

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2001

Under section 501(c) 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2001 calendar year, OR tax year beginning _____, and ending _____

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type See Specific Instructions	C Name of organization LOS GATOS ACADEMY		D Employer identification number 77-0192378	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	220 BELGATOS ROAD		408-358-1046	
	City or town	State or country	ZIP + 4	
LOS GATOS	CA	95032		
			F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	

G Web site _____

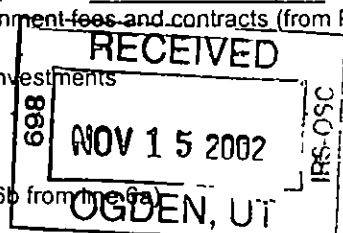
J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 1,119,045

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	67,446	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 67,446 noncash \$)	1d	67,446	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,051,599	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
R e v e n u e	6a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	0	
	7 Other investment income (describe _____)	7		
E x p e n s e s	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less cost or other basis and sales expenses	478,755	8b	
	c Gain or (loss) (attach schedule)	-478,755	8c	0
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	-478,755
N e t A s s e t s	9 Special events and activities (attach schedule)			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0	
E x p e n s e s	10a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0	
	11 Other revenue (from Part VII, line 103)	11		
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	640,290	
E x p e n s e s	13 Program services (from line 44, column (B))	13	1,025,904	
	14 Management and general (from line 44, column (C))	14	52,626	
	15 Fundraising (from line 44, column (D))	15	18,477	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	1,097,007	
N e t A s s e t s	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-456,717	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	571,106	
	20 Other changes in net assets or fund balances (attach explanation)	20	27	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	114,416	



SCANNED NOV 21 2002

G-14 12

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22	0			
23 Specific assistance to individuals (attach schedule)	23	0			
24 Benefits paid to or for members (attach schedule)	24	0			
25 Compensation of officers, directors, etc	25	51,018		51,018	
26 Other salaries and wages	26	302,618	302,618		
27 Pension plan contributions	27	0			
28 Other employee benefits	28	0			
29 Payroll taxes	29	32,636	32,636		
30 Professional fundraising fees	30	0			
31 Accounting fees	31	2,534	2,534		
32 Legal fees	32	50	50		
33 Supplies	33	0			
34 Telephone	34	0			
35 Postage and shipping	35	1,710	1,710		
36 Occupancy	36	551,033	551,033		
37 Equipment rental and maintenance	37	10,742	10,742		
38 Printing and publications	38	0			
39 Travel	39	0			
40 Conferences, conventions and meetings	40	0			
41 Interest	41	6,105	6,105		
42 Depreciation, depletion, etc (attach schedule)	42	17,348	17,348		
43 Other expenses not covered above (itemize) a SEE STM 1	43a	101,128	101,128		
b SEE STATEMENT 2	43b	1,608		1,608	
c SEE STATEMENT 3	43c	18,477			18,477
d	43d	0			
e	43e	0			
f	43f	0			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,097,007	1,025,904	52,626	18,477

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes" enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____ (iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? EDUCATION IN A RELIGIOUS CONTEXT

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a	APPROXIMATELY 80 CHILDREN RECEIVE YEAR ROUND 1ST GRADE THROUGH HIGH SCHOOL EDUCATION IN A RELIGIOUS CONTEXT	(Grants and allocations \$ _____)	1,025,904
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,025,904

Part IV Balance Sheets

(See Specific Instructions on page 24)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year	(B) End of year
Assets			
45	Cash - non-interest-bearing	13,579	38,094
46	Savings and temporary cash investments	813	813
47a	Accounts receivable		
b	Less allowance for doubtful accounts		0
48a	Pledges receivable		
b	Less allowance for doubtful accounts		0
49	Grants receivable		
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		
51a	Other notes and loans receivable (attach schedule)		
b	Less allowance for doubtful accounts		0
52	Inventories for sale or use		
53	Prepaid expenses and deferred charges		
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
55a	Investments - land, buildings, and equipment basis		
b	Less accumulated depreciation (attach schedule)		0
56	Investments - other (attach schedule)	478,755	0
57a	Land, buildings, and equipment basis	195,924	
b	Less accumulated depreciation (attach schedule)	118,364	77,560
58	Other assets (describe RENT DEPOSIT)	49,700	49,700
59	Total assets (add lines 45 through 58) (must equal line 74)	633,450	166,167
Liabilities			
60	Accounts payable and accrued expenses		
61	Grants payable		
62	Deferred revenue		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		
64a	Tax-exempt bond liabilities (attach schedule)		
b	Mortgages and other notes payable (attach schedule)		
65	Other liabilities (describe SEE ATTACHED)	62,344	51,751
66	Total liabilities (add lines 60 through 65)	62,344	51,751
Net Assets or Fund Balances			
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted		
68	Temporarily restricted		
69	Permanently restricted		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds		
71	Paid-in or capital surplus, or land, building, and equipment fund		
72	Retained earnings, endowment, accumulated income or other funds	571,106	144,416
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	571,106	144,416
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	633,450	196,167

