

Return of Organization Exempt From Income Tax

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

2002

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning and ending

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

C Name of organization: LOS GATOS ACADEMY. Address: 220 BELGATOS ROAD, LOS GATOS, CA 95032.

D Employer identification number: 77-0192378. E Telephone number: 408-358-1046. F Accounting method: X Cash, Accrual.

G Web site

J ORGANIZATION TYPE (check only one): X 501(c)(3), (insert no) 4947(a)(1) OR 527

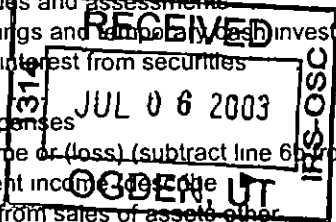
K Check here if the organization's gross receipts are normally not more than \$25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes" enter number of affiliates: N/A. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Enter 4-digit GEN.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,037,577

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with 21 rows and 4 columns. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, and TOTAL REVENUE. Expenses include Program services, Management and general, Fundraising, Payments to affiliates, and TOTAL EXPENSES. Net Assets include Excess or (deficit) for the year, Net assets at beginning, and Net assets at end of year.



SCANNED Revenue 10 2003

**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 page 21 of the instructions)

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 \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	60,785		60,785	
26	Other salaries and wages	257,093	257,093		
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	12,343	12,343		
30	Professional fundraising fees	0			
31	Accounting fees	774	774		
32	Legal fees	0			
33	Supplies	5,535	5,535		
34	Telephone	3,791	3,791		
35	Postage and shipping	2,848		2,848	
36	Occupancy	531,110	531,110		
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	0			
41	Interest	4,959	4,959		
42	Depreciation, depletion, etc (attach schedule)	15,697	15,697		
43	OTHER EXPENSES NOT COVERED ABOVE (itemize) a SEE STM 1 PRO	144,971	144,971		
	b SEE STM 2 MANAGEMENT & GEN	5,257		5,257	
	c SEE STM 3 FUNDRAISING	14,696			14,696
	d	0			
	e	0			
	f	0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	1,059,859	976,273	68,890	14,696

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 \$ \_\_\_\_\_

<b>Part III</b> <b>Statement of Program Service Accomplishments</b> (See page 24 of the instructions)		Program Service Expenses
What is the organization's primary exempt purpose? <b>EDUCATION IN A RELIGIOUS CONTEXT</b>		Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others
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.)		
a	APPROXIMATELY 80 CHILDREN RECEIVE YEAR ROUND 1ST GRADE THROUGH HIGH SCHOOL EDUCATION IN A RELIGIOUS CONTEXT	
	(Grants and allocations \$ _____)	976,273
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)	976,273

**Part IV** Balance Sheets (See page 24 of the instructions)

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		38,094	45	26,668
	46	Savings and temporary cash investments		813	46	839
	47 a	Accounts receivable	TUITIONS RECEIVED BEFORE BILL			
		47a		-5,259		
	47 b	Less allowance for doubtful accounts		0	47c	-5,259
		47b		0		
	48 a	Pledges receivable				
		48a		0		
	48 b	Less allowance for doubtful accounts		0	48c	0
		48b		0		
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)				
		51a		0		
	51 b	Less allowance for doubtful accounts		0	51c	0
	51b		0			
52	Inventories for sale or use			52		
53	Prepaid expenses and deferred charges			53		
54	Investments - securities (attach schedule)		0	54	0	
		<input type="checkbox"/> Cost	<input type="checkbox"/> FMV			
55 a	Investments - land, buildings, and equipment basis					
	55a		195,924			
55 b	Less accumulated depreciation (attach schedule)		77,560	55c	61,863	
	55b		134,061			
56	Investments - other (attach schedule)		0	56	0	
57 a	Land, buildings, and equipment basis					
	57a		0			
57 b	Less accumulated depreciation (attach schedule)		0	57c	0	
	57b		0			
58	Other assets (describe <input type="checkbox"/> See attached worksheet)		49,700	58	73,685	
59	TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		166,167	59	157,796	
Liabilities	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	64 b	Mortgages and other notes payable (attach schedule)		0	64b	0
65	Other liabilities (describe <input type="checkbox"/> See attached worksheet)		51,751	65	92,337	
66	TOTAL LIABILITIES (add lines 60 through 65)		51,751	66	92,337	
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			67	
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
	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			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds		114,416	72	65,459
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)		114,416	73	65,459	
74	TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		166,167	74	157,796	

