Form	<b>990</b>
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	~	~~	1		I	
For	m <b>9</b> 9	90	Return of Organization Exempt From I	ncome Tax		OMB No. 1545-0047
Depa	artment	of the Treasury venue Service	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc Do not enter social security numbers on this form as it may be r Go to www.irs.gov/Form990 for instructions and the latest	nade public.		Open to Public Inspection
			year, or tax year beginning $7/01$ , 2022, and en			<b>20</b> 2023
		if applicable: C				fication number
			ma Public Education Fund	0.3	-04408	372
			800 Summit Road		hone numb	
			s Gatos, CA 95033	(4	08) 93	30-3822
	Fi	nal return/terminated		( -	,	
		mended return		<b>G</b> Gros	s receipts	<sup>3</sup> 475, 475.
	A	pplication pending	Name and address of principal officer: Lauren Gallagher	H(a) Is this a group re	turn for sub	
		Sa	me As C Above	H(b) Are all subordina If "No," attach a	tes included	
Ι	Tax		501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		ISL. SEE IIISI	ructions.
J	We	bsite: WWW.	LPEF.ORG	H(c) Group exemptior	number	
Κ	Forr	m of organization: X	Corporation Trust Association Other L Year of for	mation: 2002	State of le	gal domicile: CA
Pa	nrt I	Summary				
	1	Briefly describe t	he organization's mission or most significant activities: Enhance	the education	n expe	erience for
e,		<u>students i</u>	n the Loma Prieta Joint Union School Distr	ict.		
Governance						
ern	-					·
<u>S</u>	23	Check this box	if the organization discontinued its operations or disposed of members of the governing body (Part VI, line 1a)			
	4		endent voting members of the governing body (Part VI, line 1a)			<u> </u>
Activities &	5		individuals employed in calendar year 2022 (Part V, line 2a)			0
tivit	6		volunteers (estimate if necessary)			40
Ac			business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated but	siness taxable income from Form 990-T, Part I, line 11			0.
	-			Prior Yea		Current Year
e	8		d grants (Part VIII, line 1h)		775.	234,424.
Revenue	9	-	revenue (Part VIII, line 2g)ne (Part VIII, column (A), lines 3, 4, and 7d)		26.	0 770
Rev	10 11		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		199.	<u>8,779.</u> 177,692.
_	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12).		000.	420,895.
	13		ar amounts paid (Part IX, column (A), lines 1-3)	000	540.	391,688.
	14		or for members (Part IX, column (A), line 4)		540.	551,000.
	15		ompensation, employee benefits (Part IX, column (A), lines 5-10).			
ses			draising fees (Part IX, column (A), line 11e)			
Expenses						
Ä					202	04.004
	17	•	(Part IX, column (A), lines 11a-11d, 11f-24e)		323.	24,984.
	18	•	Add lines 13-17 (must equal Part IX, column (A), line 25)		863.	416,672.
_ <i>0</i>	19	Revenue less exp	penses. Subtract line 18 from line 12		863.	<u>4,223.</u>
ta ol	20	Total accote (Par	rt X, line 16)	Beginning of Cur		End of Year
Bala	20		Part X, line 26)		140.	<u>960,987.</u> 934,664.
Net Assets or Fund Balances	22					
			Id balances. Subtract line 21 from line 20	22	100.	26,323.
	nrt II	Signature E				6 14 in 1
Unde com	er pena plete. D	ities of perjury, I declare Declaration of preparer (	e that I have examined this return, including accompanying schedules and statements, and other than officer) is based on all information of which preparer has any knowledge.	a to the best of my knowled	ge and belie	er, it is true, correct, and
Siç	yn	Signature of office	er	Date		

Sign	Signature of officer				Date			
Here	Lauren Ga			Cui	Current Treas.			
	Print/Type prepare	er's name	Preparer's signature	Date	Check	if PTIN		
Paid	Chad Hoes	sing			self-employed	P00147710		
Preparer Use Only	Firm's name	CHAD HOESING	CPA INC					
Use Only	Firm's address	340 SOQUEL AV	Firm's EIN	77-0243088				
		SANTA CRUZ, C	CA 95062		Phone no.	(831) 425-7193		
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
BAA For Pa	AA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 09/01/22 Form 990 (2022)							