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26.)

a	Total revenue gains and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) thru (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) thru (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	0

Part V List of Officers, Directors, Trustees, and Key Employees

(List each one even if not compensated, see Specific Instructions on page 26.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JEAN SPINNER 16736 CHIRCO, LOS GATOS, CA	DIRECTOR 40	28,163	0	0
HOWARD SPINNER 16736 CHIRCO, LOS GATOS, CA	DIRECTOR AS NEEDED	0	0	0
LAUREN WILSON 16259 CAMELIA TERRACE, LOS GATOS, CA	DIRECTOR 40	22,855	0	0
KATHY FESHBACK 310 W DRUID ROAD, CLEARWATER, FL	DIRECTOR AS NEEDED	0	0	0
MATT FESHBACK 310 W DRUID ROAD, CLEARWATER, FL	DIRECTOR AS NEEDED	0	0	0
MYRNA JACOBS 4330 TALOFA AVE, TOLUCK, CA	DIRECTOR AS NEEDED	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes

No

If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information

(See Specific Instructions on page 27)

Yes or No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	No
b	If "Yes" enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	0
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	No
c	Dues, assessments, and similar amounts from members	85c	0
d	Section 162(e) lobbying and political expenditures	85d	0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12 for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes" complete Part IX	88	No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 _____ 0 , section 4912 _____ 0 section 4955 _____ 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction	89b	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	15
91	The books are in care of LAUREN WILSON Telephone no 408-358-1046 Located at 220 BELGATOS ROAD, LOS GATOS, CA ZIP + 4 95032		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on page 32.)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	TUITION					636,926
b	SCHOOLS RENT					370,148
c	DAYCARE INCOME					21,491
d	REIMBURSED STUDENT EDUCATIONAL TRIPS					8,436
e	REIMBURSED STUDENT LUNCH					3,940
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			14	-478,755	
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a CONTRACT BREAKAGE			01	10,658	
b						
c						
d						
e						
104	Subtotal (add cols (B), (D), and (E))		0		-468,097	1,040,941
105	Total (add line 104, columns (B) (D), and (E))					572,844

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 32.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SEE ATTACHED STATEMENT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 33.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign Here: *Lauren Wilson* Signature of officer, Date: 11-8-02
 Type or print name and title: Lauren Wilson Vice President

Paid Preparer's Use Only: Preparer's signature: [Signature], Date: 11/1/2002, Check if self employed: , Preparer's SSN or PTIN (See Gen. Inst. W): P00217398, Firm's name (or yours if self-employed): DAVID PULIAFICO, INC, EIN: 77-0301943, address and ZIP + 4: 1630 TENNANT AVE, MORGAN HILL, CA 95037, Phone no: 408-778-1345

**SCHEDULE A
(Form 990 or 990-EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Supplementary Information - (See separate instructions)

2001

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization
LOS GATOS ACADEMY

Employer identification number
77-0192378

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>N/A</u> (Must equal amounts on line 38, Part VI A or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

NOTE You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting N/A

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest dividends, amounts received from payments on securities loans (section 512(a)(5)) rents royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	0
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 0
d Add Amounts from column (e) for lines 18 _____ 0 19 _____ 0					26d 0
22 _____ 0 26b _____ 0					26e 0
e Public support (line 26c minus line 26d total)					26e 0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 0 00%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return Enter the sum of such amounts for each year (2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add Amounts from column (e) for lines 15 _____ 0 16 _____ 0					27c 0
17 _____ 0 20 _____ 0 21 _____ 0					27d 0
d Add Line 27a total _____ 0 and line 27b total _____ 0					27e 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0 00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0 00%
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		X
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) DURING REGISTRATION NONDISCRIMINATORY POLICY DISCLOSED	X	
32 Does the organization maintain the following a Records indicating the racial composition of the student body faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above please explain (If you need more space, attach a separate statement)	X X X X	
33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		X X X X X X X
34a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38	0	0
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0	0
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000	}	}
Over \$1,000,000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000,000		
Over \$1,500,000 but not over \$17 000 000	\$225,000 plus 5% of the excess over \$1,500 000		
Over \$17 000 000	\$1 000 000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0	0
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0	0

