

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

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

A For the 2021 calendar year, or tax year beginning 07-01 , 2021, and ending 06-30 , 20 22	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Hermosa Valley View PTO Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1645 Valley Drive City or town, state or province, country, and ZIP or foreign postal code Hermosa Beach, CA 90254 F Name and address of principal officer: _____ H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶ _____
D Employer identification number 91-2156228	E Telephone number (310) 937-5888
G Gross receipts \$ 254,171	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ www.hvpto.com	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2001 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The purpose of HVPTO is to enhance and enrich the educational experience of Hermosa View, Hermosa Vista and Hermosa Valley students by developing and providing resources to aid parents and teachers with all funds raised being allocated back within our community.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	500	
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	33,657	16,104	
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	979	108	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,608	237,959	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,244	254,171	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	89,311	191,742
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶				
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		9,728	15,797	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		99,039	207,539	
19 Revenue less expenses. Subtract line 18 from line 12		51,205	46,633	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	300,546	348,121	
	21 Total liabilities (Part X, line 26)	2,100	3,042	
	22 Net assets or fund balances. Subtract line 21 from line 20	298,446	345,079	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 		Date 7/27/2023		
	Type or print name and title KRISTEN MAKARY NEER, HVPTO Treasurer				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No