

			** PUBLIC DISCLOSURE COPY *	*					
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047				
For	m y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	s) 2018					
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it may	Open to Public Inspection					
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning SEP 1, 2018 and ending AUG 31, 2019									
Β	Check if applicat	ole: C Name o	forganization	D Employer identific	ation number				
	Addr		ER CITY EDUCATION FOUNDATION						
	Name	9	usiness as	95-36	541300				
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone number					
	Final		OX 4178	(310)) 842-4220				
_	termi ated ⊐Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,050,708.				
	return		ER CITY, CA 90231-4178	H(a) Is this a group re					
	tion pend	ing F Name a	nd address of principal officer:		? Yes X No				
	-	empt status:		H(b) Are all subordinates ind					
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 5 4SCHOOLS.ORG		list. (see instructions)				
				H(c) Group exemption ear of formation: 1981					
	art I				State of legal dominine. Ch				
	1	,	be the organization's mission or most significant activities: <u>RAISE FUN</u>	IDS TO SUPPORT	· & ENHANCE				
e	1.		TY EDUCATION AT THE CULVER CITY UNIFIE	D SCHOOL DIST					
Governance	2		x if the organization discontinued its operations or disposed of mo						
ver	3	Number of vo	19						
ဗိ	4		18						
ა ა	5		lependent voting members of the governing body (Part VI, line 1b)		3				
itie	6		of volunteers (estimate if necessary)		35				
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.				
Ā			business taxable income from Form 990-T, line 38		0.				
				Prior Year	Current Year				
đ	8	Contributions	and grants (Part VIII, line 1h)	488,863.	920,988.				
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	16,599.	14,475.				
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	2,526.	22,435.				
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,371.	-81,045.				
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	558,359.	876,853.				
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	384,233.	352,015.				
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.				
S	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	113,452.	134,068.				
ens(16a	Professional f	ing expenses (Part IX, column (A), line 11e)	0.	0.				
Expenses	b b								
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	56,315.	47,736.				
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	554,000.	533,819.				
	19	Revenue less	expenses. Subtract line 18 from line 12	4,359.	343,034.				
Assets or		_		Beginning of Current Year	End of Year				
Sset	20	Total assets (I		1,320,816.	1,739,813.				
Net A			(Part X, line 26)	178,553.	221,804.				
	art II		fund balances. Subtract line 21 from line 20	1,142,263.	1,518,009.				
		-		mante and to the heat of my	knowledge and belief it is				
			I declare that I have examined this return, including accompanying schedules and state		KIIOWIEUYE AIIU DEIIEI, IL IS				
<u>u ue</u>	, corre		. Declaration of preparer (other than officer) is based on all information of which prepa	i ti nas any knowleuge.					

Sign	Signature of officer		Date						
Here	WENDY HAMILL, DIRECTOR	OF OPERATIONS							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	CHRISTY WHITE		self-employed P01297358						
Preparer	Firm's name 🕒 CHRISTY WHITE AS	SOCIATES	Firm's EIN 🕨 27-2956198						
Use Only	y Firm's address 348 OLIVE STREET								
	SAN DIEGO, CA 92103 Phone no. (619) 270-822								
May the IRS discuss this return with the preparer shown above? (see instructions)									