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies demonstrations, seminars, conventions speeches lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If 'Yes,' complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

NOT OPEN TO PUBLIC INSPECTION

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2001

Department of the Treasury Internal Revenue Service

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

Name of organization

LOS GATOS ACADEMY

Employer identification number

77-0192378

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to 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 Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

NOT OPEN TO PUBLIC INSPECTION

Name of organization
LOS GATOS ACADEMY

Employer identification number
77-0192378

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)

STATEMENT 1 FORM 990 LINE 43A PROGRAM OTHER EXPENSES

Total

101,128

1	STUDENT BOOKS	1	3,378
2	STUDENT LUNCH	2	3,119
3	CAPS & GOWNS	3	69
4	COMPUTER EXPENSE	4	127
5	COPY MACHINE MAINTENANCE & SUPPLIES	5	4,365
6	DRAMA EXPENSE	6	154
7	FIELD TRIPS	7	1,138
8	GASLINE EXPENSE	8	1,655
9	PUBLIC RELATIONS	9	445
10	INSURANCE EXPENSE	10	4,702
11	JANITORIAL EXPENSE	11	13,820
12	SUPPLIES ALLOTTED EXPENSE	12	1,093
13	LICENSE FEES	13	13,851
14	PROMOTIONAL EXPENSE	14	713
15	STUDENT SIERRA TRIP	15	14,010
16	SPORTS PROGRAM	16	1,059
17	STAFF ENHANCEMENT	17	8,256
18	STAFF MORALE	18	1,008
19	SUMMER PROGRAM	19	3,664
20	LOCAL TAXES	20	95
21	TELEPHONE EXPENSE	21	5,354
22	VAN MAINTANCENCE	22	2,335
23	WORKMAN'S COMP INSURANCE	23	8,141
24	YOSEMITE TRIP	24	8,577
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	

FORM 990 LINE 43B MANAGEMENT AND GENERAL OTHER EXPENSES

Total

1,608

1	OFFICE EXPENSE	1	1,608
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	

FORM 990 LINE 43C FUNDRAISING OTHER EXPENSES

Total

18,477

1	STUDENT ART SHOW EVENT	1	18,286
2	JOG-A THON	2	191
3		3	
4		4	
5		5	

Line 20 for 990 OTHER CHANGE IN NET ASSEST OR FUND BALANCES		Total	27
1	MISCELLANOUS SMALL ENTRY ERROR IN PRIOR YEAR OF \$27	1	27
2		2	
3		3	
4		4	
5		5	

LINE 8A & B OF 990 SECURITY FRAUD LOSS		Total	478,755
1	PRIOR YEAR DONATED SECURITIES WERE TOTALLY LOST IN AN INVESTMENT FRAUD CASE	1	478,755
2		2	
3		3	
4		4	
5		5	

Line 56 (990) - Other Investments

		Beginning	End
1	INVESTMENT	478,755	
2	.....	
3	.....	
4	.....	
5	.....	
6	.....	
7	.....	
8	.....	
9	.....	
10	.....	
11	Total other investments	478,755	0

Line 58 (990) - Other Assets

		Beginning	End
1	RENT DEPOSIT	49,700	49,700
2	.....	
3	.....	
4	.....	
5	.....	
6	.....	
7	.....	
8	.....	
9	.....	
10	.....	
11	Total other assets	49,700	49,700

Line 65 (990) - Other Liabilities

		Beginning	End
1	PLAYGROUND EQUIPMENT BANK LOAN	61,547	50,908
2	PAYROLL TAXES	797	843
3	.....	
4	.....	
5	.....	
6	.....	
7	.....	
8	.....	
9	.....	
10	.....	
11	Total other liabilities	62,344	51,751

