EXTENDED TO MAY 15, 2025 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change LOS ALTOS EDUCATIONAL FOUNDATION Name change **-***2793 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 201 COVINGTON ROAD (650)559 - 04454,189,670. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 94024 LOS ALTOS, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: HEATHER MACDONALD for subordinates? Yes X No 201 COVINGTON ROAD, LOS ALTOS, CA 94024 **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.LAEFONLINE.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 1982 M State of legal domicile: CA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: IMPROVING STUDENT EDUCATION **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 2,758,925 2,839,418. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) -175.229114.845. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 2,583,696. 2,954,263 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,533,500. 2,626,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 246,063. 254,999. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 139,747. 147,087. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,919,310. 3,028,086. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -335,614. -73,823. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 3,283,221. 3,679,980. Total assets (Part X, line 16) 3,871.3,240. 21 Total liabilities (Part X, line 26) 三年 279,350. 3,676,740 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BRANDON KAM, Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 05/13/25 P00957375 SARA KELLEY Paid SARA KELLEY self-employed JOHANSON & YAU ACCOUNTANCY CORP Firm's EIN **-**2860 Firm's name Preparer 42 WEST CAMPBELL AVENUE, THIRD FLOOR Use Only Firm's address CAMPBELL, CA 95008 Phone no. (408) 288-5111 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pa	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE LOS ALTOS EDUCATIONAL FOUNDATION RAISES FUNDS TO SUSTAIN AND	—
	ENRICH THE LOS ALTOS SCHOOL DISTRICT'S EXCELLENT EDUCATIONAL PROGRAM	—
	BEYOND WHAT PUBLIC FUNDING PROVIDES.	—
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	10
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	10
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,641,987. including grants of \$2,626,000.) (Revenue \$2,839,418.	
	LOS ALTOS EDUCATIONAL FOUNDATION IS AN ORGANIZATION OUTSIDE OF THE	
	PUBLIC SCHOOL SYSTEM, WHICH PROVIDES FINANCIAL SUPPORT AS A SUPPLEMENT	
	TO THE RESOURCES OF THE LOS ALTOS SCHOOL DISTRICT FOR THE PURPOSE OF	
	FUNDING ACADEMIC AND ENRICHMENT PROGRAMS THAT HELP IMPROVE THE OVERALL	
	EDUCATION OF STUDENTS IN THE LOS ALTOS SCHOOL DISTRICT.	
		_
		_
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	(code) (Expenses #	_ ′
		—
		—
		—
		—
		—
		—
		—
		—
		—
		—
		—
4.		
4c	(Code:) (Expenses \$	_)
		—
		—
		—
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,641,987.	
	Form 990 (20	23)

Form 990 (2023) LOS ALTOS EDUCATIONAL FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		<u></u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21			Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

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Form 990 (2023) LOS ALTOS EDUCATIONAL FOUNDATION

Part IV Checklist of Required Schedules (continued)

	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		Х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		lacksquare
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		Х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		7.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	Should be solved to containe a response of note to any line in this tall v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
22200	1 12 21 22		990	(2023)