Form	n 990 (2022)	Loma Public Education Fund	03-0440872	Page <b>2</b>
Par		ment of Program Service Accomplishments		
_	Check	if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describ	e the organization's mission:		
	See Sched	ule_0		
2	Did the organiz	ation undertake any significant program services during the year which were not listed on the pric	or	_
	Form 990 or 9	90-EZ?	· · · · · · · · · · Y	es X No
	If "Yes," descri	be these new services on Schedule O.	_	_
3		zation cease conducting, or make significant changes in how it conducts, any program ser	vices?	∕es Ⅹ No
	lf "Yes," descri	be these changes on Schedule O.		
4	Section 501(c)	organization's program service accomplishments for each of its three largest program servi $\chi(3)$ and 501(c)(4) organizations are required to report the amount of grants and allocations	ces, as measured s to others, the tot	by expenses. al expenses,
	and revenue,	if any, for each program service reported.		
			A	
4a	(Code:	) (Expenses \$ 412,982. including grants of \$) (R		)
		nization raises money through fundraising and special eve		
		as specific grants to the Loma Prieta Joint Union School	<u>District to</u>	_support
	<u>various t</u>	cypes of programs.		
4b	(Code:	) (Expenses \$including grants of \$) (R	evenue \$	)
/r	(Code:	) (Expenses \$ including grants of \$ ) (R	evenue Ś	)
40	(Coue.			)
			· <b></b> - <b></b> ·	
4d		n services (Describe on Schedule O.)		
		\$ including grants of \$ ) (Revenue \$		)
4e	I otal program	service expenses 412,982.	r	orm <b>990</b> (2022)

 Form 990 (2022)
 Loma Public Education Fund

 Part IV
 Checklist of Required Schedules

rar			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	Х	
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? <i>If "Yes," complete Schedule C, Part I.</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 Revenue Procedure 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 provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a		Х
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
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		Х
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b></b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	I
BAA	• · · · · · · · · · · · · · · · · · · ·	Form	990	(2022)

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Form 990 (2022) Loma Public Education Fund

Par	τιν	Checklist of Required Schedules (continued)			
22	Did th	ne organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, nn (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No X
23	Did th and fo	e organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current ormer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a	Did th the la	<i>dule J</i> e organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of ist day of the year, that was issued after December 31, 2002? <i>If a "Yes," answer lines 24b through 24d and</i>	23		Х
	сотр	lete Schedule K. If "No," go to line 25a	24a 24b		Х
с		e organization maintain an escrow account other than a refunding escrow at any time during the year to defease ax-exempt bonds?	24c		
d	Did th	ne organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section transa	on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit action with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	that th	organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and e transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete dule L, Part I	25b		Х
26	Did th forme or far	ne organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or er officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity nily member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	emplo memi	ne organization provide a grant or other assistance to any current or former officer, director, trustee, key byee, creator or founder, substantial contributor or employee thereof, a grant selection committee ber, or to a 35% controlled entity (including an employee thereof) or family member of any of these ns? If "Yes," complete Schedule L, Part III	27		Х
28	Was t instru	he organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, ictions for applicable filing thresholds, conditions, and exceptions):			
а		rent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If " complete Schedule L, Part IV</i>	28a		Х
b	A fam	nily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% comp	% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," Iete Schedule L, Part IV	28c		Х
29	Did th	ne organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did th contri	ne organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation butions? If "Yes," complete Schedule M.	30		Х
31	Did th	ne organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32		e organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete dule N, Part II	32		Х
33	Did th 301.7	e organization own 100% of an entity disregarded as separate from the organization under Regulations sections 701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was t and F	the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, Part V, line 1	34		Х
35a	Did th	ne organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	lf "Ye entity	s" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section organi	on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related ization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did th treate	e organization conduct more than 5% of its activities through an entity that is not a related organization and that is ad as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did th Note:	e organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? All Form 990 filers are required to complete Schedule O	38	Х	
Par		Statements Regarding Other IRS Filings and Tax Compliance			
	C	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter	the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		162	NU
		the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did th	e organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gam	bling) winnings to prize winners?	1c		