FORM 990 - EXEMPT ORGANIZATION TAX RETURN

PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSE

LINE NO

EXPLANATION

- 93A TUITION PAID BY PARENTS OF CHILDREN ATTENDING SCHOOL PROVIDING EDUCATION IN A RELIGIOUS CONTEST IS OUR PRIMARY EXEMPTION PURPOSE
- 93B SCHOOLS PROVIDE REIMBURSEMENT FOR SCHOOL FACILITIES RENTAL FOR SCHOOL EXEMPT PRIMARY PURPOSE
- 93C DAYCARE FEES FOR ATTENDING AFTER SCHOOL CARE PROVIDED ONLY FOR OUR STUDENTS AND PARENTS CONVENIENCE AND ONLY TO FACILITATE THE OPERATION OF THE SCHOOL
- 93D REIMBURSEMENT FOR TRIPS BY STUDENTS FOR STUDENT EDUCATION & DEVELOPMENT TOWARDS PRIMARY EXEMPTION PURPOSE
- 93E REIMBURSEMENT FOR STUDENT LUNCHESES ONLY FOR OUR STUDENTS AND PARENTS CONVENIENCE AND ONLY TO FACILITATE THE OPERATION OF THE SCHOOL

Depreciation and Amortization

(Including Information on Listed Property)

(Rev. March 2002)

Department of the Treasury
Internal Revenue Service (99)

See separate instructions Attach to your tax return

Name(s) shown on return LOS GATOS ACADEMY	Business or activity to which this form relates	Identifying number 77-0192378
---	---	---

Part I Election To Expense Certain Tangible Property Under Section 179

Note *If you have any listed property, complete Part V before you complete Part I*

1 Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	24,000
2 Total cost of section 179 property placed in service (see page 3 of the instructions)	2	0
3 Threshold cost of section 179 property before reduction in limitation	3	200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 3 of the instructions	5	24,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
	0		

7 Listed property Enter the amount from line 29	7	0	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	0	
10 Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	0	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0	
13 Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12	13	0	

Note *Do not use Part II or Part III below for listed property. Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see page 3 of the instructions)	14	0
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	0

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2001	17	17,133
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						0
b 5-year property						0
c 7-year property						0
d 10-year property						0
e 15-year property		SEE ATTACHE				215
f 20-year property						0
g 25-year property			25 yrs		S/L	0
h Residential rental property			27 5 yrs	MM	S/L	0
i Nonresidential real property			27 5 yrs	MM	S/L	0
			39 yrs	MM	S/L	0

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20 a Class life						0
b 12-year			12 yrs		S/L	0
c 40-year			40 yrs	MM	S/L	0

Part IV Summary (See page 6 of the instructions)

21 Listed property Enter amount from line 28	21	0
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	17,348
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Item No	Description of Property	Date Placed in Service	Cost or Other Basis	Code	Bus Use %	Less Sec 179 Deduction	Less 30% Special Allowance	Recovery Amount	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec	2001 Current Deprec	2001 Accum Deprec
GDS 15 year property (Line 19e)														
	IRRIGATION IMPROVEMENT	2/22/2001	4,305	F	100%	0	0	4,305	15	150%	0	0	215	215
			4,305			0	0	4,305				0	215	215
MACRS deductions for prior years (Line 17)														
	COMPUTER	12/4/1996	215	D	100%	0	0	215	5	200%	0	203	12	215
	SAFE	9/13/1995	338	D	100%	0	0	338	7	200%	0	292	30	322
	TREE HOUSE	3/7/1997	400	D	100%	0	0	400	7	200%	0	275	36	311
	COPIER	7/15/1997	549	D	100%	0	0	549	5	200%	0	454	63	517
	DALLAS MIDWAY	8/31/1996	730	D	100%	0	0	730	7	200%	0	567	65	632
	COMPUTER UPGRADE	12/19/1997	784	D	100%	0	0	784	5	200%	0	648	90	738
	FAX	1/3/1996	939	D	100%	0	0	939	5	200%	0	860	54	914
	HRS	11/5/1996	1,135	D	100%	0	0	1,135	7	200%	0	1,027	101	1,128
	MIRRORS	9/22/1995	1,150	D	100%	0	0	1,150	7	200%	0	996	103	1,099
	EQUIPMENT	10/10/1996	1,640	D	100%	0	0	1,640	7	200%	0	1,274	146	1,420
	GIMIX EQUIP	3/13/1997	1,757	D	100%	0	0	1,757	7	200%	0	1,208	157	1,365
	GIMEX EQUIP	6/11/1997	2,287	D	100%	0	0	2,287	7	200%	0	1,573	204	1,777
	COMPUTER MAC & PRINTER	7/7/1999	2,488	D	100%	0	0	2,488	5	200%	0	1,294	478	1,772
	CARPET	5/9/2000	2,539	D	100%	0	0	2,539	5	200%	2	635	762	1,397
	COMPUTER MAC G3	6/14/1999	2,556	D	100%	0	0	2,556	5	200%	0	1,329	491	1,820
	LIBRARY FURNITURE	1/6/1997	2,849	D	100%	0	0	2,849	7	200%	0	1,959	254	2,213
	TABLES & SHELVES	6/7/1996	3,252	D	100%	0	0	3,252	5	200%	0	2,976	187	3,163
	CARPET	10/16/1995	4,635	D	100%	0	0	4,635	7	200%	0	3,388	414	3,802
	COMPUTER SYSTEM	6/22/1998	7,157	D	100%	0	0	7,157	5	200%	0	5,095	824	5,919
	COPIER	11/17/1998	7,971	D	100%	0	0	7,971	5	200%	0	5,675	918	6,593
	CHAIRS & TABLES	12/31/1995	10,175	D	100%	0	0	10,175	7	200%	0	7,777	909	8,686
	GIMIX PLAY STRUCTURE	6/1/2000	21,867	D	100%	0	0	21,867	7	100%	2	1,952	3,124	5,076
	LITTLE TIKES PLAY STRUCTU	10/17/2000	53,977	D	100%	0	0	53,977	7	100%	4	964	7,711	8,675
			131,390			0	0	131,390				42,421	17,133	59,554
Totals			135,695			0	0	135,695				42,421	17,348	59,769