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 page 26 of the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</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) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	0
<b>d</b>	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)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	0

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	
<b>b</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) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	0
<b>d</b>	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)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	0

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions)

(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	28,249	0	0
HOWARD SPINNER 16736 CHIRCO, LOS GATOS, CA	DIRECTOR AS NEEDED	0	0	0
LAUREN WILSON 16259 CAMELIA TERRACE, LOS GATOS	DIRECTOR AS NEEDED	32,536	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 page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity
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
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on FORM 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a 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?
b If "Yes," enter the name of the organization
81 a Enter direct or indirect political expenditures See line 81 instructions
b Did the organization file FORM 1120-POL for this year?
82 a 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?
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 )
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
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
c Dues, assessments, and similar amounts from members
d Section 162(e) lobbying and political expenditures
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
f Taxable amount of lobbying and political expenditures (line 85d less 85e)
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
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?
86 501(c)(7) orgs Enter a initiation fees and capital contributions included on line 12
b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs Enter a Gross income from members or shareholders
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )
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
89 a 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
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a 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, 2002 (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

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> TUITION					619,213
<b>b</b> SCHOOL RENT					348,742
<b>c</b> DAYCARE FEES					14,989
<b>d</b> MATERIALS FEES					7,632
<b>e</b> REIMBURSED EDUCATION					9,775
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	6	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		6	1,000,351
<b>105</b> TOTAL (add line 104, columns (B), (D), and (E))					1,000,351

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 page 32 of the instructions)

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 page 32 of the instructions)

(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 page 33 of the instructions)

- (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)

Please Sign Here

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

Signature of officer: *Jean Spinari* Date: *6/26/2003*

Type or print name and title: *Jean Spinari*

Paid Preparer's Use Only

Preparer's signature: *Paul Puliafico* Date: *6/23/2003* Check if self-employed:

Firm's name (or yours if self-employed) address and ZIP + 4: **DAVID PULIAFICO, INC**  
1630 TENNANT AVE, MORGAN HILL, CA 95037

Preparer's SSN or PTIN (See Gen. Inst. W): P00217398  
EIN: 77-0301943  
Phone no: 408-778-1345

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

Department of the Treasury  
Internal Revenue Service

**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

**Supplementary Information - (See separate instructions )**

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

OMB No 1545-0047

**2002**

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>0</u> (Must equal amounts on line 38, Part VI-A, or line i 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		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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V Form 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See NOTE below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> 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 5 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 )
  - 11 a  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 )
  - 11 b  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 5 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

Table with columns for Calendar year (or fiscal year beginning in), (a) 2001, (b) 2000, (c) 1999, (d) 1998, and (e) Total. Rows include 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11; 27 ORGANIZATIONS DESCRIBED ON LINE 12; 28 UNUSUAL GRANTS.

**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 ) <b>DURING REGISTRATION NONDISCRIMINATORY POLICY DISCLOSED</b>	X	
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
34 a 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		X
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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		0
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		0
41	Lobbying nontaxable amount Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is -</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41			0
42	Grassroots nontaxable amount (enter 25% of line 41)		0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45					0
46					0
47					0
48					0
49					0
50					0

**Part VI-B** Lobbying Activity by Nonelecting Public Charities N/A  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 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.

52 a 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.