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments Bitely describe the organization meson: Image: Statement of Program Service Complexity IIII in this Part III Bitely describe the organization meson: THE CULVER CITY EDUCATION FOR EVERY STUDENT IN THE CULVER CITY Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980 E27 Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Did the organization case: conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Describe the organization case: conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Describe the organization case: conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Stince ITS INCEPTION IN 1943.1, CCEF HAS DONATED LANDESTS / MULLION TO Stince ITS INCEPTION IN 1943.1, CCEF HAS DONATED LANDESTS / MULLION TO Order organization case: conducting, or make store store as the store sto	Form		CITY EDUCATION FOUNDA	TION 95-30	641300 Page 2
Berly decorbe the organization's mission: THE CULVER CITY EDUCATION FOUNDATION (CCEF) RAISES FUNDS TO SUPPORT AND ENHANCE A QUALITY EDUCATION FOR EVERY STUDENT IN THE CULVER CITY UNIFIED SCHOOL DISTRICT. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 500 or 500 E27	Pa	t III Statement of Program S	ervice Accomplishments		
THE CULVER CITY EDUCATION FORDATION (CCEF) RAISES FUNDS TO SUPPORT AND ENHANCE A QUALITY EDUCATION FOR EVERY STUDENT IN THE CULVER CITY UNIFIED SCHOOL DISTRICT. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 800 of 800 cf 800 cf 27 Uves ∑ No 3 Did the organization cases conducting, or make significant transmis in tow it conducts, any program services? Uves ∑ No 4 Did the organization cases conducting, or make significant transmis in tow it conducts, any program services, as measured by expenses. Section 810(6)(8) and 501(6)(0) genizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (foca:) (forement 426,303. Undarguent 5 352,015.) (theorem 4,42,475) SCHOOLS OF THE CULVER CITY UNIFIED SCHOOL DISTRICT (CCUSD). CCUEP AMARDED GRANTS WHOSE IMPACT WAS FELT AT ALL SCHOOL SITES OF CCUSD AND REACRED OVER 7.100 STUDENTS. SUCH GRANTS INCLODED BUT WERE NOT LIMITED TO THE FOLLOWING: 1) THEATER ARTS PROGRAMS, 2). MUSIC EDUCATION IN THE CLASSFOODS, 3) SCHENCE LAB UPGRANES, 4) TECHNOLOGY RESOURCES, 5) SCHOOL GARDEN AND NUTRITION PROGRAMS, 6) INTERVENTION AND SUPPORT FOR STRUGGLING STUDENTS, 7) TEACHER TRAINING, AND 8) ENRICHMENT ACTIVITIES. 4 (foca:)(forements		Check if Schedule O contains a	response or note to any line in this Part III _		
AND ENHANCE A QUALITY EDUCATION FOR EVERY STUDENT IN THE CULVER CITY UNIFIED SCHOOL DISTRICT. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 050 or 050 E27 □ Ves (X) No 10 The "s," describe these envices on Schedule 0. □ Ves (X) No □ Ves (X) No 11 "Tes," describe these changes on Schedule 0. □ Ves (X) No □ Ves (X) No 12 Describe the organization space conclusions are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)3) and 501(c)4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)3) and 501(c)4) organizations are required to report the amount of grants and allocations to others, the total expenses. 14,475 Stince TTS INCEPTION IN 1981, CCEF HAS DONATED ALMOST SY MILLION TO SCHOOLS OF THE CULVER CITY UNIFIED SCHOOL DISTRICT (CCUSD). CCEF AMARDED GRANTS WHOSE IMPACT NAS FELT AT ALL SCHOOL SOFTES OF CCUSD AND REACHED GVER 7, 0.00 STUDENTS. SUCH GRANTS INCLUDED BUT WERE NOT LIMITED TO THE POLLOWING: 1.) THEATER ARTS PROGRAMS, 2.) MUSIC EDUCATION IN THE CLASSROMS, 3.0 SCHOOL GARDEN AND NUTRITION PROGRAMS, 6.) INTERVENTION AND SUPPORT FOR STRUGGLING STUDENTS, 7.) TEACHER TRAINING, AND 8.) ENRICHMENT ACTIVITIES. 40 (botter	1	, ,			
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pror Form 590 or 590 E27	2	Did the organization undertake any sig	nificant program services during the year wh	nich were not listed on the	
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4 Describe the organization's program service accompliahments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse. (# intro, for each program service required to report the amount of grants and allocations to others, the total expenses, and reverse. (# intro to each program service) as 22,015.) (#wernows 14,475.) (#wernows 15.) (#wernows 14.475.) (#wernows 15.) (#wern	3			lucts, any program services?	Yes X No
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			including grants of \$) (Revenue \$)
	4e	Total program service expenses	426,303.		- 000 (0010)

Form 990 (2			-	 FOUNDATION
Part IV	Checklist of F	Required Sc	hedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u> </u>
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 "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		x	
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	114		х
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		<u></u>
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Iza		12a	x	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		x
13		120		X
14a	Is the organization a school described in section 170(b)(1)(A)(II)? <i>If "Yes," complete Schedule E</i> 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,	144		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	Х	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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	0.5		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"	06		x
97	complete Schedule L, Part II	26		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a	х	
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	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	e 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 contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	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	12b			
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	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	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		X
	If "Ves." complete Form 1720. Schedule O				

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CULVER CITY EDUCATION FOUNDATION

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 19			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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		х
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
	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:			
	The governing body?	8a	Х	
	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 in 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
	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
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	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	Х	
	Other officers or key employees of the organization	15b		X
	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 $\blacktriangleright CA$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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 HAMILL - (310) 842-4220			
	4034 IRVING PLACE, CULVER CITY, CA 90232			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Co	ompensated
	Employees, and Independe	ent Contrac	ctors			

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)			s both	ı an	compensation	compensation	amount of	
	week		cer an I	nd a d I	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		98	suadi		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		voldu	t con /ee	~			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BETH STEWART	10.00					1 0	ш.			
PRESIDENT		x		x				0.	Ο.	0.
(2) TODD SHAYS	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) KELLEY WILCOX	2.00									
EXECUTIVE VP		Х		Х				0.	0.	0.
(4) JAMES HARRIS	2.00									
PARLIAMENTARIAN		Х		Х				0.	0.	0.
(5) ELAINE BEHNKEN	2.00									
TRUSTEE		Х						0.	0.	0.
(6) CHRYSSA ELLIOT	2.00									
TRUSTEE		Х						0.	0.	0.
(7) KATHY JOHNSON	2.00									
TRUSTEE		Х						0.	0.	0.
(8) NICKY MARBLE VAN DAM	10.00									
TRUSTEE		Х						0.	0.	0.
(9) WENDY MERRITT	2.00									
TRUSTEE		Х						0.	0.	0.
(10) MICHAEL RACINE	2.00									
TRUSTEE		Х						0.	0.	0.
(11) WILL SEGAR	2.00									_
TRUSTEE		Х						0.	0.	0.
(12) ALAN SCHULMAN	2.00									
TRUSTEE		X						0.	0.	0.
(13) EMILY WINFIELD	2.00									
TRUSTEE		х						0.	0.	0.
(14) WENDY HAMILL	20.00							6 4 6 6		
TRUSTEE/INTERIM EXECUTIVE DIRECTOR		X		X				6,183.	0.	0.
(15) MELANIE MACK	40.00								•	
EXECUTIVE DIRECTOR				X	<u> </u>			88,269.	0.	0.
		-								