Depreciation Report By Tax Classification

Item No	Description of Property	Date Placed in Service	Cost or Other Basis	Code	Bus Use %	Less Sec 179 Deduction	Less 30% Special Allowance	Recovery Amount	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec	2001 Current Deprec
7 yr - General purpose tools, machinery, and equipment, rental appliances, furniture													
COMPUTER		12/4/1996	215	D	100%		0	215	5	200%	0	203	12
SAFE		9/13/1995	338	D	100%		0	338	7	200%	0	292	30
FILING CABINET		1/1/1991	345	D	100%		0	345	7	100%	0	345	0
CHAIRS		11/1/1989	390	D	100%		0	390	7	100%	0	390	0
TREE HOUSE		3/7/1997	400	D	100%		0	400	7	200%	0	275	36
TABLES & CHAIRS		1/1/1991	500	D	100%		0	500	7	100%	0	500	0
CAR PHONE		1/1/1991	502	D	100%		0	502	5	100%	0	502	0
FIXTURES		5/1/1989	513	D	100%		0	513	7	100%	0	513	0
COPIER		7/15/1997	549	D	100%		0	549	5	200%	0	454	63
REFRIGERATOR		7/7/1995	694	D	100%		0	694	5	200%	0	694	0
DALLAS MIDWAY		8/31/1996	730	D	100%		0	730	7	200%	0	567	65
PHONE SYSTEM		9/18/1995	738	D	100%		0	738	5	200%	0	738	0
COMPUTER UPGRADE		12/19/1997	784	D	100%		0	784	5	200%	0	648	90
2TV'S & VCERS		1/1/1990	820	D	100%		0	820	5	100%	0	820	0
COPY EQUIPMENT		6/1/1993	860	D	100%		0	860	7	100%	0	860	0
FAX		1/3/1996	939	D	100%		0	939	5	200%	0	860	54
HRS		11/5/1996	1,135	D	100%		0	1,135	7	200%	0	1,027	101
MIRRORS		9/22/1995	1,150	D	100%		0	1,150	7	200%	0	996	103
COMPUTER		6/1/1990	1,363	D	100%		0	1,363	5	100%	0	1,363	0
OTHER EQUIPMENT		1/1/1990	1,372	D	100%		0	1,372	5	100%	0	1,372	0
PL SYSTEM		2/1/1993	1,537	D	100%		0	1,537	5	200%	0	1,119	0
EQUIPMENT		10/10/1996	1,640	D	100%		0	1,640	7	200%	0	1,274	146
GIMIX EQUIP		3/13/1997	1,757	D	100%		0	1,757	7	200%	0	1,208	157
PHONE SYSTEM		9/1/1994	2,038	D	100%		0	2,038	5	100%	0	2,038	0
GIMEX EQUIP		6/11/1997	2,287	D	100%		0	2,287	7	200%	0	1,573	204
COMPUTER MAC & PRINTER		7/7/1999	2,488	D	100%		0	2,488	5	200%	0	1,294	478
CARPET		5/9/2000	2,539	D	100%		0	2,539	5	200%	2	635	762
COMPUTER MAC G3		6/14/1999	2,556	D	100%		0	2,556	5	200%	0	1,329	491
PLAY SYSTEM		10/1/1993	2,692	D	100%		0	2,692	7	100%	0	2,692	0
LIBRARY FURNITURE		1/6/1997	2,849	D	100%		0	2,849	7	200%	0	1,959	254
IBM/APPL COMPUTER		11/1/1993	3,057	D	100%		0	3,057	5	100%	0	3,057	0
TABLES & SHELVES		6/7/1996	3,252	D	100%		0	3,252	5	200%	0	2,976	187
MIS FURN/FIX		7/1/1994	4,034	D	100%		0	4,034	5	100%	0	4,034	0
CARPETING		7/1/1993	4,536	D	100%		0	4,536	7	100%	0	3,320	0
CARPET		10/16/1995	4,635	D	100%		0	4,635	7	200%	0	3,388	414
TABLES & CHAIRS		1/1/1993	4,913	D	100%		0	4,913	7	100%	0	4,913	0
COMPUTER SYSTEM		6/22/1998	7,157	D	100%		0	7,157	5	200%	0	5,095	824
COPIER		11/17/1998	7,971	D	100%		0	7,971	5	200%	0	5,675	918
EQUIPMENT FIXTURE		6/1/1988	9,670	D	100%		0	9,670	7	100%	0	9,670	0
CHAIRS & TABLES		12/31/1995	10,175	D	100%		0	10,175	7	200%	0	7,777	909
SCHOOL VAN		1/1/1991	19,655	D	100%		0	19,655	7	100%	0	19,655	0