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 Basis	Recovery Period (years)	Method	Con-vention Code	Prior Accum Deprac 179, 30%	2002 Current Deprac	2002 Accum Deprac
MACRS deductions for prior years (Line 17)														
	SAFE	9/13/1995	338	D	100 00%		0	338	7	200DB	HY	322	15	337
	MIRRORS	9/22/1995	1,150	D	100 00%		0	1,150	7	200DB	HY	1,099	51	1,150
	CARPET	10/16/1995	4,635	D	100 00%		0	4,635	7	200DB	HY	3,802	207	4,009
	CHAIRS & TABLES	12/31/1995	10,175	D	100 00%		0	10,175	7	200DB	HY	8,686	454	9,140
	DALLAS MIDWAY EQUIPMENT	8/31/1996	730	D	100 00%		0	730	7	200DB	HY	632	65	697
	HRS	10/10/1996	1,640	D	100 00%		0	1,640	7	200DB	HY	1,420	146	1,566
	LIBRARY FURNITURE	11/5/1996	1,135	D	100 00%		0	1,135	7	200DB	HY	1,128	7	1,135
	TREE HOUSE	1/6/1997	2,849	D	100 00%		0	2,849	7	200DB	HY	2,213	254	2,467
	GIMIX EQUIP	3/7/1997	400	D	100 00%		0	400	7	200DB	HY	311	36	347
	GIMEX EQUIP	3/13/1997	1,757	D	100 00%		0	1,757	7	200DB	HY	1,365	157	1,522
	COPIER	6/11/1997	2,287	D	100 00%		0	2,287	7	200DB	HY	1,777	204	1,981
	COMPUTER UPGRADE	7/15/1997	549	D	100 00%		0	549	5	200DB	HY	517	32	549
	COMPUTER SYSTEM	12/19/1997	784	D	100 00%		0	784	5	200DB	HY	738	45	783
	COPIER	6/22/1998	7,157	D	100 00%		0	7,157	5	200DB	HY	5,919	824	6,743
	COMPUTER MAC G3	11/17/1998	7,971	D	100 00%		0	7,971	5	200DB	HY	6,593	918	7,511
	COMPUTER MAC & PRINTER	6/14/1999	2,556	D	100 00%		0	2,556	5	200DB	HY	1,820	294	2,114
	CARPET	7/7/1999	2,488	D	100 00%		0	2,488	5	200DB	HY	1,772	287	2,059
	GIMIX PLAY STRUCTURE	5/9/2000	2,539	D	100 00%		0	2,539	5	200DB	MQ2	1,397	457	1,854
	LITTLE TIKES PLAY STRUCTU	6/1/2000	21,867	D	100 00%		0	21,867	7	S/L	MQ2	5,076	3,124	8,200
	IRRIGATION IMPROVEMENT	10/17/2000	53,977	D	100 00%		0	53,977	7	S/L	MQ4	8,675	7,711	16,386
		2/22/2001	4,305	F	100 00%		0	4,305	15	150DB	HY	215	409	624
			131,289				0	131,289				55,477	15,697	71,174
	Totals		131,289				0	131,289				55,477	15,697	71,174

