includin	ng officers, directors,	trustees,			
or key employees listed in Form 990,	-	-		-		□ Y	es No	
b If "Yes," list the 10 highest paid individ			•	•		Iraiser is to b	<u>—</u> е	
compensated at least \$5,000 by the c		, ,						
,								
		(iii) Did fun	draiser have		(v) Amo	ount paid to	(vi) Amount paid to	
(i) Name and address of individual	(ii) Activity		r control of	(iv) Gross receipts		tained by)	(or retained by)	
or entity (fundraiser)	() ,	contrib	utions?	from activity		ser listed in ol. (i)	organization	
		Yes	No					
1				-				
2								
3								
4								
5								
6								
7								
8								
9								
0								
otal								
3 List all states in which the organization	is registered or lic	censed to soil	icit contributi	ons or has been not	ified it is ex	tempt from		
registration or licensing.								

91-2156228

b If "Yes," explain:

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 (c) Other events (b) Event #2 (d) Total events (add col. (a) through CARNIVAL SPIRIT WEAR 6 col. (c)) (event type) (event type) (total number) Revenue Gross receipts 39,402 32,019 65,385 136,806 Less: Contributions 6,394 6,394 Gross income (line 1 minus 39,402 32,019 58,991 line 2) 130,412 Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses Food and beverages 6,603 6,603 8 Entertainment Other direct expenses 10,156 19,875 38,530 68,561 75,164 55,248 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. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 22,908 22,908 Cash prizes 2 Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses 1,455 1,455 Yes 100.00 % Volunteer labor No No No 1,455 21,453 9 Enter the state(s) in which the organization conducts gaming activities: CA **a** Is the organization licensed to conduct gaming activities in each of these states? \underline{x} **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sched	tule G (Form 990 or 990-EZ) 2019 HERMOSA VALLEY VIEW PTO	91-2156	228	F	Page 3
1	Does the organization conduct gaming activities with nonmembers?			res 🗓	No
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity				
	formed to administer charitable gaming?			res x	No
3	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a			%
b	An outside facility	1	10	0.000	%
4	Enter the name and address of the person who prepares the organization's gaming/special events books and				
	records:				
	Name▶ WENDY NUSSBAUM				
	Address ► 1645 VALLEY DRIVE, HERMOSA BEACH, CA 90254				
5a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?			res x	No
b	If "Yes," enter the amount of gaming revenue received by the organization ►\$ and the		_		
-	amount of gaming revenue retained by the third party ► \$				
С	If "Yes," enter name and address of the third party:				
Ŭ	17 100, Office fruit and address of the till party.				
	Name▶				
	Traillo F				
	Address ►				
6	Gaming manager information:				
	3				
	Name▶				
	Gaming manager compensation ► \$				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
7	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		□ \	res x	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
	spent in the organization's own exempt activities during the tax year ► \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	lumns (iii)	and	(v); ar	nd
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add	itional info	orma	tion.	
	See instructions.				

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" or Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Employer identification number

Open to Public Inspection

HERMOSA VALLEY VIEW PTO						91-2156228	
Part I General Information on							
1 Does the organization maintain records							
the selection criteria used to award the	grants or assistance? .						. Yes X N
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assista	nce to Domestic Org	anizations and Do	mestic Governmen	its. Complete if the c	rganization answered	"Yes" on Form 990),
Part IV, line 21, for any recip	pient that received mo	re than \$5,000. Par	t II can be duplicate	d if additional space	is needed.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)HERMOSA BEACH CSD					,		
1645 VALLEY DR							
HERMOSA BEACH, CA 90254			97,082				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	•	tions listed in the line 1	table				

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
IPENDS	35	33,437			
Supplemental Information. Pr	rovide the information re	quired in Part I, line	e 2; Part III, colum	n (b); and any other addit	tional information.