Depreciation Report By Tax Classification

Item No	Description of Property	Date Placed in Service	Cost or Other Basis	Code	Bus Use %	Less Sec 179 Deduction	Less 30% Special Allowance	Recovery Amount	Recovery Period (years)	Method	Con-vention Code	Prior Accum Deprec	2001 Current Deprec
	GIMIX PLAY STRUCTURE	6/1/2000	21,867	D	100%		0	21,867	7	100%	2	1,952	3,124
	LITTLE TIKES PLAY STRUCTU	10/17/2000	53,977	D	100%		0	53,977	7	100%	4	964	7,711
			191,619				0	191,619				101,016	17,133
15 yr - Landscaping and land improvement.	IRRIGATION IMPROVEMENT	2/22/2001	4,305	F	100%		0	4,305	15	150%	0		215
			4,305				0	4,305				0	215
	Totals		195,924				0	195,924				101,016	17,348

2001 Accum Deprec	2002 Current Deprec	2002 Accum Deprec	Description	Recovery Period (years)	Method	Prior Accum Deprec	2001 Current Deprec	2001 Accum Deprec	Preference Difference
215	0	215	COMPUTER	5	150%	203	12	215	0
322	15	337	SAFE	7	150%	292	41	333	-11
345	0	345	FILING CABINET	7	100%	345	0	345	0
390	0	390	CHAIRS	7	100%	390	0	390	0
311	36	347	TREE HOUSE	7	150%	251	49	300	-13
500	0	500	TABLES & CHAIR	7	100%	500	0	500	0
502	0	502	CAR PHONE	5	150%	502	0	502	0
513	0	513	FIXTURES	7	100%	4,335	0	4,335	0
517	32	549	COPIER	5	150%	439	91	530	-28
694	0	694	REFRIGERATOR	5	150%	694	0	694	0
632	65	697	DALLAS MIDWAY	7	150%	553	89	642	-24
738	0	738	PHONE SYSTEM	5	150%	738	0	738	0
738	45	783	COMPUTER UPG	5	150%	626	131	757	-41
820	0	820	TV'S & VCRS	5	100%	820	0	820	0
860	0	860	COPY EQUIPMEN	7	100%	860	0	860	0
914	0	914	FAX	5	150%	860	78	938	-24
1,128	7	1,135	HRS	7	150%	1,017	118	1,135	-17
1,099	51	1,150	MIRRORS	7	150%	996	141	1,137	-38
1,363	0	1,363	COMPUTER	5	100%	1,363	0	1,363	0
1,372	0	1,372	OTHER EQUIPME	5	100%	1,372	0	1,372	0
1,119	0	1,119	PL SYSTEM	5	150%	1,119	0	1,119	0
1,420	146	1,566	EQUIPMENT	7	150%	1,241	201	1,442	-55
1,365	157	1,522	GIMIX EQUIP	7	150%	1,100	215	1,315	-58
2,038	0	2,038	PHONE SYSTEM	5	100%	2,038	0	2,038	0
1,777	204	1,981	GIMEX EQUIP	7	150%	1,431	280	1,711	-76
1,772	287	2,059	COMPUTER MAC	5	150%	1,008	444	1,452	34
1,397	457	1,854	CARPET	5	150%	476	619	1,095	143
1,820	294	2,114	COMPUTER MAC	5	150%	1,035	456	1,491	35
2,692	0	2,692	PLAY SYSTEM	7	100%	2,692	0	2,692	0
2,213	254	2,467	LIBRARY FUNITU	7	150%	1,783	349	2,132	-95
3,057	0	3,057	IBM/APPL COMPI	5	100%	3,057	0	3,057	0
3,163	0	3,163	TABLES & SHEL	5	150%	2,976	271	3,247	-84
4,034	0	4,034	MIS FURN/FIX	5	100%	4,034	0	4,034	0
3,320	0	3,320	CARPETING	7	100%	3,320	0	3,320	0
3,802	207	4,009	CARPET	7	150%	3,388	568	3,956	-154
4,913	0	4,913	TABLES & CHAIR	7	100%	4,913	0	4,913	0
5,919	824	6,743	COMPUTER SYS	5	150%	4,351	1,192	5,543	-368
6,593	918	7,511	COPIER	5	150%	4,846	1,328	6,174	-410
9,670	0	9,670	EQUIPMENT FIXI	7	100%	9,670	0	9,670	0
8,686	454	9,140	CHAIRS & TABLE	7	150%	7,777	1,246	9,023	-337
19,655	0	19,655	SCHOOL VAN	7	100%	19,655	0	19,655	0