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Part	<b>V</b> 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 State- ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7u 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
r	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
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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
	Check if Schedule O contains a response or note to any line in this Part VI

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 <b>1a</b> 12 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.							
	Enter the number of voting members included on line 1a, above, who are independent 1b 12							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents			v				
F	since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X X				
5 6	Did the organization have members or stockholders?	5 6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Co	ode.)				
	· · · · · · ·		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		Х				
	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
я	The organization's CEO, Executive Director, or top management official.	15a		Х				
	Other officers or key employees of the organization.	15b		X				
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	156						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х				
1-	taxable entity during the year?	16a		Λ				
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 available for public inspection. Indicate how you made these available. Check all that apply.	)1(c)(3	s) on	ly)				
	Own website Another's website X Upon request Other ( <i>explain on Schedule O</i> )							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. See Schedule O	ble to						
20	State the name, address, and telephone number of the person who possesses the organization's books and records.							
	Lauren Gallagher 23800 Summit Road Los Gatos CA 95033 (408) 930-3822							

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
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 Compensate	ed Employees	
<b>1a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending w 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.

• 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.

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

				(C)					
(A) Name and title		thar	Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099- MISC/1099-NEC)	(W-271099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Stephanie Wells President	$-\frac{10}{0}$	x		Х			0.	0.	0.
(2) Eleanna Kim	10	- 11					0.	0.	0.
Vice President	0	Х		Х			0.	0.	0.
(3) Cristina_Werdebaugh	10								
Secretary	0	Х		Х			0.	0.	0.
(4) Lauren Gallagher	10								
Treasurer	0	Х		Х			0.	0.	0.
(5) Elizabeth Cunningham	5								
Member	0	Х					0.	0.	0.
(6) Kate Eldridge	5								
Member	0	Х					0.	0.	0.
(7) Elyse Fairweather	5								
Member	0	Х					0.	0.	0.
(8) Kourtney Feinstein	5								
Member	0	Х					0.	0.	0.
(9) Lydia Harville	5								
Member	0	Х					0.	0.	0.
(10) Tamara Marx	5								
Member	0	Х					0.	0.	0.
(11) Marlena Schultz	5								
Member	0	Х					0.	0.	0.
(12) Erin Asheghian	5								
Ex-Officio Memb	0	Х					0.	0.	0.
(13)									
(14)									
				]					Earm <b>000</b> (2022)

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Par	t VII Section A. Officers, Directors, Tru	stees, l	Key	Em	plo	bye	es, a	anc	d Highest Corr	pensated Emp	loyees (continued)
		(B)			(C	•					
	(A) Name and title	Average hours per	box,	unles	heck ss pe	erson	e than o is both pr/trust	1 an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
		week (list any hours	or d	Insti	Officer	Key	High	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization
		for related	Individual or director	Institutional trustee	icer	Key employee	Highest compensated employee	ner	WIGO/TOJJ-INEO/	WIGO/TOJJ-NEO/	and related organizations
		organiza - tions below	l trus	al tru		loyee	ompe				
		dotted line)	tee	Istee			nsate				
							d				
(15)			-								
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Subtotal								0.	0.	0.
с	Total from continuation sheets to Part VII, Sectio	on A							0.	0.	0.
	Total (add lines 1b and 1c)								0.	0.	0.
2	from the organization 0		Isleu	auuv	(e) v	VIIO	recen	veu			Jensation
											Yes No
3	Did the organization list any <b>former</b> officer, direct on line 1a? If "Yes, "complete Schedule J for such	or, truste <i>individu</i>	e, ke al	y en	nplo	oyee	e, or l	high	nest compensated	employee	. <b>3</b> X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater	reportab r than \$1	le cor 50,00	npei )0? /	nsa If "Y	tion Y <i>es,</i>	and " <i>con</i>	oth nple	er compensation ete Schedule J for	from	4 X
5	such individual Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i>	e compen	isatio	n fro	om a	anv	unrel	late	d organization or	individual	
	ion B. Independent Contractors	, compre		errea	laio	0 10					
1	Complete this table for your five highest compens compensation from the organization. Report compens	ated indesation for	epeno the ca	dent alenc	cor dar v	ntrao vear	ctors endir	tha ng w	t received more the transformed to the termination of term	nan \$100,000 of ganization's tax year	r.
	(A) Name and business addre					)		.9	(B) Description of	Ī	(C) Compensation
2	Total number of independent contractors (including bu \$100,000 of compensation from the organization	ut not limi	ited to	o tho	se li	istec	abov	ve) v	who received more	than	