Form	<u>990 (2018)</u> CULVER CI	ITY EDUC	'AT	'IO	Ν	FO	UN	DA	TION	95-36	413	00	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average			Posi	ition			Reportable	Reportable		Fst	timate	h
		hours per		not ch , unles					compensation	compensatior	,		ount	
		week		cer and					from	from related	'		other	01
		(list any	tor						the	organizations			oensa	tion
		hours for	direct				_		organization	(W-2/1099-MIS			om the	
		related	e or i	tee			sate		(W-2/1099-MISC)	(112) 1000 1110	<i>o,</i>		anizati	
		organizations	Individual trustee or director	Institutional trustee		66	Highest compensated employee		(1127 1000 11100)			•	I relate	
		below	lual t	tiona		yolqr	st cor yee	_					nizatio	
		line)	divid	stitu	Officer	Key employee	ighes	Former				orga	mzau	0113
			-	=	ö	Ke	ΞĿ	Ĕ			\rightarrow			
											\rightarrow			
											-+			
											\rightarrow			
											\rightarrow			
	A I I I I								04 452					0
	Sub-total								94,452.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								94,452.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	listed	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization									·				0
													Yes	No
~		-1									Ē		100	
3	Did the organization list any former officer,	-				•			•		-			
	line 1a? If "Yes," complete Schedule J for s										_	3		Х
4	For any individual listed on line 1a, is the su	m of reportable	е со	mpe	nsat	tion	and	oth	ner compensation from the	ne organization				
	and related organizations greater than \$150	0,000? If "Yes	" co	mple	ete S	Sche	dule	.J f	or such individual			4		Х
5	Did any person listed on line 1a receive or a										···· -			
-	rendered to the organization? If "Yes." com								•			5	_	х
See	tion B. Independent Contractors	piele Schedule	3 J 10	or su	CHĻ	Jers	01 .				····	5		
Sec	· · · · · · · · · · · · · · · · · · ·													
1	Complete this table for your five highest co										ensatio	on fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndin	g wi	ith c	or wit	thin	the organization's tax y	ear.				
	(A)								(B)			(C)	
	Name and business	address	NC	ONE	1				Description of s	ervices	Cc	mper		n
								-						
								\neg						
								+						
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	thos	se list	ted	above) who received mo	ore than				
	\$100.000 of compensation from the organiz	vation				C)							

Pa	rt VI							
		Check if Schedule O contain	s a response	or note to any line	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts ts	1 a	Federated campaigns	1a					
iran		Membership dues						
, Guy		Fundraising events		240,962.				
ar /		Related organizations						
°, G		Government grants (contribution						
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants,						
		similar amounts not included above		680,026.				
l of	g	Noncash contributions included in lines 1a-1						
anco	h	Total. Add lines 1a-1f			920,988.			
				Business Code				
e	2 a	PROGRAM ADMIN. FI	EES	561000	14,475.	14,475.		
e ric	b							
Se	с							
eve	d	l						
Program Service Revenue	е	·						
ት	f	All other program service revenue	e					
	g	Total. Add lines 2a-2f		▶	14,475.			
	3	Investment income (including div		· .				
		other similar amounts)		►	22,435.			22,435.
	4	Income from investment of tax-ex	roceeds 🕨 🕨					
	5	Royalties		►				
			(i) Real	(ii) Personal				
		Gross rents						
	b	Less: rental expenses						
	c	· · · · · · · · · · · · · · · · · · ·						
	d	Net rental income or (loss)		····· •				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		🕨				
Other Revenue	8 a	Gross income from fundraising e including \$ 240,962						
eve		contributions reported on line 1c						
ъ		Part IV, line 18		92,810.				
the	b	Less: direct expenses	b	173,855.				
5		Net income or (loss) from fundrai	-	····· ►	-81,045.			-81,045.
	9 a	Gross income from gaming activi						
		Part IV, line 19						
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming	activities	····· •				
	10 a	Gross sales of inventory, less ret						
		and allowances						
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales o	f inventory					
ŀ		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d Total revenue. See instructions			876 953	14,475.	0	-58,610.
	12	TUTAL LEVELUE, SEE INSTRUCTIONS			0,0,0,0,0	エコノサノノ・	U •	

CULVER CITY EDUCATION FOUNDATION

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CULVER CITY EDUCATION FOUNDATION

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 respons		his Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	349,515.	349,515.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,500.	2,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	89,604.	48,895.	15,833.	24,876.
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	35,000.	19,995.	5,436.	9,569.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,464.	5,398.	1,367.	2,699.
11	Fees for services (non-employees):	-	-	-	-
	Management				
	Legal				
	Accounting	4,425.		4,425.	
	Lobbying			, -	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	16,735.		7,078.	9,657.
12	Advertising and promotion	516.			516
13	Office expenses	3,728.		3,710.	18
14	Information technology	9,017.		4,173.	4,844
15		570170			1,011
15 16	Royalties				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,534.		3,534.	
23 24	Insurance	5,554.		5,554.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		9,781.		1,875.	7,906
b		-,		_,,,,,	.,
c					
d					
	All other expenses				
	· · · · · · · · · · · · · · · · · · ·	533,819.	426,303.	47,431.	60,085
20					
<u>25</u> 26	Total functional expenses. Add lines 1 through 24eJoint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \blacktriangleright X if following SOP 98-2 (ASC 958-720)	533,819.	426,303.	47,431.	60,0