Form 990 (2023) LOS ALTOS EDUCATIONAL FOUNDATION

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		_			77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		37
	to file Form 8282?	1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual preparity, did the organization file.		100 as required?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
Ü		-		8		
9	Sponsoring organizations maintaining donor advised funds.			Ŭ		
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	I			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				37
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b	$\vdash\vdash\vdash$	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			4.5		Х
	excess parachute payment(s) during the year?			15		Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N.	inas	ma?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	HICO		16		Λ
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitio	3			
"	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			<u> </u>		
				_	000	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		3-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)			
	(This decision b requests information about policies not required by the internal ne	venue	0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
		•	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	3			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")					
_	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	aopondone			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
iou	taxable entity during the year?			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			100		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
				16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filedCA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd gan	T (section 501(c)/3	ls only)	availal	ble
13	for public inspection. Indicate how you made these available. Check all that apply.	14 99U	1 (30011011001(0)(0	,o orny)	avallal	OIC
			bodulo Ol			
19	X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
19	statements available to the public during the tax year.	iiiiot C	i interest policy, al	iu iii lal l	ciai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ske on	d records			
20	BRANDON KAM - 650-559-0445	N2 9110	1 IECOIUS			
	201 COVINGTON ROAD, LOS ALTOS, CA 94024					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(((D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any					1	,	from the	from related organizations	other compensation
	hours for	direct				- -		organization	(W-2/1099-MISC/	from the
	related	.ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tru		oyee	om pe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) 777777777777777777777777777777777777	line)	<u>n</u>	lus	#0	Ke	훈ᄩ	윤			
(1) HEATHER MACDONALD	40.00			х				155 247	0.	F 227
(2) ALEKSANDRA STANOJEVIC	2.00			Α				155,347.	0.	5,237.
BOARD MEMBER	2.00	Х						0.	0.	_
(3) EMILY HARRIS	10.00	Λ						0.	0.	0.
PRESIDENT	10.00	Х		х				0.	0.	0.
(4) JENSEN BARNA	7.00									
CFO		Х		х				0.	0.	0.
(5) JUSTIN MARTIN	2.00								-	-
BOARD MEMBER		Х						0.	0.	0.
(6) RITA CHAN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) AUBREY WING	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MARGO FELT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JP LU	7.00									
SECRETARY		Х		Х				0.	0.	0.
(10) CHRYSSA SANDERS	5.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) ERICH SCHMIDT	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MASOUD VAKILI	2.00									
BOARD MEMBER		X						0.	0.	0.
(13) JEFF ZEISLER	7.00									
VICE PRESIDENT	F 00	Х		Х		_		0.	0.	0.
(14) ADINA ARDELEAN	5.00									
BOARD MEMBER	2 00	Х						0.	0.	0.
(15) JIALIN JIAO	2.00	37							_	_
BOARD MEMBER (16) RAMA MULPURI	2.00	Х						0.	0.	0.
BOARD MEMBER	4.00	Х						0.	0.	0.
(17) NITA POLOJU	5.00	^					-	0.	J .	· ·
BOARD MEMBER	3.00	Х						0.	0.	0.
DOIND HIPDIN		Λ	<u> </u>	<u> </u>				1 0.	<u> </u>	- OOO (2222)

Section A. Officers, Directors,		ploye	ees,			gnes	it C		'	$\overline{}$		
(A)	(B)			(C Posi		1		(D)	(E)		(F	
Name and title	Average hours per		not c	heck r	more	than o		Reportable	Reportable		Estin	
	week					is both or/trus		compensation from	compensation from related		amou oth	
	(list any	director						the	organizations			nsation
	hours for	r dire				ted		organization	(W-2/1099-MISC	/	from	the
	related	steec	truste			pensa		(W-2/1099-MISC/	1099-NEC)		organi	
	organizations below	ual tru	io nal 1		ployee	t com		1099-NEC)			and re	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	Zations
(18) EMMA CHENG	2.00	=	=	0	×	Τ ω				$^{+}$		
BOARD MEMBER		Х						0.	().		0.
(19) SHEN JACKSON	2.00											
BOARD MEMBER		Х				<u> </u>		0.	().		0.
(20) BRANDON KAM	2.00	l							,			•
BOARD MEMBER	2 00	Х				├		0.	().		0.
(21) PATRICIA MOLL KRIESE	2.00	. ,							,			0
BOARD MEMBER		Х				\vdash		0.).		0.
		1										
										\perp		
		-										
			\vdash			┢				+		
		1										
1b Subtotal	I				<u> </u>		<u> </u>	155,347.	().	5,	237.
c Total from continuation sheets to Pa								0.				0.
d Total (add lines 1b and 1c)								155,347.	(5,	237.
2 Total number of individuals (including l								eceived more than \$100,	000 of reportable			
compensation from the organization											1	1
											Ye	s No
3 Did the organization list any former of	, ,	,	,		,	,	_	•	,			Х
line 1a? If "Yes," complete Schedule J											3	^A
4 For any individual listed on line 1a, is to and related organizations greater than	•		•					•	•		4 Σ	7
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes,"	•				,			•		Г	5	х
Section B. Independent Contractors	COMPICTO CONCOL	001	<i>31 00</i>	, OII	<i>3010</i>	<i>-</i>						
1 Complete this table for your five higher	st compensated ind	depe	ndei	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsatio	n from	
the organization. Report compensation	n for the calendar y	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A Name and busi		NT/	\ \ TT	.				(B) Description of s	onvices	Co	(C) mpensa	ntion
- Name and busi	iless address	ИС	ONE	<u> </u>			\dashv	Description of s	ervices		Tiperisa	ition
							\dashv					
Total number of independent contractor	ors (including but n	ot lin	niter	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the or		m			(.54	0.0, 10001100 III				
	<u> </u>									E	_{2rm} 99	0 (2023