Assets Detail

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 Basis	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec, 179, 30%	2002 Current Deprec	2002 Accum Deprec
	FILING CABINET	1/1/1991	345	D	100 00%		0	345	7	S/L	HY	345	0	345
	TABLES & CHAIRS	1/1/1991	500	D	100 00%		0	500	7	S/L	HY	500	0	500
	TABLES & CHAIRS	1/1/1993	4,913	D	100 00%		0	4,913	7	S/L	HY	4,913	0	4,913
	PL SYSTEM	2/1/1993	1,537	D	100 00%		0	1,537	5	200DB	HY	1,119	0	1,119
	COPY EQUIPMENT	6/1/1993	860	D	100 00%		0	860	7	S/L	HY	860	0	860
	CARPETING	7/1/1993	4,536	D	100 00%		0	4,536	7	S/L	HY	3,320	0	3,320
	PLAY SYSTEM	10/1/1993	2,692	D	100 00%		0	2,692	7	S/L	HY	2,692	0	2,692
	IBM/APPL COMPUTER	11/1/1993	3,057	D	100 00%		0	3,057	5	S/L	HY	3,057	0	3,057
	MIS FURN/FIX	7/1/1994	4,034	D	100 00%		0	4,034	5	S/L	HY	4,034	0	4,034
	PHONE SYSTEM	9/1/1994	2,038	D	100 00%		0	2,038	5	S/L	HY	2,038	0	2,038
	REFRIGERATOR	7/7/1995	694	D	100 00%		0	694	5	200DB	HY	694	0	694
	SAFE	9/13/1995	338	D	100 00%		0	338	7	200DB	HY	322	15	337
	PHONE SYSTEM	9/18/1995	738	D	100 00%		0	738	5	200DB	HY	738	0	738
	MIRRORS	9/22/1995	1,150	D	100 00%		0	1,150	7	200DB	HY	1,099	51	1,150
	CARPET	10/16/1995	4,635	D	100 00%		0	4,635	7	200DB	HY	3,802	207	4,009
	CHAIRS & TABLES	12/31/1995	10,175	D	100 00%		0	10,175	7	200DB	HY	8,686	454	9,140
	FAX	1/3/1996	939	D	100 00%		0	939	5	200DB	HY	914	0	914
	TABLES & SHELVES	6/7/1996	3,252	D	100 00%		0	3,252	5	200DB	HY	3,163	0	3,163
	DALLAS MIDWAY EQUIPMENT	8/31/1996	730	D	100 00%		0	730	7	200DB	HY	632	65	697
	HRS	10/10/1996	1,640	D	100 00%		0	1,640	7	200DB	HY	1,420	146	1,566
	COMPUTER	11/5/1996	1,135	D	100 00%		0	1,135	7	200DB	HY	1,128	7	1,135
	LIBRARY FURNITURE	12/4/1996	215	D	100 00%		0	215	5	200DB	HY	215	0	215
	TREE HOUSE	1/6/1997	2,849	D	100 00%		0	2,849	7	200DB	HY	2,213	254	2,467
	GIMX EQUIP	3/7/1997	400	D	100 00%		0	400	7	200DB	HY	311	36	347
	GIMEX EQUIP	3/13/1997	1,757	D	100 00%		0	1,757	7	200DB	HY	1,365	157	1,522
	COPIER	6/11/1997	2,287	D	100 00%		0	2,287	7	200DB	HY	1,777	204	1,981
	COMPUTER SYSTEM	7/15/1997	549	D	100 00%		0	549	5	200DB	HY	517	32	549
	COPIER	6/22/1998	7,157	D	100 00%		0	7,157	5	200DB	HY	5,919	824	6,743
	COMPUTER UPGRADE	11/17/1998	7,971	D	100 00%		0	7,971	5	200DB	HY	6,593	918	7,511
	EQUIPMENT FIXTURE	12/19/1997	784	D	100 00%		0	784	5	200DB	HY	738	45	783
	FIXTURES	6/1/1988	9,670	D	100 00%		0	9,670	7	S/L	HY	9,670	0	9,670
	CHAIRS	5/1/1989	513	D	100 00%		0	513	7	S/L	HY	513	0	513
	COMPUTER	11/1/1989	390	D	100 00%		0	390	7	S/L	HY	390	0	390
	2TV'S & VCERS	6/1/1990	1,363	D	100 00%		0	1,363	5	S/L	HY	1,363	0	1,363
	OTHER EQUIPMENT	1/1/1990	820	D	100 00%		0	820	5	S/L	HY	820	0	820
	SCHOOL VAN	1/1/1991	1,372	D	100 00%		0	1,372	5	S/L	HY	1,372	0	1,372
	CAR PHONE	1/1/1991	19,655	D	100 00%		0	19,655	7	S/L	HY	19,655	0	19,655
	COMPUTER MAC G3	1/1/1991	502	D	100 00%		0	502	5	S/L	HY	502	0	502
	COMPUTER MAC & PRINTER	6/14/1999	2,556	D	100 00%		0	2,556	5	200DB	HY	1,820	294	2,114
		7/7/1999	2,488	D	100 00%		0	2,488	5	200DB	HY	1,772	287	2,059