CULVER CITY EDUCATION FOUNDATI	ON
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95-3641300 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	194,559.	1	188,129.
	2	Savings and temporary cash investments	178,417.	2	178,760.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	261,919.	11	156,772.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	685,921.	13	1,216,152.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,320,816.	16	1,739,813.
	17	Accounts payable and accrued expenses	2,812.	17	1,804.
	18	Grants payable	175,741.	18	220,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		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		05	
	00	Schedule D	178,553.	25 26	221,804.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	170,333.	20	221,004.
		complete lines 27 through 29, and lines 33 and 34.			
sec	27		990,324.	27	979,803.
lan	28	Unrestricted net assets	151,939.	28	538,206.
Ba	29		101/0000	29	55072000
pur	23	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
Net Assets or Fund Balances		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
sset	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
tAŝ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	1,142,263.	33	1,518,009.
	34	Total liabilities and net assets/fund balances	1,320,816.	34	1.739.813.

Form **990** (2018)

Part X Balance Sheet

Form	000	(2019
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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 533, 819. 2 7 total expenses (must equal Part X, column (A), line 25) 2 3 43, 034. 4 1, 142, 263. 5 82, 712. 6 6 7 7 8 6 7 8 9 0. 9 0. 9 0. 10 1,518,009. 9 0. 9 0. 10 1,518,009. 9 0. 11 Accounting method used to prepare the Form 990: Cash 12 Accounting method used to prepare the Form 990: Cash 14 Accounting method used to prepare the financial statements of the year were compiled or reviewed on a separate basis, consolidated basis, or both: 9 14 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a <th></th> <th>990 (2018) CULVER CITY EDUCATION FOUNDATION</th> <th>95-364</th> <th><u>41300</u></th> <th>Pag</th> <th>_{ge} 12</th>		990 (2018) CULVER CITY EDUCATION FOUNDATION	95-364	<u>41300</u>	Pag	_{ge} 12
1 Total revenue (must equal Part VII, column (A), line 12) 1 876, 853. 2 Total expenses (must equal Part IX, column (A), line 25) 2 533, 819. 3 Revenue less expenses. Subtract line 2 from line 1 3 343, 034. 4 Hat assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1, 142, 263. 5 32, 712. 6 6 7 7 6 7 1 7 8 9 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 0 10 Net assets or fund balances (explain in Schedule O) 9 0. 1 ,518, 009. Part XII Financial Statements and Reporting 7 7 7 7 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 ,518, 009. 2a X X Accounting method used to prepare the Form 990: Cash X Accrual Other 1 .518, 009. 2a X 1 Accounting method used to prepare the Form 990: Cash	Pa	t XI Reconciliation of Net Assets				
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	b		ed audit			1
	_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2018)

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<u>Total</u>

(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Internal Revenue				Attach to Form 990 or F //Form990 for instruction			nformation.		Open to Public Inspection
Name of th	e organizatio		0					Employer	identification number
	-	CULV	ER CITY ED	UCATION FOUN	וסדידאכ	J		9	5-3641300
Part I	Reason f			All organizations must co			e instruction	<u> </u>	0 0012000
				For lines 1 through 12, c					
							()(A)(;)		
				on of churches described			I)(A)(I).		
				Attach Schedule E (Forn					
	•	•		anization described in se					
		-	ation operated in col	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
	city, and state								
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 🔄 A	A federal, stat	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X A	An organizatio	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general p	oublic described in
5	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 🗌 A	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research oro	anization described	in section 170(b)(1)(A)(ix) operate	ed in coniu	unction with a	land-grant	colleae
				ulture (see instructions).					
	university:		,			·····, -··,	,		
		on that norma	Ilv receives: (1) more	than 33 1/3% of its sup	oort from a	contributio	ns members	hin fees an	d aross receipts from
	-		•	ct to certain exceptions,				-	•
				(less section 511 tax) fro					
						sses acqui		Janization a	
			mplete Part III.)	walk to toot for public on	fatu Caa	ocation El	O(a)(A)		
	-	-	-	vely to test for public sa	•				
				ively for the benefit of, to					
				d in section 509(a)(1) o					Sheck the box in
				f supporting organizatior					
a 🔛			-	upervised, or controlled	• • •	-		•••••	
	the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	Ipporting
	organizatior	n. You must c	complete Part IV, Se	ections A and B.					
b 🛄	Type II. A s	upporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
	control or m	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	organizatior	n(s). You mus	t complete Part IV,	Sections A and C.					
c 🗌	Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
	its supporte	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d 🗌	Type III nor	n-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		-		ation generally must sat				-	
				nplete Part IV, Sections					
e 🗌	•	·		written determination fro				II Type III	
•		•		nally integrated supporti			1960, 1960	n, 1990 m	
f Enter		of supported c							
		••	about the supporte	d organization(c)					
	Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization		.,	(described on lines 1-10	Yes	ing document? No	support (see i	-	support (see instructions)
				above (see instructions))	103				