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•			1b					
			Membership dues	1c					
			Fundraising events	1d					
			Related organizations						
ns, Sim			Government grants (contributions)	1e					
utio er (Ť	All other contributions, gifts, grants, and		0 000 410				
현된			similar amounts not included above	1f	2,839,418.				
ont od (_	Noncash contributions included in lines 1a-1f	1g \$	69,341.				
<u>0 g</u>		h	Total. Add lines 1a-1f			2,839,418.			
					Business Code				
e S	2	а							
e <u>v</u> i		b							
S		С							
Program Service Revenue		d							
og B		е							
Ā		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider						
						82,518.			82,518.
	4		Income from investment of tax-exem						
	5		Royalties	-					
	·		(i)	Real	(ii) Personal				
	6	2	Gross rents 6a	,	()				
	·								
			· · · · · · · · · · · · · · · · · · ·						
			Rental income or (loss) 6c						
	_		· · · · · ·	ecurities	(ii) Other				
	′	а	CITOGO ATTIONI CATAGO CIT		(ii) Other				
		_		267,734.					
-		b	Less: cost or other basis						
une				235,407.					
her Revenue		С	Sidaii 51 (1555)	32,327.					
å			Net gain or (loss)			32,327.			32,327.
her	8	а	Gross income from fundraising events (n	ot					
ᅙ			including \$	of					
			contributions reported on line 1c). Se	ee					
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundraising	event <u>s</u>					
	9	а	Gross income from gaming activities	. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming act	tivities					
	10		Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inv						
		_			Business Code				
sno	11	а							
Miscellaneous Revenue	• •	b							
er Ver		C							
Sce			All other revenue						
Ξ									
	10		Total revenue See instructions			2,954,263.	0.	0.	114,845.
	12		Total revenue. See instructions				١ ٠٠	, ,,	1,0-0.

332009 12-21-23

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,626,000. 2,626,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 155,924. 6,447. 25,977. 123,500. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 68,220. 2,820. 11,366. 54,034. Other salaries and wages 7 Pension plan accruals and contributions (include <u>1,</u>117. 6,702. 277. 5,308. section 401(k) and 403(b) employer contributions) Other employee benefits 9 24,153. 999. 4,024 19,130. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 29,718. 29,718. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 37,659. 22,801. 14,858. CONTRACTUAL SERVICES **ADMINISTRATIVE** 34,479. 5,937. 28,542. 22,306. 357. 21,949. **FUNDRAISING** 14,290. 9,085. 5,205. d OFFICE 8,635. 5.444. 2,531. 660. e All other expenses 3,028,086. 2,641,987. 112,913. 273,186. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			237,251.	1	368,003.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			70,746.	3	2,215.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges		······		9	
	10a	Land, buildings, and equipment: cost or othe	l l				
		basis. Complete Part VI of Schedule D	10	2,086.			
	b	Less: accumulated depreciation			208.	10c	0.
	11	Investments - publicly traded securities		0.000.046	11	2 222 752	
	12	Investments - other securities. See Part IV, lin		2,975,016.	12	3,309,762.	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1	2 002 001	15	2 650 000	
	16	Total assets. Add lines 1 through 15 (must e			3,283,221.	16	3,679,980. 3,240.
	17	Accounts payable and accrued expenses		1	3,871.	17	3,240.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su				00	
Lial	00	controlled entity or family member of any of t				22	
	23 24	Secured mortgages and notes payable to unrulumsecured notes and loans payable to unrula				24	
	2 4 25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on li					
		- CO-le - de le D				25	
	26	Total liabilities. Add lines 17 through 25			3,871.	26	3,240.
		Organizations that follow FASB ASC 958, o	heck h	e X	<u> </u>		5,220
es		and complete lines 27, 28, 32, and 33.					
anc	27	, , ,			2,762,128.	27	3,035,038.
Bala	28				517,222.	28	641,702.
- P		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fun	ds			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				3,279,350.	32	3,676,740.
_	33	Total liabilities and net assets/fund balances			3,283,221.	33	3,679,980.