# Form 990 (2022) Loma Public Education Fund Part VIII Statement of Revenue

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					/ line in this Part VI (A)	(B)	(C)	(D)
					<b>(A)</b> Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under section 512-514
	а	Federated campaigns	. 1a					
unouu	b	Membership dues	. 1b					
Ame	С	Fundraising events	. 1c					
ar		Related organizations						
		Government grants (contributions)						
r D		All other contributions, gifts, grants, ar similar amounts not included above		224 424				
<b>B</b>		Noncash contributions included in		234,424.				
and		lines 1a-1f	-					
	h	Total. Add lines 1a-1f		Business Code	234,424.			
2	2a			Business Code				
1	b							
	c c							
	d							
	ē							
	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
3	3	Investment income (including div	idends,	interest, and				
		other similar amounts)			8,779.			8,77
4		Income from investment of tax						
5	5	Royalties						
		Gross rents 6a	) Real	(ii) Personal				
		Less: rental expenses <b>6b</b>						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
			ecurities	(ii) Other				
1		sales of assets						
	h	other than inventory Less: cost or other basis						
	b	and sales expenses <b>7b</b>						
	с	Gain or (loss) 7c						
	d	Net gain or (loss).	· · · · · · <u>·</u>					
8	Ba	Gross income from fundraising events						
		(not including \$						
		of contributions reported on line 1c).	_					
		See Part IV, line 18		a <u>232,272</u> .				
		Less: direct expenses Net income or (loss) from fund	-	<b>b</b> 54,580.	177 600			
			a a lon ny		177,692.			
9	a	Gross income from gaming activities. See Part IV, line 19	9	a				
		Less: direct expenses		b				
		Net income or (loss) from gam	ing acti	vities				
10	)a	Gross sales of inventory less	 					
		Gross sales of inventory, less returns and allowances	10	la				
		Less: cost of goods sold		b				
	С	Net income or (loss) from sale	s of inv					
				Business Code				
<sup>וו</sup> ב	a L							
Į.	D C							
	с Н	All other revenue						+
		Total. Add lines 11a-11d						
		Total revenue. See instruction			420,895.	0.	0.	8,77

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

000	<i>tion 501(c)(3) and 501(c)(4) organizations must con</i> Check if Schedule O contains a r	•			
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	391,688.	391,688.	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	591,000.	391,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
c	Accounting	1,300.	1,300.		
d	Lobbying	_,	_,		
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,763.	1,763.		
24	Other expenses. Itemize expenses not covered 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.)				
a	<u>Credit Card Fees</u>	12,723.	12,723.		
b		5,008.	3,963.		1,045.
c		2,645.			2,645.
d		1,445.	1,445.		
e	All other expenses.	100.	100.		
25	Total functional expenses. Add lines 1 through 24e	416,672.	412,982.	0.	3,690.
26	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)				
BAA		TEE 001101 09			Form <b>990</b> (2022)