Schedule A (Form 990 or 990-EZ) 2018 CULVER CITY EDUCATION FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(in

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

Calendar year (of fixel year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 offta, grants. (b) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 or expanded on its behalf and there and there pad to or expanded on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (offnet than a governmental unit or publicly supported organization) included on ine 11 thackeds 25 to the amount shown on line 11, column (f) 7 Amounts from line 4 6 Cross income from interest. Cross from the sale of capital activities, whether or not the business is regulary carried on securities loans, rents, royalites, activities, whether or not the business is regulary carried on Section B. Dotal Support 9 Net income from interest. 1 2 Gross recomputations business activities, whether or not the business is regulary carried from the sale of capital 1 2 Gross recomputations business 2, 970. 969. 498. 2, 526. 22, 435. 29, 398. 3 The portion chock interest the argument of the organization of the organizations in the sale 2, 970. 969. 498. 2, 526. 22, 435. 29, 398. 9 Net income from interest. 1 2 Total support Add lines 7 through 10 1 3 3792237. 1 2 Gross recomputations form the sale of capital 1 4 dis support percentage for 2018 (the organization s first, second, third, fourth, fourth or file 33 1/3% or more, check this box and top here. The organization divides by the organization did not check ta box on line 13, file, or 16b, and line 14 is 10% or more, and the organization meets the "facts and circumstances" test. The organization did not check ta box on line 13, file, or 16b, and line 14 is 10% or more, and the organization meets the "facts and circumstances" test. The organization did not check ta box on lin		A. Public Support							
membership fees received. (Do not include any "unusual grants.") 471,716. 316,826. 1339722. 300,587. 920,988. 3349839. 2 Tax revenues levied for the organization's benefit and atther pad to or expended on its behalf 471,716. 316,826. 1339722. 300,587. 920,988. 3349839. 3 The value of services or facilities turnished by a governmental unit to the organization without charge 471,716. 316,826. 1339722. 300,587. 920,988. 3349839. 4 Total. Add lines 1 through 3 471,716. 316,826. 1339722. 300,587. 920,988. 3349839. 5 The portion of total contributions by each person (offer than a governmental unit or publicly supported organization) included and incent that exceeds 2% to the arount shown on line 11, column (f) 471,716. 316,826. 1339722. 300,587. 920,988. 3349839. 6 Idendary set of finate laws beginning in IN- column (f) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (a) 2018 (f) Total 471,716. 316,826. 1339722. 300,587. 920,988. 3349839. 8 Ordendary set of framing in IN- aurounts from line 4 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (a) 2018 (f) Total 471,716. 316,826. 1339722. 300,587. 920,988. 3349839. 9 Net income from interast dividends, payments received on sacutities loss, ronts, royalise, activities, whether or on the sacutities interasted business activities, whether or on the business is regulary carried on accurities to ass from the sale of capital assets (Explain in Par VI) (a) 273, 128. (a) 273, 128. 10 Other income. On an include gain or loss	Calendar y	ear (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18 Priva	ate foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CULVER CITY EDUCATION FOUNDATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 0015	(a) 2016	(4) 2017	(a) 2010	
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b 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.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) org	janization,
							>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (li	ne 8, column (f), c	livided by line 13, o	column (f))		15	%
-	Public support percentage from 2017					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s f	t op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ation ►
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check tł	nis box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2018 CULVER CITY EDUCATION FOUNDATION

Yes

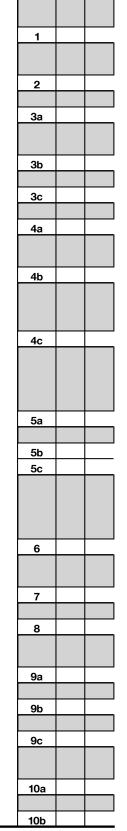
No

Part IV | 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 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.)



Schedule A (Form 990 or 990-EZ) 2018 CULVER CITY EDUCATION FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	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.	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
U	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			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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		
		_		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018	CULVER	CITY	EDUCATION	FOUNDATION
Part V	Type III Non-Function	onally Integ	rated 5	09(a)(3) Suppor	ting Organizations

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

Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2018

1

Schedule A (Form 990 or 990-EZ) 2018 CULVER CITY EDUCATION FOUNDATION

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
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 the	ne organization is responsive	}	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 CULVER CITY EDUCATION FOUNDATION	95-3641300 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3 and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 8; and Part V, section E, lines 2, 5, and 6. Also complete this part for any additional section B, lines 2, 5, an	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (che

Form 990 or 990-E7

Filers of:

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

CULVER	СІТҮ	EDUCATION	FOUNDATION	95-3641300
ck one):				
Section	:			
X 50	01(c)(3) (enter number) ora	anization	

	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

95-3641300

CULVER CITY EDUCATION FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 110,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 71,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 64,162. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 77,778. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

..

Page **3**

Employer identification number

CULVER CITY EDUCATION FOUNDATION

. .