2001 Accum Deprec	2002 Current Deprec	2002 Accum Deprec	Description	Recovery Period (years)	Method	Prior Accum Deprec	2001 Current Deprec	2001 Accum Deprec	Preference Difference
5,076	3,124	8,200	GIMIX PLAY STRI	7	100%	1,952	3,124	5,076	0
8,675	7,711	16,386	LITTLE TIKES PL	7	100%	964	7,711	8,675	0
118,149	15,288	133,437					18,754	120,736	-1,621
215	409	624	IRRIGATION IMPI	15	150%		215	215	0
215	409	624					215	215	0
118,364	15,697	134,061					18,969	120,951	-1,621

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension complete only Part I and check this box

If you are filing for an Additional (not automatic) 3-Month Extension complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization LOS GATOS ACADEMY	Employer identification number 77-0192378
File by the due date for filing your return See instructions	Number street and room or suite no. If a P O box see instructions 220 BELGATOS ROAD	
	City town or post office state, and ZIP code For a foreign address see instructions LOS GATOS, CA 95032	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until _____ to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year _____ tax year beginning _____ and ending _____

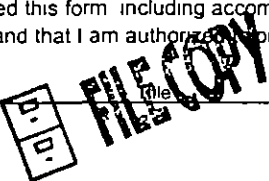
2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit _____
- c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief, it is true correct and complete and that I am authorized to prepare this form

Signature _____ Date _____
 For Paperwork Reduction Act Notice see Instruction (HTA) Form 8868 (12-2000)



If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization LOS GATOS ACADEMY	Employer identification number 77-0192378
	Number street, and room or suite no. If a P O box see instructions 220 BELGATOS ROAD		For IRS use only
	City town or post office, state and ZIP code For a foreign address see instructions LOS GATOS, CA 95032	

Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

If this is

for the whole group check this box

If it is for part of the group, check this box

and attach a list with the

names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/15/2002
- 5 For calendar year 2001, or other tax year beginning and ending
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Awaiting financial information in order to complete tax return

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868

c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

0

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief, it is true correct, and complete, and that I am authorized to prepare this form

Signature

Date

Notice to Applicant-To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other

By

Director

Date

Alternate Mailing Address- Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name DAVID PULIAFICO
	Number and street (include suite room, or apt no) Or a P O box number 1630 TENNANT AVE
	City or town, province or state and country (including postal or ZIP code) MORGAN HILL, CA 95037