#### Form 990 (2022) Loma Public Education Fund

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ..... (A) Beginning of year (B) End of year 1 461,210. 1 Cash - non-interest-bearing. 403,021 Savings and temporary cash investments..... 469,119. 2 2 477,898. 3 3 Pledges and grants receivable, net..... Accounts receivable, net ..... 4 4 21,879. 5 Loans and other receivables from any current or former officer, director, controlled entity or family member of any of these persons ...... 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ..... 6 7 Notes and loans receivable, net..... 7 8 8 Inventories for sale or use..... Assets Prepaid expenses and deferred charges..... 9 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ..... 10a 1**0**a 10c Investments – publicly traded securities. 11 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 14 Intangible assets. 15 Other assets. See Part IV, line 11..... 15 16 960,987. 872,140. 16 Total assets. Add lines 1 through 15 (must equal line 33).... 17 Accounts payable and accrued expenses ..... 17 182 850,040 18 18 Grants payable ..... 932,482 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilitie 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 22 Secured mortgages and notes payable to unrelated third parties ..... 23 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 Total liabilities. Add lines 17 through 25..... 850,040 26 934,664 Organizations that follow FASB ASC 958, check here Х Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 22,100. 26,323. 27 Net assets with donor restrictions..... 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 5 Capital stock or trust principal, or current funds..... 29 29 Net Assets Paid-in or capital surplus, or land, building, or equipment fund..... 30 30 Retained earnings, endowment, accumulated income, or other funds..... 31 31 32 Total net assets or fund balances..... 32 26,323 22,100. Total liabilities and net assets/fund balances. 33 872,140. 33 960,987. BAA TEEA0111L 09/01/22 Form 990 (2022)

Forn	orm 990 (2022) Loma Public Education Fund 03-0				ige <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42	20,8	395.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	16,6	572.
3	Revenue less expenses. Subtract line 2 from line 1	3			223.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4			L00.
5	Net unrealized gains (losses) on investments.	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10			
Dee	column (B))	10		26,3	323.
Par	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
c	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. <b>3b</b>		
BAA	TEEA0112L 09/01/22		Form	990 (	(2022)

SCHEDULE A (Form 990)

Total

## 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. 2022 Open to Public

OMB No. 1545-0047

Depart	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Publ Inspection			
	of the organization		•				Employer identif	ication number	
Lom	a Public Ed	ducation Fund 03-044087							
Par				organizations must				uctions.	
The c 1	5		,	For lines 1 through 12, nurches described in <b>sec</b> i		,	,		
2				ach Schedule E (Form					
3 4	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								
5	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	·			ental unit described in <b>s</b>	ection 1	70(b)(1)	γΑγν).		
7	X An organizatio	on that normally i	e e	part of its support from a				oublic described	
8				A)(vi). (Complete Part I	l.)				
9				tion 170(b)(1)(A)(ix) operative (see instructions). Enter					
10	from activitie investment in	s related to its e acome and unre	exempt functions, sub	nan 33-1/3% of its supp ject to certain exceptio e income (less section Part III.)	ns: and	(2) no r	nore than 33-1/3% of	f its support from gr	OSS
11	An organizat	ion organized a	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).		
12	or more publ	icly supported o	organizations describe	ely for the benefit of, to ad in <b>section 509(a)(1)</b> a upporting organization	ir <b>sectio</b>	n 509(a	)(2). See section 509	(a)(3). Check the bo	f one ox on
а	Type I. A support organization (s	orting organizati	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o	Irganizat	ion(s), typically by givin	ng the supported	
b	management	pporting organiz of the supporting te Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), b the supported organiz	y having control or ation(s). <b>You</b>	
с	Type III function	onally integrated	. A supporting organizat	ion operated in connection	n with, ai <b>A, D, an</b>	nd functi d E.	onally integrated with, it	ts supported	
d	functionally in	ntegrated. The o	organization generally	anization operated in cor must satisfy a distribu <b>s A and D, and Part V.</b>	nection tion req	with its : uiremen	supported organization t and an attentivenes	(s) that is not is requirement (see	
e	Check this bo integrated, or	ox if the organiz r Type III non-fu	ation received a writte	en determination from t supporting organization		that it is	s a Type I, Type II, Ty	pe III functionally	
f	Enter the number		organizations	d organization(s)					
9	(i) Name of supported of	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed overning ment?	(v) Amount of monetary support (see instructions)		
					Yes	No			
					103				
(A)									
(B)									
(C)									
(D)									
(E)									

Loma Public Education Fund

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Part II 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.)