13,701 147,762 120,951 17,189 138,140 -1,492 195,924 0

Alternative Minimum Tax (AMT)

State Depreciation

2003 Current Deprec	2003 Accum Deprec	Description	Recovery Period (years)	Method	Prior Accum Deprec	2002 Current Deprec	2002 Accum Deprec	Preference Difference	Description	Recovery Basis	Recovery Period (years)	Method	Prior Accum Deprec
0	345	FILING CABINET	7	S/L	345	0	345	0	FILING CABINET	345	7	200DB	0
0	500	TABLES & CHAIR	7	S/L	500	0	500	0	TABLES & CHAIR	500	7	200DB	0
0	4,913	TABLES & CHAIR	7	S/L	4,913	0	4,913	0	TABLES & CHAIR	4,913	7	200DB	0
0	1,119	PL SYSTEM	5	150DB	1,119	0	1,119	0	PL SYSTEM	1,537	7	200DB	0
0	860	COPY EQUIPME	7	S/L	860	0	860	0	COPY EQUIPME	860	7	200DB	0
0	3,320	CARPETING	7	S/L	3,320	0	3,320	0	CARPETING	4,536	7	200DB	0
0	2,692	PLAY SYSTEM	7	S/L	2,692	0	2,692	0	PLAY SYSTEM	2,692	7	200DB	0
0	3,057	IBM/APPL COMP	5	S/L	3,057	0	3,057	0	IBM/APPL COMP	3,057	7	200DB	0
0	4,034	MIS FURN/FIX	5	S/L	4,034	0	4,034	0	MIS FURN/FIX	4,034	7	200DB	0
0	2,038	PHONE SYSTEM	5	S/L	2,038	0	2,038	0	PHONE SYSTEM	2,038	7	200DB	0
0	694	REFRIGERATOR	5	150DB	694	0	694	0	REFRIGERATOR	694	7	200DB	0
0	337	SAFE	7	150DB	333	5	338	10	SAFE	338	7	200DB	0
0	738	PHONE SYSTEM	5	150DB	738	0	738	0	PHONE SYSTEM	738	7	200DB	0
0	1,150	MIRRORS	7	150DB	1,137	13	1,150	38	MIRRORS	1,150	7	200DB	0
0	4,009	CARPET	7	150DB	3,956	284	4,240	-77	CARPET	4,635	7	200DB	0
0	9,140	CHAIRS & TABLE	7	150DB	9,023	624	3,647	-170	CHAIRS & TABLE	10,175	7	200DB	0
0	914	FAX	5	150DB	938	0	938	0	FAX	939	7	200DB	0
0	3,163	TABLES & SHELV	5	150DB	3,247	0	3,247	0	TABLES & SHELV	3,252	7	200DB	0
33	730	DALLAS MIDWAY	7	150DB	642	88	730	-23	DALLAS MIDWAY	730	7	200DB	0
73	1,639	EQUIPMENT	7	150DB	1,442	198	1,640	-52	EQUIPMENT	1,640	7	200DB	0
0	1,135	HRS	7	150DB	1,135	0	1,135	7	HRS	1,135	7	200DB	0
0	215	COMPUTER	5	150DB	215	0	215	0	COMPUTER	215	7	200DB	0
254	2,721	LIBRARY FUNITU	7	150DB	2,132	349	2,481	-95	LIBRARY FUNITU	2,849	7	200DB	0
36	383	TREE HOUSE	7	150DB	300	49	349	-13	TREE HOUSE	400	7	200DB	0
157	1,679	GIMIX EQUIP	7	150DB	1,315	215	1,530	-58	GIMIX EQUIP	1,757	7	200DB	0
204	2,185	GIMEX EQUIP	7	150DB	1,711	280	1,991	-76	GIMEX EQUIP	2,287	7	200DB	0
0	549	COPIER	5	150DB	530	19	549	13	COPIER	549	7	200DB	0
412	7,155	COMPUTER SYS	5	150DB	5,543	1,192	6,735	-368	COMPUTER SYS	7,157	7	200DB	0
459	7,970	COPIER	5	150DB	6,174	1,328	7,502	-410	COPIER	7,971	7	200DB	0
0	783	COMPUTER UPG	5	150DB	757	27	784	18	COMPUTER UPG	784	7	200DB	0
0	9,670	EQUIPMENT FIX	7	S/L	9,670	0	9,670	0	EQUIPMENT FIX	9,670	7	200DB	0
0	513	FIXTURES	7	S/L	4,335	0	4,335	0	FIXTURES	513	7	200DB	0
0	390	CHAIRS	7	S/L	390	0	390	0	CHAIRS	390	7	200DB	0
0	1,363	COMPUTER	5	S/L	1,363	0	1,363	0	COMPUTER	1,363	7	200DB	0
0	820	2TV'S & VCERS	5	S/L	820	0	820	0	2TV'S & VCERS	820	7	200DB	0
0	1,372	OTHER EQUIPME	5	S/L	1,372	0	1,372	0	OTHER EQUIPME	1,372	7	200DB	0
0	19,655	SCHOOL VAN	7	S/L	19,655	0	19,655	0	SCHOOL VAN	19,655	7	200DB	0
0	502	CAR PHONE	5	150DB	502	0	502	0	CAR PHONE	502	7	200DB	0
294	2,408	COMPUTER MAC	5	150DB	1,491	426	1,917	-132	COMPUTER MAC	2,556	7	200DB	0
287	2,346	COMPUTER MAC	5	150DB	1,452	415	1,867	-128	COMPUTER MAC	2,488	7	200DB	0