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

HERMOSA VALLEY VIEW PTO

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

91-2156228

Name of the organization Employer identification number

01. Members or stockholder classes and rights (Part VI, line 6)
PER THE ORGANIZATION'S BYLAWS MEMBERSHIP IS AUTOMATICALLY GRANTED TO ALL PARENTS AND
GUARDIANS OF STUDENTS CURRENTLY ENROLLED IN HERMOSA VIEW AND HERMOSA VALLEY SCHOOLS AND TO
ALL TEACHERS CURRENTLY EMPLOYED AT HERMOSA VIEW AND HERMOSA VALLEY SCHOOLS.
02. Member election for additional members (Part VI, line 7a)
ALL MEMBERS HAVE VOTING RIGHTS.
03. Governing body decisions (Part VI, line 7b)
ORGANIZATIONAL DECISIONS ARE VOTED UPON BY THE ORGANIZATION'S GOVERNING BOARD AND OR
GENERAL MEMBERSHIP.
04. Committee meeting documentation (Part VI, line 8b)
THERE ARE NO COMMITTEES WITH SUCH AUTHORITY.
05. Form 990 governing body review (Part VI, line 11)
THE EXECUTIVE BOARD OF THE ORGANIZATION REVIEWS THE FORM 990 PRIOR TO FILING.
06. Governing documents, etc, available to public (Part VI, line 19)
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

TAXABLE YEAR 2019

California Exempt Organization Annual Information Return

FORM

199

Colondo	ar Year 2019 or fiscal year beginning (mm/dd/yyyy) $07-01-2019$, and ending (mm/dd	1/2224	06-20	-2020	
			_		
	n/Organization name		orporation nu	mber	
HERM	OSA VALLEY VIEW PTO	2313	9.70		
Additional	information. See instructions.	FEIN			
		91 - 2	15622	8	
Street add	ress (suite or room)		PMB no.		
	VALLEY DRIVE				
	VILLE DICEVE	State	75		
City	OCA DEACH		Zip code	1	
	OSA BEACH	CA	9025		
Foreign co	untry name Foreign province/state/county		Foreign po	ostal code	
A First Re		e organizatio	n		
B Amende	ed Return • • • • • • • • • • • • • • • • • • •			. ● Yes	X No
C IRC Sec	ction 4947(a)(1) trust • • • • • • • • • • • • • • • • • • •	n 23701g? •		. • Yes [X No
D Final Inf	formation Return? If "Yes," enter the gross receipts from nonmem	ber sources		\$	
• 🗆 🗅	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is a public charity exempt under	R&TC			
_	ate: (mm/dd/yyyy) Section 23701d and meets the filing fee excep				
	accounting method: (1) Cash (2) X Accrual (3) Other check box. No filing fee is required • • • •			. ●	
				- = -	₩
_				· • Yes L	Δ No
` / 🗀	Other 990 series N Did the organization file Form 100 or Form 109				
G Is this a	group filing? See instructions • • • • • Yes 💹 No taxable income? • • • • • • •		• • • •	· • Yes	X No
H Is this o	rganization in a group exemption $\cdots\cdots\cdots$ Yes 🗵 No 0 Is the organization under audit by the IRS or ha	as the IRS			
If "Yes,"	what is the parent's name? audited in a prior year? • • • • • • •			. ● Yes	X No
	P Is federal Form 1023/1024 pending? • •			· Yes	X No
I Did the	organization have any changes to its guidelines Date filed with IRS				
not repo	orted to the FTB? See instructions · · · · · · · · • Yes X No				
Part I	Complete Part I unless not required to file this form. See General Information B and C.				
	Gross sales or receipts from other sources. From Side 2, Part II, line 8 · · · · · · · · · · · · · · · · ·		9 1	153,363	00
			. — —	133,303	00
	2 Gross dues and assessments from members and affiliates	• • •	2	22 011	_
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received · · · · · · · · · · · · · · · · · · ·	• • • •	3	22,911	. 00
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.				
	This line must be completed. If the result is less than \$50,000, see General Information B	• • • • •	9 4	176,274	: 00
	5 Cost of goods sold · · · · · · · · · · · · · · · · · · ·	C	00		
	6 Cost or other basis, and sales expenses of assets sold • • • • • • • • • • • • • • • 6	C	00		
	7 Total costs. Add line 5 and line 6 · · · · · · · · · · · · · · · · · ·		7		00
	8 Total gross income. Subtract line 7 from line 4 · · · · · · · · · · · · · · · · · ·		8	176,274	. 00
	9 Total expenses and disbursements. From Side 2, Part II, line 18 · · · · · · · · · · · · · · · · · ·		9 9	214,080	_
Expenses			10	(37,806	
	11 Total payments · · · · · · · · · · · · · · · · · · ·		• 10 • 11	(3,,000	00
	• •		_		00
Filing	12 Use tax. See General Information K	• • • '	12		
Fee	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 · · · · · · · · · · · · · · · · · ·	'	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	• • • •	9 14		00
	15 Filing fee \$10 or \$25. See General Information F · · · · · · · · · · · · · · · · · ·		15		00
	16 Penalties and Interest. See General Information J		16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	@) 17		00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	st of my knov	vledge and b	elief, it is	
Sign Here	ı Title ı Date	ago. I	●Telephor	ne	
	Signature of officer MENDY NUSSBAUM TREASURER 05/15	/2021		937-588	8
	Date Check if self-		●PTIN	70. 000	
	Preparer's	. 57		82977	
Paid	signature • employed	<u> </u>			
Preparer's			Firm's Fi		
Use Only	if self-employed) BRADLEE BALDWIN, CPA and address		_	807334	
	5122 KATELLA AVE SUITE 302		Telephor		_
	LOS ALAMITOS, CA 90720			777-232	5
	May the FTB discuss this return with the preparer shown above? See instructions		● X Yes	s No	