Sec	tion A. Public Support						
begiı	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	453,509.	368,872.	708,415.	555,780.	466,696.	2,553,272.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	453,509.	368,872.	708,415.	555,780.	466,696.	2,553,272.
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)						0.
6	Public support. Subtract line 5 from line 4						2,553,272.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
7	Amounts from line 4	453,509.	368,872.	708,415.	555,780.	466,696.	2,553,272.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,272.	3,204.	2.	26.	8,779.	16,283.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						2,569,555.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20						99.37 %
15	Public support percentage from a	2021 Schedule A,	Part II, line 14			15	99.57 %
16a	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	he organization di qualifies as a put	d not check the b blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test-2021. If the and stop here. The organization	e organization dic qualifies as a pul	I not check a box plicly supported o	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, c	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	box and <b>stop here</b>	. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-and I-circumstances te	nd-circumstances est. The organizat	test, check this t ion qualifies as a	publicly supported	Explain in Part d organization.	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions
	-						

Schedule A (Form 990) 2022

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions,						
	and membership fees received. (Do not include						
	any "unusùal grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose Gross receipts from activities						
3	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the	-					
	organization'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	<b>Total.</b> Add lines 1 through 5	-					
	Amounts included on lines 1.						
	2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				L		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6			<b>N</b> -7			()
-	Gross income from interest, dividends,						
Tou	payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable						
U	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
	Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	<b>First 5 years.</b> If the Form 990 is	for the organizati	on's first second	third fourth or t	fifth tax year as a	contion $501(a)(2)$	
14	organization, check this box and	stop here					
Sec	tion C. Computation of Pu	blic Support F	Percentage				
15	Public support percentage for 20	22 (line 8, colum	n (f), divided by li	ine 13, column (f	))		010
16	Public support percentage from a	2021 Schedule A,	, Part III, line 15				010
Sec	tion D. Computation of Inv					II	
17	Investment income percentage f	or 2022 (line 10c.	, column (f), divid	ed by line 13, col	umn (f))		00
18	Investment income percentage f			-			0/0
	33-1/3% support tests-2022. If						
	is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organization	
b	33-1/3% support tests-2021. If t	the organization c	lid not check a bo	ox on line 14 or lin	ne 19a, and line 1	6 is more than 33-	1/3%, and 🔤
	line 18 is not more than 33-1/3%	, check this box	and <b>stop here.</b> Th	ie organization qι	alifies as a public	ly supported organ	ization
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	

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 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
ł	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 <b>Part VI</b> when and how the organization made the determination.	3b		
Ċ	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	a 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.	4a		
ł	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
(	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 <b>Part VI</b> 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.	4c		
5a	a 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 <b>Part VI</b> , 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).	5a		
ł	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	6		
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? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
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).	8		
9a	a 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 <b>Part VI</b> .	9a		
ł	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 <b>Part VI</b> .	9b		
(	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 <b>Part VI</b> .	9c		
1 <b>0</b> a	a 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.	10a		
ł	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.)	10b		

Schedule A	(Form	990)	2022
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#### Loma Public Education Fund

03-0440872	
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Yes

1

2

No

Par	t IV Supporting Organizations (continued)			-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		
~				

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

Yes

No

Pad	P	6

ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year
			(optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
<b>5</b> 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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
3 Minimum Asset Amount (add line 7 to line 6)	8		
ection C – Distributable Amount	_		Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
<b>8</b> Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		