19,370 19,370 -3,673 0 0 0 0

**Sale of Assets**

2002 Current Deprec	2002 Accum Deprec	Fed - State Difference	Date Sold	Bus Use %	Selling Price	Expense of Sale	Gain/Loss on Sale	Holding Period (Short or Long Term)	Type of property
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
31	31	-31					0		
15	15	0					0		
33	33	-33					0		
51	51	0					0		
207	207	0					0		
454	454	0					0		
84	84	-84					0		
290	290	-290					0		
65	65	0					0		
146	146	0					0		
101	101	-94					0		
19	19	-19					0		
254	254	0					0		
36	36	0					0		
157	157	0					0		
204	204	0					0		
49	49	-17					0		
639	639	185					0		
712	712	206					0		
70	70	-25					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
0	0	0					0		
319	319	-25					0		
311	311	-24					0		



Line 20 for 990 OTHER CHANGES IN NET ASSESTS OR FUND BALANCES	Total	-26,675
1 ACCOUNTING DEPT NOW SEPERATES OUT ADVANCED TUITION PAYMENTS AS A LIABILITY	1	-26,220
2 ALSO SMALL DIFFERENCE IN SCHOOL LANDLORD DEPOSIT	2	-455
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	
16	16	
17	17	
18	18	
19	19	
20	20	
21	21	
22	22	
23	23	
24	24	
25	25	

STM 1 FORM 990 PART II LINE 43 OTHER PROGRAM SERVICE EXP		Total	144,971
1	PAYROLL SERVICE	1	391
2	BAD DEBT EXPENSE	2	2,590
3	DUES & SUBSCRIPTIONS	3	170
4	OTHER TAXES	4	340
5	BANK FEES	5	58
6	COPY & PRINTING	6	1,848
7	LICENSE FEES	7	12,329
8	COMMISSION EXPENSE	8	75
9	INSURANCE EXPENSE	9	17,381
10	ESTATES EXPENSE	10	2,096
11	JANITORIAL SERVICE	11	10,940
12	PROGRAM EXPENSE	12	7,597
13	PROMO AND MARKETING	13	9,090
14	STAFF CONT EDUCATION	14	3,204
15	STUDENT SIERRA TRIP	15	13,954
16	STUDENT YOSMITE TRIP	16	12,801
17	HIGH SCHOOL SPECIAL TRIPS	17	8,568
18	FIELD TRIPS	18	4,291
19	UTILITIES	19	34,626
20	VEHICLE EXPENSE	20	2,622
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	
36		36	
37		37	
38		38	
39		39	
40		40	

<b>STM 2 FORM 990 LINE 43B OTHER MGNT &amp; GEN EXPENSE</b>		<b>Total</b>	<b>5,257</b>
1	PAYROLL SERVICE	1	29
2	OFFICE EQUIPMENT EXPENSE	2	3,716
3	OFFICE SUPPLIES EXPENSE	3	1,453
4	PETTY CASH OVER & SHORT	4	59
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

<b>STM 3 FORM 990 LINE 43C OTHER FUNDRAISING EXPENSE</b>		<b>Total</b>	<b>14,696</b>
1	ART SHOW EXPENSE	1	14,696
2		2	
3		3	
4		4	
5		5	

**Line 58 (990) - Other Assets**

		<i>Beginning</i>	<i>End</i>
1	RENT DEPOSIT	49,700	70,000
2	PRE-PAID COPIER SERVICE		440
3	PRE-PAID INSURANCE		2,491
4	BOOKS ADJUSTMENT		754
5			
6			
7			
8			
9			
10			
11	<b>Total other assets</b>	<b>49,700</b>	<b>73,685</b>



**Line 65 (990) - Other Liabilities**

		Beginning	End
1 PLAYGROUND EQUIPMENT BANK LOAN	1	50,908	39,089
2 PAYROLL TAXES	2	843	0
3 CREDIT CARD	3		578
4 CHALLENGER SCHOOL DEPOSIT	4		20,930
5 ADVANCED TUITION PAYMENTS	5		31,740
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other liabilities		51,751	92,337

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 MATERIALS BY STUDENTS FOR STUDENT EDUCATION & DEVELOPMENT TOWARDS PRIMARY EXEMPTION PURPOSE
93E	REIMBURSEMENT FOR EDUCATION FROM CONTRACT BREAKAGE FEE WHICH WAS FOR PRIMARY EXEMPTION PURPOSE

4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2002

Attachment Seq No 67

(Rev. March 2002) Department of the Treasury Internal Revenue Service (99)

See separate instructions Attach to your tax return

Table with 3 columns: 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

Table with 5 columns: Line number, Description, Amount, and shaded area. Lines 1-13 detailing section 179 election.

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)

Table with 3 columns: Line number, Description, Amount. Lines 14-16 detailing special depreciation allowance.

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

Section A

Table with 3 columns: Line number, Description, Amount. Lines 17-18 detailing MACRS deductions.

Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (see page 6 of the instructions)

Table with 3 columns: Line number, Description, Amount. Lines 21-23 summarizing depreciation.

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

OMB No 1545-1709

File a separate application for each return

- \* 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 <b>LOS GATOS ACADEMY</b>	EMPLOYER IDENTIFICATION NUMBER <b>77-0192378</b>
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 <b>220 BELGATOS ROAD</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>LOS GATOS, CA 95032</b>	

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 8/15/2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year 2002 or  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

3 a 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 \$ 0

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 \$ 0

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 \$ 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. I am authorized to prepare this form

Signature *[Signature]* Date 5-7-03

For Paperwork Reduction Act Notice, see Instruction

(HTA)

Form **8868** (12-2000)