95-3641300

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	ed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

CULVEI	R CITY EDUCATION FOUNDA	TION			95-3641300
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	tions to organizations descr a) through (e) and the follow charitable, etc., contributions of	ina line entry. For c	organizations	at total more than \$1,000 for the yea
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(a) Trans	fer of gift		
	Transferee's name, address, and ZIP + 4			elationship of tran	isferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desci	ription of how gift is held
-		(e) Trans	fer of gift		
	Transferee's name, address, a	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desci	ription of how gift is held
-		(o) Tropo	for of sift		
-	(e) Transfer of gift Transferee's name, address, and ZIP + 4			elationship of tran	sferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desci	ription of how gift is held
Part I		 			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
Ī					

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

SCHEDULE D

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization CULVER CITY EDUCATION FOUNDATION	Employer identification number 95-3641300
Pa		
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ring
De	impermissible private benefit?	Yes No
Pa		, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	istoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	preservation assement on the last
2	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
-		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	isements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
Ŭ	and section $170(h)(4)(B)(ii)$?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the org	
	conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service to the service to the service service of the service se	rvice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	• · ·
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
~	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	provide
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	. > \$

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

Schedule D (Form 990) 2018

Sche		CITY EDUCAT				95-36			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that are a s	ignificant ι	use of its c	ollection i	tems	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Complet	te if the organizatio	n answered "Yes" or	n Form 990), Part IV, I	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	Tt V Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	orm 990, Part IV, line	10.		-		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	685,921.	775,333.	155,761.	1	L67,695.		149,	393.
b	Contributions	507,841.	500.	600,500.		512.		32,	100.
с	Net investment earnings, gains, and losses	53,146.	12,142.	20,012.		-4,548.			184.
d	Grants or scholarships	7,600.				5,000.		4,	000.
е	Other expenditures for facilities								
	and programs	23,126.	101,412.			1,680.		8,	312.
f	Administrative expenses	30.	642.	940.		1,218.		1,	670.
g	End of year balance	1,216,152.	685,921.	775,333.	1	155,761.		167,	695.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	63.00	%						
b	Permanent endowment 4.40	%	_						
с	Temporarily restricted endowment	2.60 %							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered for t	he organiza	ation			
	by:	0			U U			Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A	Accumulate	ed	(d) Book	value	э
		basis (investm	ent) basis	(other) de	epreciation	J			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part X	. column (B). line 1	0c.)					0.
						Schedule	D (Form	990)	2018

Schedule [D (Form 990) 2018			EDUCATION	FO	UNDATION	95	-3641300	Page 3
Part VII	Investments - O	ther Securit	ies.						
-	Complete if the orgar	nization answere	ed "Yes"	on Form 990, Part IN	/, line	11b. See Form 990, Part X	, line 12.		
(a) Descri	ption of security or catego	ry (including name of	security)	(b) Book value	;	(c) Method of valuation	on: Cost or end	d-of-year market v	alue
(1) Financ	ial derivatives								
.,	/-held equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
<u>(F)</u>									
(G)									
(H)									
	(b) must equal Form 990, I	Dart X col (B) lin	a 12) 🕨						
	Investments - P								
		-		on Form 000 Bart IV	/ line	11c. See Form 990, Part X	line 12		
	(a) Description of in			(b) Book value		(c) Method of valuation		d-of-vear market v	alue
(1) El	NDOWMENT ASS			1,216,1		END-OF-YEAR			
	DOWNINI ADD.	619		1,210,1	52.		MARKEI	VALUE	
(2)									
(3)									
<u>(4)</u>									
(5)									
(6)									
(7)									
(8)									
(9)	(h)			1,216,1	50				
Part IX	(b) must equal Form 990, I Other Assets.	Part X, col. (B) IIN	e 13.) 🗩	1,210,1	JZ.				
Tartix	1	ization anowar	d "Voo"	on Form 000 Bart IV	/ line	11d Soo Form 000 Dort V	line 15		
	Complete il the organ	IIZALION ANSWER		Description	/, inte	11d. See Form 990, Part X	, inte 15.	(b) Book va	ماريم
(4)			(4)	Description					
<u>(1)</u>									
(2)									
(3)									
<u>(4)</u>									
(5)									
<u>(6)</u>									
(7)									
(8)									
<u>(9)</u>									
Part X	umn (b) must equal Form		ol. (B) line	e <u>15.</u>)			····· P		
Tartx	1		ad "Vaa"	an Farm 000 Dart IV	/ line	110 or 11f Coo Form 000	Dout V line OF		
		cription of liabil		on Form 990, Part N	ŕ	11e or 11f. See Form 990, (b) Book value	Part X, line 25	•	
<u>1.</u>		cription of habit	Ly			(b) DOOK value			
	deral income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	umn (b) must equal Forr		. ,	,					
2 Liphility	y for upportain tax posit	ione In Dart VIII	provide	the text of the featr	oto to	the organization's financia	l atatamanta t	hat ranarta tha	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	dule D (Form 990) 2018 CULVER CITY EDUCATION FOUND				641300 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	levenue per Re	turn.	
	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	909,565.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		32,712.		
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	<u>32,712.</u> 876,853.
3	Subtract line 2e from line 1			3	876,853.
4	Amounts included on Form 990, Part VIII, line 12, 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	0.
5	Total revenue Add lines 2 and 4 This is the search of the second se			5	876,853.
Ť	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)				
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		
Pa	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		
	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Return	
1	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents With	Expenses per F	Return	
1 2	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Return	
1 2	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	Expenses per F	Return	
1 2	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F	Return	
1 2 a b c	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per F	Return	<u>533,819.</u> 0.
1 2 a b c	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	. 533,819.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	<u>533,819.</u> 0.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	<u>533,819.</u> 0.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	Expenses per F	1 2e	<u>533,819.</u> 0.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e	• 533,819. 0. 533,819. 0.
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3	<u>533,819.</u> 0.