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

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Schedule A (Form 990) 2022

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Sι	upporting Organiza	tions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
	P From 2018				
-	From 2019				
	From 2020				
	PFrom 2021				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ł	Applied to 2022 distributable amount				
	i Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
-	Applied to underdistributions of prior years				
_	Applied to 2022 distributable amount				
0	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
2	Excess from 2018				
k	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

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Schedule A (Form 990) 2022

	Suppleme	ental Informa	tion Reg	jarding F	undraising or Gami	ing Activ	/ities	OMB No. 1545-0047	
SCHEDULE G (Form 990)	Comple	2022							
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection	
Name of the organization							Employer identific		
Loma Public Education Fund 03-0440872           Double         Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.									
Fart Form 990-E2	Z filers are not re	quired to comp	lete this p	oart.					
a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants									
<b>b</b> Internet and <b>c</b> Phone solicita				r g	X Special fundraising	-	rants		
d In-person soli				y		g events			
		r oral agreement	with any i	individual (i	including officers, directo	ors, trustee	es, or key		
employees listed	in Form 990, Par	t VII) or entity i	n connect	tion with p	rofessional fundraising	services	?	Yes X No	
<b>b</b> If "Yes," list the 10 compensated at I	east \$5,000 by th	iduals or entities le organization.	(tundraise	ers) pursua	nt to agreements under v	which the i	fundraiser is to	be	
(i) Name and addres or entity (fund	s of individual raiser)	(ii) Activity	(iii) Did have custo of contr	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to etained by) iser listed in lumn <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No					
1									
2									
3									
4									
5									
6									
7									
•									
8									
9									
10									
Total								0.	
3 List all states in wh	nich the organization	on is registered o	or licensed	to solicit c	ontributions or has been	notified it	is exempt from		
or licensing.									

Sche	edule	G (Form 990) 2022 Loma Pu	blic Education	Fund	03-04	40872 Page <b>2</b>
Par	tll	Fundraising Events. Complete if reported more than \$15,000 of fur and 6b. List events with gross rec	ndraising event cor	ntributions and gros	orm 990, Part IV, I s income on Form	line 18, or 990-EZ, lines 1
·			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Gala Auction		None	(add column (a)
ne			(event type)	(event type)	(total number)	through column (c)
Revenue	1	Gross receipts	232,272.			232,272.
<b></b>	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	232,272.			232,272.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
Expe	7	Food and beverages				
irect	8	Entertainment				
Δ	9	Other direct expenses	54,580.			54,580.
	10	Direct expense summary. Add lines 4 thr	ough 9 in column (d).			54,580.
	11	Net income summary. Subtract line 10 fr	om line 3, column (d).			
Par	t III	<b>Gaming.</b> Complete if the organiza than \$15,000 on Form 990-EZ, lin	ition answered "Ye e 6a.	s" on Form 990, Pa	art IV, line 19, or re	
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
~	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes <sup>%</sup> No	Yes% No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d).			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
l 10 a	alsth blf"N  aWer	re any of the organization's gaming license	g activities in each of th	or terminated during th	e tax year?	  Yes No
I		res," explain: 	·			

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022	Loma Public	Education Fund	03	3-0440872	Page 3
<b>11</b> Does the organization conduct	gaming activities with r	nonmembers?		Yes	No
<b>12</b> Is the organization a grantor, ber administer charitable gaming?		ust, or a member of a partnership		Yes	No
13 Indicate the percentage of gamin	g activity conducted in:			1 1	
<b>a</b> The organization's facility				13a	olo
<b>b</b> An outside facility				13b	olo
<b>14</b> Enter the name and address of the	he person who prepares t	he organization's gaming/special	events books and records	:	
Name					
Address					
<ul> <li>15 a Does the organization have a d</li> <li>b If "Yes," enter the amount of g</li> <li>of gaming revenue retained by</li> <li>c If "Yes," enter name and address</li> </ul>	aming revenue received the third party \$	ty from whom the organization d by the organization \$	receives gaming revenu and th	e? <b>Ye</b> ne amount	s 🗌 No
Name					,
Address					;   
<b>16</b> Gaming manager information:					
Name					
Gaming manager compensatio	on \$				
Description of services provide	d				
Director/officer	Employee	Independent co	ntractor		
17 Mandatory distributions:					
5 5			••••		s No
b Enter the amount of distributions organization's own exempt act			organizations or spent in	the	
Part IV Supplemental Infor and Part III, lines 9, information. See ins	, 9b, 10b, 15b, 15c,	e explanations required b 16, and 17b, as applicab	y Part I, line 2b, col ble. Also provide an	umns (iii) and y additional	(v);