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,95	4,2	<u>63.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,02		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,27	9,3	50.
5	Net unrealized gains (losses) on investments	5	47	1,4	22.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-2	09.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,67	6,7	40.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		l
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			l
	separate basis, consolidated basis, or both:				l
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			l
	consolidated basis, or both:				l
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

ZUZJ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** **-***2793 LOS ALTOS EDUCATIONAL FOUNDATION Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3423154.	2702240.	2907455.	2758925.	2839418.	14631192.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3423154.	2702240.	2907455.	2758925.	2839418.	14631192.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						14631192.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3423154.	2702240.	2907455.	2758925.	2839418.	14631192.
	Gross income from interest,	0110101					
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8,363.	11,489.	38,931.	53,406.	82,518.	194,707.
۵	Net income from unrelated business	0,303.	11,400.	30,331.	33,400.	02,310.	134,707.
9							
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	· ·						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						14825899.
	Total support. Add lines 7 through 10		>			12	<u>µ 4023033.</u>
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
13		•				. , . ,	
Sa	organization, check this box and stopetion C. Computation of Publi						
	Public support percentage for 2023 (I			aluma (f)		14	98.69 %
						15	00 01
	Public support percentage from 2022						
102	33 1/3% support test - 2023. If the c						
L	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2022. If the constant are the constant are small	•		•		•	
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test	•					•
	and if the organization meets the fact			=		_	
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2023

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cool	suppo	orted organizations played in this regard.	3		
Seci	ion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	· .	·
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
1-		hese activities constituted substantially all of its activities.	2a		
a		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	OL-		
2		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	เบเฟ กะ	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2023 LOS ALTOS EDUCATIONAL F	'OUNDA	TION	**-***2793 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			2750 Tage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	•
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		

Sec	tion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	

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

Schedule A (Form 990) 2023

Minimum Asset Amount (add line 7 to line 6)

Par	rt V Type III Non-Functionally In	tegrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	tion D - Distributions					Current Year
1	Amounts paid to supported organizations to	accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that direct	ly furthers exemp	ot purposes of supported			
	organizations, in excess of income from act	vity			2	
3	Administrative expenses paid to accomplish	exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets	,			4	
5	Qualified set-aside amounts (prior IRS appro	val required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). Se	•			6	
7	Total annual distributions. Add lines 1 thre	ough 6.			7	
8	Distributions to attentive supported organize	ations to which th	ne organization is responsive)		
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2023 from Section	C, line 6			9	
10	Line 8 amount divided by line 9 amount				10	
Secti	tion E - Distribution Allocations (see instruc	tions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section	C, line 6				
2	Underdistributions, if any, for years prior to	2023 (reason-				
	able cause required explain in Part VI). Se	e instructions.				
3	Excess distributions carryover, if any, to 202					
a	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instru	ctions)				
	Remainder. Subtract lines 3g, 3h, and 3i fro	m line 3f.				
4	Distributions for 2023 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
С	Remainder. Subtract lines 4a and 4b from li	ne 4.				
5	Remaining underdistributions for years prior	to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For	or result greater				
	than zero, explain in Part VI. See instruction					
6	Remaining underdistributions for 2023. Sub					
	and 4b from line 1. For result greater than z					
	Part VI. See instructions.	, ,				
7	Excess distributions carryover to 2024. A	dd lines 3j				
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
b	Excess from 2020					
с	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023 2.1

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number **-***2793 LOS ALTOS EDUCATIONAL FOUNDATION