. _____

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

CCEF	CURRENTLY	MAINTAINS	THREE	(3)	DONOR-RESTRICTED	ENDOWMENTS	AND	TWO	(2)	
------	-----------	-----------	-------	-----	------------------	------------	-----	-----	-----	--

BOARD-DESIGNATED ENDOWMENTS. THE PURPOSE OF THE ENDOWMENT ASSETS IS TO

PROVIDE STUDENT SCHOLARSHIPS AND OTHER PROGRAM SUPPORT TO THE STUDENTS AND

SCHOOLS OF CCUSD.

PART X, LINE 2:

MANAGEMENT BELIEVES ALL OF ITS SIGNIFICANT TAX POSITIONS WOULD BE UPHELD

UNDER EXAMINATION; THEREFORE, NO PROVISION FOR INCOME TAX HAS BEEN

RECORDED.

~ ~

	(Form 990) 2018
Dort VIII	0

Part XIII Supplemental Information (continued)

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2018
Department of the Treasury Internal Revenue Service	la su su su							
Name of the organization		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.	Employer id	entification number
i ane ei are ei gamzanen		CITY EDUCATION FOU	NDA	rior	V		95-3642	
		Complete if the organization answ				ine 17		
 a Mail solicitati b Internet and C c Phone solicit d In-person sol 2 a Did the organizatio key employees lister 	ons email solicitations ations icitations n have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising o ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and address or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in which or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from r	egistration

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 CULVER CITY EDUCATION FOUNDATION 95-3641300 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Part II

of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro		-EZ, lines 1 and 6b. List e	0 1	ts greater than \$5,000.
			(a) Event #1 STARS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			TRIBUTE	FROST GALA	5	col. (c)
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	100,502.	56,374.	176,896.	333,772.
	2	Less: Contributions	7,692.	56,374.	176,896.	240,962.
	3	Gross income (line 1 minus line 2)	92,810.			92,810.
	4	Cash prizes				
~	5	Noncash prizes	289.			289.
penses	6	Rent/facility costs	25,388.			25,388.
Direct Expenses	7	Food and beverages	25,155.			25,155.
Δ	8	Entertainment	600.			600.
	9	Other direct expenses	33,772.	88,651.		122,423.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			173,855.
	11					-81,045.
Pa	nrt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
nses	2	Cash prizes				

Direct Exper Rent/facility costs 4 Other direct expenses 5 % Yes % Yes Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

832082 10-03-18

3

Noncash prizes

Yes

No

Sch	edule G (Form 990 or 990-EZ) 2018 CULVER CITY EDUCATION FOUNDATION 95-3	36413	300	Page 3
	Does the organization conduct gaming activities with nonmembers?	·	Yes	No
	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?	· .	Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	· 🗆 '	Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Do	organization's own exempt activities during the tax year s			
Fa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, line	es 9, 9	9b, 10b,

	6 (Form 990 or 990-EZ)		-	EDUCATION	FOUNDATION
Part IV	Supplemental Infor	mation (cont	tinued)		

	(continued)

SCHEDULE I	G	rants and Oth	er Assistan	ce to Orgar	nizations,		OMB No. 1545-0047
(Form 990)		vernments, an ete if the organization					2018
Department of the Treasury	Compi		Attach to For		a t 1 v , inic 2 i oi 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		mation.		Inspection
Name of the organization	TY EDUCATI	ION FOUNDAT	TON				Employer identification number $95 - 3641300$
Part I General Information on Grants a							
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis					-		X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	anization answered "א	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than S	5,000. Part II can I	be duplicated if additi	onal space is need	ed.	(c) Mathead of		
1 (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
CULVER CITY UNIFIED SCHOOL DISTRICT - 4034 IRVING PLACE - CULVER CITY, CA 90232	95-6000973		268,992.	80,523.	FMV	PROGRAM SUPPORT	SUPPORT/ENHANCE QUALITY EDUCATION
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table	l	ı		>
3 Enter total number of other organizations	s listed in the line 1	table					

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Schedule I (Form 990) (2018)

CULVER CITY	2 EDUCATION	FOUNDATION
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95-3641300

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.					
PART I, LINE 2:									
FOR GRANTS AWARDED TO THE CULVER CITY UNIFIED SCHOOL DISTRICT (CCUSD), THE									
FOUNDATION MAKES SUCH PAYMENTS AFTER CCUSD HAS PROVIDED RECEIPTS, REPORTS,									
AND OTHER PERTINENT INFORMATION THAT SUCH FUNDS HAVE BEEN SPENT FOR THE									
INTENDED PURPOSE OF THE GRANT. FOR	SCHOLARS	HIPS AWARD	ED TO GRAD	UATING HIGH					

SCHOOL SENIORS ENTERING INTO COLLEGE, SUCH STUDENT NEEDS TO PROVIDE PROOF

HE OR SHE HAS COMPLETED THE FIRST QUARTER OR SEMESTER OF COLLECE BEFORE

RECEIVING THE AWARDED SCHOLARSHIP. ALL OTHER SCHOLARSHIPS ARE PAID TO THE

CULVER CITY SCHOLARSHIP FUND.

SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	90 or 990-EZ) of the Treasury enue Service → Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. → Attach to Form 990 or Form 990-EZ. → Go to www.irs.gov/Form990 for instructions and the latest information.										OMB No. 1545-0047 2018 Open To Public Inspection				
Name of the organization		ст		штο	NT EV		NT				ployer identification number $5-3641300$				mber
Part I Excess Be			TY EDUCA ons (section 50					(c)(ź	29) organization			415	00		
Complete if th	e organizatior		vered "Yes" on F				or 25b,	or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqualified	d person	(b) F	Relationship betv person and or			ified	(c)) De	escription of tran	sactio	n		· · · ·	Corre es	cted? No
													_		
													+	-+	
0.5.1.11.1.1.1.1	·														
2 Enter the amount of ta section 4958	-		rganization man	-				-	-		▶ \$				
3 Enter the amount of ta											> \$				
Part II Loans to a	nd/or From) Int	erested Pers	000											
			vered "Yes" on F			Part V line 38:	a or Fr	٦rm	990 Part IV lin	e 26. d	or if th	e orda	nizatio	'n	
	-		, Part X, line 5, 6			, i uit v, iiio oot		01111	000, i artiv, iii	0 20, (-			
(a) Name of interested person	(b) Relation with organi		(c) Purpose of loan		oan to or m the	(e) Original principal amo		(f)	Balance due) In	by boa	(h) Approved by board or committee? (i) Written agreement?		
interested person	with organi	Zalion	orioan		ization?				default? Yes No		comm		-	<u> </u>	
				10	From					res	No	Yes	No	Yes	No
															<u> </u>
					+										
															<u> </u>
Total	A ¹ - 1	.					▶ \$								
			efiting Inter												
(a) Name of intereste			vered "Yes" on f (b) Relationship interested pers	betwe son an	en	(c) Amoun assistance			(d) Type assistan			• • •) Purp assista		f
			the organiza	ation											
											-+				

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 CULVER CITY EDUCATION FOUNDATION 95-36413										
Part IV Business Transactions Involving Interested Persons.										
Complete if the organization	n answered "Yes" on Fe	orm 990, Part IV, line 2	28a, 28b, or 28c.							
(a) Name of interested person		onship between intere			(d) Description of	(e) Sha organiz	ring of			
	perso	person and the organization transa			transaction	reven				
						Yes	No			
WENDY HAMILL	TRUSTI	EE	3,	824.	BOOKKEEPING		Х			
Part V Supplemental Inform	ation									
Provide additional informati		actions on Schodula I	(and instructions)							
	ion for responses to qui									
							-			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

CULVER CITY EDUCATION FOUNDATION



Employer identification number 95-3641300

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

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, BOARD TREASURER, AND CCEF'S

ACCOUNTANT/DIRECTOR PRIOR TO IT BEING FINALIZED.

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

ALL TRUSTEES AND OFFICERS HAVE BEEN PROVIDED THE CONFLICT OF INTEREST

POLICY. ANNUALLY, EACH TRUSTEE AND OFFICER MUST SIGN A STATEMENT STATING

THEY HAVE READ AND UNDERSTAND THE CONFLICT OF INTEREST POLICY AS WELL AS

AGREE TO COMPLY WITH SUCH POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THERE ARE NO OFFICERS OR KEY EMPLOYEES BEING COMPENSATED.

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE

EXECUTIVE COMMITTEE USING INDUSTRY STANDARDS AND COMPARISONS WITH PREVIOUS

EMPLOYEES PAY.

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

CCEF GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICIES, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Enter filer's identifying pumber

Department of the Treasury Internal Revenue Service

	File	~ ~~	parate	onnlie	otion	for	aaah	roturn	
_	гие	a se	Darate	applic	auon	IOI	each	return.	

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

				Enterme	a sidentinyi	ng number
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) or				
print		95 2641200				
File by the	CULVER CITY EDUCATION FOUND	95-3641300 Social security number (SSN)				
due date fo filing your return. See	r Number, street, and room or suite no. If a P.O. box, s PO BOX 4178	Social se		er (3314)		
instruction	City, town or post office, state, and ZIP code. For a f CULVER CITY, CA 90231-4178		ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	le a separat	te application for each return)			01
Application Return Application						Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) WENDY HAMILL	06	Form 8870			12
• If the • If this box • 1 Ir th • 2 If	whone No. ► (310) 842-4220 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginning SEP 1, 2018 the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta JULY ganization's , an check reaso	mption Number (GEN) <u>ch a list with the names and EINs of</u> <u>Y 15, 2020</u> , to file return for: d ending <u>AUG 31, 2019</u> on: Initial return	If this is fo all memb	r the whole g ers the exten npt organizat 	roup, check this
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$						0.
b If	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
es	timated tax payments made. Include any prior year over	payment all	owed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						
	ing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawa	l (direct det	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879	-EO for payment

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

Form 8868 (Rev. 1-2019)