Part II Organizations with gross receipts of more than \$50,000 and private foundations 91-2156228 regardless of amount of gross receipts - complete Part II or furnish substitute information. Gross sales or receipts from all business activities. See instructions 1 00 2 42 00 3 00 Receipts 4 00 from Other 5 00 Sources Gross amount received from sale of assets (See Instructions) 6 00 7 153,321 7 00 153,363 00 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. . . . 8 130,519 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule 9 00 10 10 00 11 Compensation of officers, directors, and trustees. Attach schedule 11 00 12 00 Expenses 13 00 and 14 00 Disburse 15 Rents 15 00 ments 00 16 Other Expenses and Disbursements. Attach schedule 17 83,561 00 214,080 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 00 Schedule L **Balance Sheet** Beginning of taxable year End of taxable year Assets (c) (d) 282,681 187,252 • • Federal and state government obligations · · · · • Investments in other bonds ۰ 7 ۰ Other investments. Attach schedule **b** Less accumulated depreciation **11** Land............. • 51,596 • 282,681 238,848 Liabilities and net worth (2,641)(8,667)Contributions, gifts, or grants payable ۰ • 276 275 **18** Other liabilities. Attach schedule • 19 • 20 Paid-in or capital surplus. Attach reconciliation . 247,240 285,046 • 21 Retained earnings or income fund 282,681 238,848 22 Total liabilities and net worth 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 (37,806) 7 Income recorded on books this year not included in this return. Attach schedule 3 Excess of capital losses over capital gains . . . 8 Deductions in this return not charged Income not recorded on books this year. against book income this year. 9 Total. Add line 7 and line 8 · · · · · · 5 Expenses recorded on books this year not deducted in this return. Attach schedule 10 Net income per return. 6 Total. Add line 1 through line 5 (37,806)Subtract line 9 from line 6 (37,806)

Side 2 Form 199 2019

043

3652194

STATE OF CALIFORNIA

RRF-1 (Rev. 09/2017)

> MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

DEPARTMENT OF JUSTICE

HERMOSA VALLEY VIEW P Name of Organization List all DBAs and names the organization use				nge of address		
1645 VALLEY DRIVE Address (Number and Street)			State Ch	arity Registration Number CT-1285	501	
HERMOSA BEACH, CA 902 City or Town, State, and ZIP Code	54		Corporat	ion or Organization No. 2313970)	
310-937-5888 Telephone Number	E-mail Addre	ss	Federal E	Employer ID No. 91-2156228		
ANNUAL REGISTRATI		EE SCHEDULE (11 Cal. Code heck Payable to Departmen		ctions 301-307, 311, and 312) e		
Gross Annual Revenue Fee	Gross An	nual Revenue	Fee	Gross Annual Revenue	<u>F</u>	ee
Less than \$25,000 (0) Between \$25,000 and \$100,000 \$25		\$100,001 and \$250,000 \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$	150 225 300
PART A - ACTIVITIES	•					
For your most recent full account	ting period (beg	inning $07 - 01 - 2019$	ending ()6-30-2020) list:		
Gross Annual Revenue \$ 176	<u>,274</u> N	oncash Contributions \$		Total Assets \$ 238	,848	_
Program Expense	s \$	Total E	Expenses	\$		
PART B - STATEMENTS REGARDING ORG	ANIZATION DU	RING THE PERIOD OF THIS	REPORT			
Note: All questions must be answered. If yo providing an explanation and details	-			· · · · · · · · · · · · · · · · · · ·	Yes	No
During this reporting period, were there a officer, director or trustee thereof, either of the control of	•			· ·	163	X
During this reporting period, was there an			•	•		X
During this reporting period, were any org	ganization funds ι	used to pay any penalty, fine o	r judgmen	!?		Х
During this reporting period, were the ser coventurer used?	vices of a comme	ercial fundraiser, fundraising o	ounsel for (charitable purposes, or commercial		Х
5. During this reporting period, did the organ	nization receive a	ny governmental funding?				Х
6. During this reporting period, did the organ	nization hold a raf	fle for charitable purposes?			Х	
7. Does the organization conduct a vehicle of	donation program	?				X
Did the organization conduct an independ generally accepted accounting principles			ents in acco	ordance with		Х
9. At the end of this reporting period, did the	organization hol	d restricted net assets, while r	eporting n	egative unrestricted net assets?		Х
I declare under penalty of perjury that I hav belief, the content is true, correct and comp			nying doc	uments, and to the best of my knowled	ge and	
	MENTEN	NITICCDATIM	TT	REASURER 05-	15_1	2021
Signature of Authorized Agent	MENDI	NUSSBAUM Printed Name		Title	Da	

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311 and 312

STATEMENT INFORMATION

	,
Name as shown on return:	FEIN
HERMOSA VALLEY VIEW PTO	91-2156228
HERMOSA VALUET VIEW FIO	91-2130220
FORM RRF-1, PART B, LINE 6	
FORT RRE 1, FART B, LINE 0	
NUMBER AND DATES OF RAFFLES	
1 RAFFLE:	
	-
10.405.40010	
10/25/2019	
	-

State Supporting Statements	2019 Page 1
Y VIEW PTO	91-2156228
NCOME FROM GAMING ACTIVITIES	Amount \$ 130,412 22,909 \$ 153,321
CA 199, PART II, LINE 9	
ESTIC ORGANIZATIONS	Amount \$ 33,437 97,082 \$ 130,519
CA 199, PART II, LINE 17	
ES ECHNOLOGY ROCESSING FEES	612 1,807 1,729 2,348 149 42 76,619
Total: SCH L, OTHER ASSETS	\$ <u>83,561</u>
ben if think health	
	Amount
F DEPOSIT	<u>Amount</u> \$ 50,000
	\$ 50,000
	\$ 50,000 1,596
Total:	\$ 50,000 1,596
	NCOME FROM FUNDRAISING EVENTS NCOME FROM GAMING ACTIVITIES Total: CA 199, PART II, LINE 9 ESTIC INDIVIDUALS (STIPENDS) ESTIC ORGANIZATIONS Total: CA 199, PART II, LINE 17