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes off offi 550, Fart IV, IIIV	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(L) Constitution (L)	(-)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		_
4	Aggregate value at end of year		_
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor or		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
_			
8	Does each conservation easement reported on line 2d above	• • • • • • • • • • • • • • • • • • • •	
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	lote to the organization's financial statemen	its that describes the
Par	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets
. u.	Complete if the organization answered "Yes" on Form		or ommar /toods
10	If the organization elected, as permitted under FASB ASC 956		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	, , , , , , , , , , , , , , , , , , ,	·
h	If the organization elected, as permitted under FASB ASC 956		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	Sampled in Saadation, or research in fulfile	.a55 6. pasito 601 vi00;
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		, . , <u></u>
а	Revenue included on Form 990, Part VIII, line 1	-	\$
			<u> </u>
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

332051 09-28-23

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

_	t III Organizations Maintaining Colle				ner S	imilar	Assets	Contin		ge Z
3	Using the organization's acquisition, accession,							(contin	uea)	
3	collection items (check all that apply).	and other records	s, check any or the	ioliowing that make	e sigi ii	ilicant u	se oi its			
_	Public exhibition		L con or ove	change program						
a		d		nange program						
b	Scholarly research	е	Other							—
C	Preservation for future generations									
4	Provide a description of the organization's collect						e in Part	XIII.		
5	During the year, did the organization solicit or re							٦.,		
Dar	to be sold to raise funds rather than to be mainta							_ Yes		No
Fai	t IV Escrow and Custodial Arranger reported an amount on Form 990, Part X,		e if the organization	n answered "Yes" (on For	m 990,	Part IV, II	ne 9, or		
	Is the organization an agent, trustee, custodian,		iary for contribution	ns or other assets r	not inc	luded				
Iu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII and							_ 103	ш	110
D	ii 163, explain the arrangement iiii art XIII and	complete the following	owing table.					Amount		
_	Reginning halance					1c				
	Beginning balance					1d				
	Additions during the year									
_	Distributions during the year					1e 1f				
f 20	Ending balance							Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch				-			_	H	NO
Par										
		a) Current year	(b) Prior year	(c) Two years back		Three ve	ears back	(e) Four	vears h	ack
10	- `	511,422.	449,264.	1	+ ` '		5,493.		667,7	
	Beginning of year balance	311,122.	113,201.	300,10	+		,,,,,,,,		20,2	
	Contributions Net investment earnings, gains, and losses	115,780.	62,158.	-140,945	;	21	12,611.		16,8	
		113,700.	02,130.	140,545	'`		2,011.		10,0	
	Grants or scholarships									
е	Other expenditures for facilities			317,895						
_	and programs			317,095	'`				0 1	0.7
	Administrative expenses	627,202.	E11 400	449,264		0.0	08,104.		695,4	107.
g	End of year balance		511,422.	· · · · · · · · · · · · · · · · · · ·	••	30	76,104.		093,4	93.
2	Provide the estimated percentage of the current)) held as:						
а	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment100	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the possession	on of the organiza	tion that are held a	nd administered for	r the			Г	V	<u></u>
	organization by:								Yes	No_
	(i) Unrelated organizations?							3a(i)		<u>X</u>
	(ii) Related organizations?							3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the org		vment funds.							
Par	t VI Land, Buildings, and Equipmen		D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4.0				
	Complete if the organization answered "Y	1	1							
	Description of property	(a) Cost or of basis (investment)	` '		-	umulate ciation	d	(d) Book	value	
12	Land	245.5 (11705111	,	(53.101)	acpi c					
	Buildings									
	Leasehold improvements									
	EquipmentOther			2,086.		2,08	6.			0.
	. Add lines 1a through 1e. (Column (d) must equa	J Form 000 Dort	V line 10c selum							0.
· otal	. , wa mioo ta amougit to jooluffifi (a) fflust edua	и гони ээо. Part <i>I</i>	<u></u>	ווטו						