SCHEDULE I		G	rants and Ot	her Assistance	to Organization	IS.		OMB No. 1545-0047
(Form 990)		Gov	vernments, a	nd Individuals i	n the United St	ates	_	2022
Department of the Treasury Internal Revenue Service				Attach to Form 990. s.gov/Form990 for the				Open to Public Inspection
Name of the organization				0			Employer identifi	cation number
Loma Public Ed	lucation Fund						03-04408	72
Part I General Ir	nformation on G	rants and Assista	ance					
				assistance, the grantees				X Yes No
				nds in the United States.			Part IV	
				and Domestic Gov nore than \$5,000. I				
<b>1 (a)</b> Name and add or gove	ress of organization ernment	<b>(b)</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
(1) Loma Prieta Joi 23800 Summit Ro	pad							Academic and physical
Los Gatos, CA 9	95033			391,688.	0.			education
<u>(2)</u>								
(3)	· – – – – – – – – – –							
<u>(4)</u>								
(5)								
(6)								
(7)								
(8)								
2 Enter total numb	er of section 501(c)(	(3) and government o	rganizations listed	in the line 1 table				1
			-					
BAA For Paperwork F	9				TEEA3901L	06/29/22	Scheo	dule I (Form 990) 2022

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Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Prov	ride the informatio	n required in Part I	, line 2; Part III, co	lumn (b); and any oth	er additional information.

#### Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Grants are only made for expenses that have already been incurred. Grantees are

required to submit appropriate documentation of expenses paid such as vendor invoices

or teacher salary information for each grant amount requested. This documentation is

reviewed by the board members before grants are paid.

Department of the Treasury Internal Revenue Service

Loma Public Education Fund

#### Form 990, Part III, Line 1 - Organization Mission

To raise money to enhance the education experience for students in the Loma Prieta Joint Union School District. The funds raised by the special event functions represent a large part of the funds collected by the organization. These funds are awarded as specific grants to the district to support various programs.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

The treasurer reviews the tax return and discusses any open issues/questions with

the tax preparer. The Board of Directors is provided a copy of the tax return before its final filing.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents and financial statements are available to the public upon request.

Form	8868	
orm	0000	

(Rev. January 2022) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

► File a separate application for each return.

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

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

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

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

 Name of exempt organization or other filer, see instructions.
 Taxpayer identification number (TIN)

Type or			
Type or print	Loma Public Education Fund	03-0440872	
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.		
due date for filing your	23800 Summit Road		
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
Instructions.	Los Gatos, CA 95033		

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

● The books are in the care of ► Lauren Gallagher 23800 Summit Road Los Gatos CA 95033

Telephone No. ► (408) 930-3822

Fax No. 🕨

•	If the organization does not have an office or place of business in the United States, check this box
	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group,
	check this box  . If it is for part of the group, check this box  . and attach a list with the names and TINs of all members
	the extension is for.

1	I request an automatic 6-month extension of time until	_5/15	, 20 <u>24</u> ,	to file the exempt organization return
	for the organization named above. The extension is	for the organization	ation's return f	for:

calendar year 20 or

►	X tax year beginning		, and ending	 _ , 20	<u>23</u> .	

2	If the tax year entered in line 1 is for less than	12 months, check reason:	Initial return	Final return
	Change in accounting period			

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using		

 EFTPS (Electronic Federal Tax Payment System). See instructions.
 3c \$ 0.

 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form 8868 (Rev. 1-2022)