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 LOS ALTOS E Part VII Investments - Other Securities	DUCATIONAL FO	UNDATION *	*-***2793 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) MUTUAL FUNDS	3,309,762.	END-OF-YEAR MARKE	T VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	2 200 762		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	3,309,762.		
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	and of year market value
	(b) Book value	(c) Wethod of Valuation. Gost of e	market value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	-/ (D))		
Total. (Column (b) must equal Form 990, Part X, line 15, cc Part X Other Liabilities)I. (Б))		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	25.
1. (a) Description of liability	,	, ,	(b) Book value
(1) Federal income taxes			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. co	ol. (B))		

Schedule D (Form 990) 2023

X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

k	*	*	2	7	9	3	Page 4	

Pai	rt XI Reconciliation of Revenue per Audited Financial St	atements With F	Revenue per Re	lurn	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,395,967.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	471,422.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	471,422.
3	Subtract line 2e from line 1			3	2,924,545.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,718.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	<u>29,718.</u>
С	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	2.)		5	2,954,263.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S	2.) tatements With		5	2,954,263.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV,	2.) tatements With line 12a.	Expenses per R	5 leturi	2,954,263. n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S	2.) tatements With line 12a.	Expenses per R	5	2,954,263.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) tatements With line 12a.	Expenses per R	5 leturi	2,954,263. n
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 IT XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) tatements With line 12a.	Expenses per R	5 leturi	2,954,263. n
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 IT XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements With line 12a.	Expenses per R	5 leturi	2,954,263. n
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	tatements With line 12a.	Expenses per R	5 leturi	2,954,263. n
Par 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2) tatements With line 12a. 2a 2b 2c	Expenses per R	5 leturi	2,954,263. n 2,998,577.
Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2) tatements With line 12a. 2a 2b 2c 2d	Expenses per R	5 leturi	2,954,263. n 2,998,577.
Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2) tatements With line 12a. 2a 2b 2c 2d	Expenses per R	5 Seturi	2,954,263. n 2,998,577.
Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2) tatements With line 12a. 2a 2b 2c 2d	Expenses per R	5 leturi	2,954,263. n 2,998,577.
1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 IT XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2.) tatements With line 12a. 2a 2b 2c 2d	Expenses per R	5 leturi	2,954,263. n 2,998,577.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2) tatements With line 12a. 2a 2b 2c 2d	Expenses per R	5 leturi	2,954,263. 2,998,577. 209. 2,998,368.
5 Pail 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 IN TEXII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2) tatements With line 12a. 2a 2b 2c 2d 4a 4b	209. 29,718.	5 leturi	2,954,263. n 2,998,577.

| Part XIII | Supplemental Information

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

PART X, LINE 2:

FOR UNCERTAIN TAX POSITIONS, THE FOUNDATION USES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. A TAX POSITION IS RECOGNIZED WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES. A TAX POSITION THAT MEETS THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD IS MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY.

THE BOARD BELIEVES THERE HAVE BEEN NO TAX POSITIONS TAKEN THAT WOULD BE

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization LOS ALTOS	EDUCATIO	NAL FOUNDAT	ION				Employer identification number **-**2793
Part I General Information on Grants ar	nd Assistance					•	
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro 	tance?						
Part II Grants and Other Assistance to Description of the Part II received more than \$					anization answered "\	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LOS ALTOS SCHOOL DISTRICT 201 COVINGTON ROAD LOS ALTOS, CA 94024			2,605,000.	0.			TO SUPPLEMENT THE RESOURCES OF THE DISTRICT TO FUND ACADEMIC AND ENRICHMENT PROGRAMS.
MOUNTAIN VIEW LOS ALTOS DISTRICT 1299 BRYANT AVENUE MOUNTAIN VIEW, CA 94040			6,000.	0.			TO SUPPORT MVLA PARENT EDUCATION SPEAKER SERIES.
KEEP LOS ALTOS SCHOOLS STRONG 460 VAN BUREN ST LOS ALTOS, CA 94022			15,000.	0.			TO SUPPORT THE PASSING OF
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 							

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

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the informat	ion required in Part I, line	e 2; Part III, columi	 n (b); and any other ac	 ditional information.	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

LOS ALTOS EDUCATIONAL FOUNDATION

Employer identification number **-***2793

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HEATHER MACDONALD	(i)	155,347.	0.	0.	4,660.	577.	160,584.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1 1/5 200) 2000

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	LOS ALTOS ED	UCATIO	NAL FOUND	ATION	**_*	**27	93			
Pai					•					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	3		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	29	69,341.	CLOSING PRI	CE O	FS	STO		
10	Securities - Closely held stock		_	, ,						
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organize		•							
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29						
							Yes	No		
30a	During the year, did the organization receive by		• • • • •							
	must hold for at least 3 years from the date of							Х		
	exempt purposes for the entire holding period?									
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribut	ions?	31	X			
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash						
	contributions?					32a		X		
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,					
	describe in Part II.									

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

LOS ALTOS EDUCATIONAL FOUNDATION

Employer identification number **-***2793

FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO FILING, A COPY OF FORM 990 IS PRESENTED TO THE TREASURER FOR HIS / HER REVIEW. ANY QUESTIONS ARE THEN ANSWERED PRIOR TO FILING THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS / DIRECTORS ARE REQURIED TO DISCLOSE POTENTIAL CONFLICTS PRIOR TO BECOMING A BOARD MEMBER AND ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS AS THEY ARISE WHILE SERVING ON THE BOARD. FORM 990, PART VI, SECTION B, LINE 15A: AN INDEPENDENT REVIEW IS DONE BY THE EXECUTIVE COMMITTEE TO MAKE SURE THE EXECUTIVE DIRECTORS' COMPENSATION DOES NOT EXCEED THE COMPENSATION OF OTHER DIRECTORS WITH SIMILAR DUTIES AND RESPONSIBILITIES ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION C, LINE 18: ANYONE INTERESTED IN REVIEWING THE ENTITY'S FORM 990 IS ENCOURAGED TO CONTACT THE EXECUTIVE DIRECTOR TO REQUEST A TIME DURING NORMAL BUSINESS HOURS TO REVIEW THE TAX RETURN. FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE BY CONTACTING THE EXECUTIVE DIRECTOR TO REQUEST TIME DURING NORMAL BUSINESS HOURS TO REVIEW THE REQUESTED INFORMATION. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -209. BOOK/TAX DEPRECIATION ADJUSTMENT

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

Schedule O (Form 990) 2023

Name of the organization LOS ALTOS EDUCATIONAL FOUNDATION	Employer identification number
FORM 990, PART XII, LINE 2C:	
NO CHANGES HAVE BEEN MADE TO THE OVERSIGHT PROCESS OR SELE	CTION PROCESS
DURING THE YEAR.	

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT													
1	(D)COMPUTER EQUIPMENT	04/30/11	200DB	5.00	НУ17	3,568.				3,568.	3,568.		0.	3,568.
3	(D)MACBOOK & MONITOR * 990 PAGE 10 TOTAL	09/17/13	200DB	5.00	НУ17	2,274.			1,137.	1,137.	1,137.		0.	1,137.
	MACHINERY & EQUIPMENT					5,842.			1,137.	4,705.	4,705.		0.	4,705.
	OTHER													
2	(D)SOFTWARE	12/30/11	197	36 M	НУ43	2,400.				2,400.	2,400.		0.	2,400.
4	(D)SOFTWARE	07/01/13	197	12M	нұ43	2,400.				2,400.	2,400.		0.	2,400.
5	OFFICE FURNITURE	07/01/14	200DB	7.00	НУ17	2,086.				2,086.	2,086.		0.	2,086.
	* 990 PAGE 10 TOTAL OTHER					6,886.				6,886.	6,886.		0.	6,886.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					12,728.			1,137.	11,591.	11,591.		0.	11,591.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					12,728.			1,137.	11,591.	11,591.			11,591.
	ACQUISITIONS					0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED					10,642.			1,137.	9,505.	9,505.			9,505.
	ENDING BALANCE					2,086.			0.	2,086.	2,086.			2,086.
	ENDING ACCUM DEPR LESS DISPOSITIONS										2,086.			
	ENDING BOOK VALUE										0.			

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone