Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2001

Open to Public Inspection

A 1	er ine	2	OUT calendar year, of tax year period beginning		and en	ong			
В	, Żheckif µpplicab		Please C Name of organization			_	D Emp!	loyer ide	entification number
			use IRS label or						
	Addre	nge print or PHOCIS, INC. 9							08525
Ļ	Name	Ingo See Number and street (or P.O. box it mail is not delivered to street address) Room/suite E. lei						hone n	
Ļ	retum	Specific 20950 S.W. ROCK CREEK ROAD						<u>503)</u>	<u>843-1356</u>
	Final		tions. City or town, state or country, and ZIP + 4					nting metho	
느	Amen	1	SAEKIDAN, UK 9/3/6					ther pecify)	<u> </u>
	Applic pendi	ing	 Section 501(c)(3) organizations and 4947(a)(1) must attach a completed Schedule A (Form 990 	nonexempt charitable or 990-F71	le trusts	H and I are not applica			·
			•	01 050 22,		H(a) is this a group r			
<u>G \</u>	Veb sit	tę	<u>▶N/A</u>			H(b) If "Yes," enter nu			
						H(c) Are all affiliates i		17 N	/A L Yes No
		_	tion type (check only one) X 501(c) (3) (insert n						
			re la if the organization's gross receipts are norma			H(d) Is this a separate		_	
	-		ion need not file a return with the IRS, but if the organizatii il, it should file a return without financial data. Some state :			ganization cover		group r	uling? Yes X No
	ii tiie ii	IId	ii, it should the a return without infancial data Some states	s require a complete	(CINIII	I Enter 4-digit GE			
	Proce r		ceipts Add lines 6b, 8b, 9b, and 10b to line 12	6,803	252	M Check ► L		-	on is not required to attach
$\overline{}$	art I		Revenue, Expenses, and Changes in N	et Assets or Fi	und Bala		0, 330	L,Z, UI 3	30-111
	1	_	Contributions, gifts, grants, and similar amounts received		diid Daid		Т		
	l '.		Direct public support	1	1a	851,4	61		
	;	0 h	Indirect public support		1b	021.4	<u> </u>		
)		Government contributions (grants)		10				
		d	Total (add lines 1a through 1c)				\dashv		
	`	u		3,488	8. 1			1d	851,464.
	2		Program service revenue including government fees and					2	960,953.
	3		Membership dues and assessments	contracts (nominant	•11, 11.10 00)		F	3	
~	4		Interest on savings and temporary cash investments				ŀ	4	234,743.
8	5		Dividends and interest from securities				İ	5	40,719.
1 7 2002	6	8	Gross rents		6a		t		
_	lĭi	_	Less rental expenses		6b				
	، ا	- c	Net rental income or (loss) (subtract line 6b from line 6a)	1				6c	
JUN Revenue	7	•	Other investment income (describe				, [7	
Ž	8 1	8	Gross amount from sale of assets other	(A) Securities		(B) Other			
. ď		_	than inventory	3,772,44	48. 8a	943,0	00.	ĺ	
ļ	l 1	b	Less cost or other basis and sales expenses	3,815,50		738,8			
	(C	Gain or (loss) (attach schedule)		15.>8c	204,1			
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	1	STMT	2	8d	161,001.
	9		Special events and activities (attach schedule)				ſ	i	
	1	ı	Gross revenue (not including \$	of contributions	;		1		
			reported on line 1a)		9a				
	1	Ь	Less direct expenses other than fundraising expenses		9b				
	,	C	Net income or (loss) from special events (subtract line 9b	from line 9a)	, ,	1	ļ	_9c	
	10 a	8	Gross sales of inventory, less returns and allowances		10a				
	1	b	Less cost of goods sold		10b				
	، ا	C	Gross profit or (loss) from sales of inventory (attach sche	edule) (subtract line 10	Ob from line	10a)	ļ.	10c	······································
	11		Other revenue (from Part VII, line 103)	62		Track (Label)	· }	11	26.
	12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c	, and 11)		JEINFR		12	2,248,906.
ú	13		Program services (from line 44, column (B))		P -	18		13	<u>2,069,677.</u>
Expenses	14		Management and general (from line 44, column (C))	\ <u>a</u>	PI MAY	, k 2002 [주	 	14	130,529.
Ç	15		Fundraising (from line 44, column (D))	14	PI MAY	\$ 2002 T	} ├	15	<u>59,846.</u>
ũ	16		Payments to affiliates (attach schedule)	1	~~~		;	16	0 060 050
	17		Total expenses (add lines 16 and 44, column (A))	40)	_OGI	DEN, UT	<u>}</u>	17	2,260,052.
Š	18		Excess or (deficit) for the year (subtract line 17 from line				-	18	<11,146.>
Net Assets	19		Net assets or fund balances at beginning of year (from lin		455	ama mar	٦ ŀ	19	7,613,116.
¥			Other changes in net assets or fund balances (attach expl	•	SEE	STATEMENT	3	20	<u><88,032.</u> >
1230 01-0	01	_	Net assets or fund balances at end of year (combine lines					21	7,513,938.
01-0	4-02	ı	LHA For Paperwork Reduction Act Notice, see the seg	parate instructions.			14		Form 990 (2001)

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Form 990 (2001) PHOCIS, I	NC	_		93-0	908525 Page 2
Part II Statement of All org	anızat Janızal	ions must complete column lions and section 4947(a)(1	ı (A) Columns (B), (C), ar) nonexempt charitable tri	nd (D) are required for section usts but optional for others	n 501(c)(3) and
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
cash \$ 770802 noncash \$	22	770,802.	770,802.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule)	23			-	
24 Benefits paid to or for members (attach schedule)	24 25	126 715	95,036.	31,679.	0.
25 Compensation of officers, directors, etc.26 Other salaries and wages	26	126,715.	95,030.	31,0/3	
27 Pension plan contributions	27			-	
28 Other employee benefits	28	14,746.	11,015.	3,731.	
29 Payroli taxes	29	8,848.	6,636.		·· <u> </u>
30 Professional fundraising fees	30	0,0200	0,000.	-,	
31 Accounting fees	31	19,943.		19,943.	
32 Legal fees	32	167,925.	120,234.		
33 Supplies	33	4,510.	1,352.		
34 Telephone	34	1,674.	1,256.		
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	15,082.	7,541.	7,541.	
40 Conferences, conventions, and meetings	40		· ·-—		· · · · · · · · · · · · · · · · · · ·
41 Interest	41	504,333.	504,333.		
42 Depreciation, depletion, etc. (attach schedule)	42	<u> 189,733.</u>	<u>189,733.</u>		
43 Other expenses not covered above (itemize)					
1	43a				
b	43b				
C	43c				 -
d	43d	100 000	264 722		
e SEE STATEMENT 4	43e	435,741.	361,739.	14,156.	<u>59,846.</u>
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13 15	44	2,260,052.	2,069,677.	130,529	59,846.
Joint Costs Check ▶ ☐ if you are following SOP 98					
Are any joint costs from a combined educational campaid	an and	l fundraising solicitation rep	orted in (B) Program serv	/ices? ►	Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos	is \$ _		ii) the amount allocated to	o Program services \$,
(iii) the amount allocated to Management and general \$, and (iv) the amount allocated t	o Fundraising \$	
Part III Statement of Program Service					
What is the organization's primary exempt purpose? \blacktriangleright	SEI	STATEMENT !	5		
					Program Service Expenses
All organizations must describe their exempt purpose achievement achievements that are not measurable. (Section 501(c)(3) and (4) organizations.					(Required for 501(c)(3) and (4) orgs. and 4947(s)(1)
allocations to others.)					trusts but optional for others.)
a <u>SEE STATEMENT 6</u>					
			 .		
				770 000 v	2 060 688
<u> </u>		(G	irants and allocations \$	770,802.)	<u>2,069,677.</u>
b				 _	
					
					
<u> </u>			Frants and allocations \$		
					
			roots and allocations \$		
<u>d</u>			irants and allocations \$		
			 		
		-	<u> </u>		
		10	Grants and allocations \$		
Other program services (attach schedule)			Grants and allocations \$		
f Total of Program Service Expenses (should equal I	ne 44		<u>_</u>		2,069,677.
123011		,	2		<u> </u>

Form 990 (2001)

Part IV Balance Sheets

ote		e required, attached schedules and amounts Id be for end-of-year amounts only	within the c	lescription column	(A) Beginning of year		(B) End of year
ľ	45	Cash - non-interest-bearing		ļ	33,506.	45	261,640.
	46	Savings and temporary cash investments	1,628,563.	46	545,020.		
	47 a	Accounts receivable	47a	6,973.			
	Þ	Less allowance for doubtful accounts	47b		6,725.	47c	6,973.
	48 a	Pledges receivable	48a	255,000.			
Ì	b	Less allowance for doubtful accounts	48b		1,127,550.		255,000
ŀ	49	Grants receivable		_		49	
	50	Receivables from officers, directors, trustees,					
ន		and key employees	ا مرا	-		50	
Assets	51 a		51a				
₹	52	Less allowance for doubtful accounts Inventories for sale or use	51b			51c	
	52 53	Prepaid expenses and deferred charges		_		53	
	54	Investments - securities STMT 8	•	Cost X FMV	24,318.	54	1,491,514
		Investments - land, buildings, and	•	0031 2271114	24/3201	- 34	1/1/1/01
		equipment basis	55a				
			1				
ļ	þ	Less accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment basis	57a	8,606,906.			
		Less accumulated depreciation	57b	2,019,065.	6,218,824.	57c	6,587,841
	58	Other assets (describe	SEE ST	ATEMENT 9	5,347,013.	58	4,218
ļ	59	Total assets (add lines 45 through 58) (must equ	ral fine 74\		14,386,499.	59	9,152,206
	60	Accounts payable and accrued expenses	<u> </u>	· · · · · · · · · · · · · · · · · · ·	137,915.	60	171,289
	61	Grants payable			13,7,713,	61	2.17205
8	62	Deferred revenue		_	20,860.	62	19,195
Liabilities	63	Loans from officers, directors, trustees, and key	emplovees	-		63	
₽		Tax-exempt bond liabilities			5,240,000.	64a	
-		Mortgages and other notes payable	STMT 1	.0	1,374,608.	64b	1,447,784
	65	Other liabilities (describe)		65	
	66	Total liabilities (add lines 60_through 65)			6,773,383.	66	1,638,268
			X and con	plete lines 67 through	<u> </u>		
.		69 and lines 73 and 74				,	
Ces	67	Unrestricted			6,193,298.	67	<u>5,736,035</u>
lan	68	Temporarily restricted			1,419,818.	68	400,252
8	69	Permanently restricted				69	1,377,651
Net Assets or Fund Balances	Organ	nizations that do not follow SFAS 117, check here	. ▶ a	nd complete lines			
ᡖ		70 through 74					
\$	70	Capital stock, trust principal, or current funds		<u> </u>		70	
SSG	71	Paid-in or capital surplus, or land, building, and e			· · · · ·	71	
뚩	72	Retained earnings, endowment, accumulated inco				72	
ž	73	Total net assets or fund balances (add lines 67)			7,613,116.	_	7 613 030
		column (A) must equal line 19, column (B) must	enual line 211		7.611.116.	ı 73 l	7,513,938

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

Part IV-A Reconciliation of Revenue per Audited	Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per
Financial Statements with Revenue per Return	Return
a Total revenue, gains, and other support per audited financial statements	4. Total expenses and losses per audited financial statements
b Amounts included on line a but not on line 12, Form 990	b Amounts included on line a but not on line 17, Form 990
(1) Net unrealized gains	(1) Donated services and use of facilities \$
on investments \$ 21,222.	(2) Prior year adjustments
(2) Donated services	reported on line 20,
and use of facilities \$	Form 990 \$
(3) Recoveries of prior	(3) Losses reported on
year grants \$	line 20, Form 990 \$
(4) Other (specify)	(4) Other (specify)
STMT 11 \$ <109,254.	
Add amounts on lines (1) through (4)	Add amounts on lines (1) through (4)
c Line a minus line b	
d Amounts included on line 12, Form 990 but not on line a	d Amounts included on line 17, Form 990 but not on line a
(1) Investment expenses	(1) Investment expenses
not included on	not included on
line 6b, Form 990 \$	line 6b, Form 990 \$
(2) Other (specify)	(2) Other (specify)
<u> </u>	<u> </u>
Add amounts on lines (1) and (2)	O. Add amounts on lines (1) and (2) bd O.
e Total revenue per line 12, Form 990 (line c plus line d)	e Total expenses per line 17, Form 990 (line c plus line d) Pel 2, 260, 052.
Part V List of Officers, Directors, Trustees, and Ke	
	(B) Title and average hours (C) Compensation (D) Contributions to (E) Expense
(A) Name and address	per week devoted to position (If not paid, enter plans & deterred plans & deterred other allowances
E. RAY PHELPS	DIR/PRESIDENT
20950 SW ROCK CREEK ROAD	
SHERIDAN, OREGON 97378	52 98,900 3,600 0.
CHRISTINE PERPELITT	DIR/SEC-TREAS
20950 SW ROCK CREEK ROAD	
SHERIDAN, OREGON 97378	47 <u>22,600.</u> 1,615. <u>0.</u>
MARK SIEGEL	_ DIRECTOR
20950 SW ROCK CREEK ROAD	.
SHERIDAN, OREGON 97378	1 0. 0. 0.
~	
75 Did any officer, director, trustee, or key employee receive aggregate competence organizations, of which more than \$10,000 was provided by the related organizations.	nsation of more than \$100,000 from your <u>organization and</u> all related panizations? If "Yes," attach schedule Tyes X No Form 990 (2001)

PHOCIS, INC.

Form 990 (2001)

93-0908525

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	t 🕅 Other Information		Yes	1
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		Ţ
	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Ì
,	If "Yes," attach a conformed copy of the changes			Ī
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		l
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		1
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		Ì
	If "Yes," attach a statement			1
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
,,,	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		ı
h	If "Yes," enter the name of the organization	100		1
•	and check whether it is exempt OR nonexempt.			ı
21 a	Enter direct or indirect political expenditures. See line 81 instructions.			
	Did the organization file Form 1120-POL for this year?	81b		
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	1010		
12 4	fair rental value?	820		ı
		82a		1
U	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).			
22 -	· · · · · · · · · · · · · · · · · · ·	ا ۔وہ ا	х	
	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the declarate requirements relating to good are one contributions?	83a	X	1
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		ł
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a_		1
D	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not	, ,		
	tax deductible?	84b		1
	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		1
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		ł
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			ļ
	owed for the prior year			
	Dues, assessments, and similar amounts from members 85c N/A	-		
	Section 162(e) lobbying and political expenditures 85d N/A	-		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	-		
1	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	4		
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		1
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues			I
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		1
	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A	↓		l
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	4		
3 7	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A	.		
	Gross income from other sources (Do not net amounts due or paid to other sources			١
	against amounts due or received from them) 876 N/A	.		١
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			I
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			I
	If "Yes," complete Part IX	88		ļ
19 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0 . , section 4912 ▶ 0 . , section 4955 ▶			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			١
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			١
	If "Yes," attach a statement explaining each transaction	89b		
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			_
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			_
	List the states with which a copy of this return is filed OREGON AND CALIFORNIA			_
	Number of employees employed in the pay period that includes March 12, 2001			
)1	The books are in care of ► CHRISTINE PERPELITT Telephone no ► 503-84	13-1	356	,
	Located at ► 20950 S.W. ROCK CREEK ROAD, SHERIDAN, OREGON ZIP+4 ► 9	9737	8	
				_
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		▶ſ	-
	and enter the amount of tax-exempt interest received or accrued during the tax year 92 92	N/	Α̈́	_
	Ar Ar Arrange management against an appropriate more from the first from the firs			_
23041 1-02-0	2 5	Forn	gan	

Part VII Analysis of Income-Producir		e Specific instructio		. .	
Note: Catalana amazanta antara athania		business income		by section 512 513 or 514	
Note Enter gross amounts unless otherwise	(A)	(B)	(C)	(D)	(E)
indicated	Business	Amount	Exclu sion	Amount	Related or exemp
93 Program service revenue	code		code		function income
a RENT INCOME			16	944,283.	
b RENT INCOME-SACRAMENTO			16	16,670.	
c	_	_			
d					
e	_				
f Medicare/Medicaid payments					
g Fees and contracts from government agencies		<u>_</u>			
94 Membership dues and assessments					
95 Interest on savings and temporary					
cash investments	1 1		14	234,743.	
96 Dividends and interest from securities			14	_40,719.	-
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			- 		
98 Net rental income or (loss) from personal property			- -		
99 Other investment income			- -		
100 Gain or (loss) from sales of assets			+++		
			18	161 001	
other than inventory			- 10	161,001.	
101 Net income or (loss) from special events		- ·			
102 Gross profit or (loss) from sales of inventory					- -
103 Other revenue			0.1	26	
• MISCELLANEOUS INCOME	_		01	26.	
b					
c	_				
d	_				
	_				
105 Total (add line 104, columns (B), (D), and (E)) Note Line 105 plus line 1d, Part I, should equal the a		Part I	0.	1,397,442.	1,397,4
Note Line 105 plus line 1d, Part I, should equal the a Part VIII Relationship of Activities to 1 Line No Explain how each activity for which income is	the Accomplisi	Part I hment of Exer () of Part VII contrib	mpt Purpe	>ses (See Specific Instruc	tions on page 32)
Note Line 105 plus line 1d, columns (B), (D), and (E)) Part VIII Relationship of Activities to 1	the Accomplisi	Part I hment of Exer () of Part VII contrib	mpt Purpe	>ses (See Specific Instruc	tions on page 32)
Note Line 105 plus line 1d, Part I, should equal the a Part VIII Relationship of Activities to 1 Line No Explain how each activity for which income is	the Accomplisi	Part I hment of Exer () of Part VII contrib	mpt Purpe	>ses (See Specific Instruc	tions on page 32)
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Note Line 105 plus line 1d, Part I, should equal the a Part VIII Relationship of Activities to 1 Line No Explain how each activity for which income is	the Accomplisi	Part I hment of Exer () of Part VII contrib	mpt Purpe	>ses (See Specific Instruc	tions on page 32)
Note Line 105 plus line 1d, Part I, should equal the a Part VIII Relationship of Activities to 1 Line No Explain how each activity for which income is exempt purposes (other than by providing ture)	the Accomplising reported in column (Ends for such purposes	Part I Inment of Exer () of Part VII contribit ()	mpt Purpouted importan	DSes (See Specific Instruction to the accomplishment of	tions on page 32) the organization s
Note Line 105 plus line 1d, Part I, should equal the at Part VIII Relationship of Activities to 1 Line No Explain how each activity for which income is exempt purposes (other than by providing turn Part IX Information Regarding Taxab	the Accomplising reported in column (Ends for such purposes	Part I nment of Exer) of Part VII contrib)	mpt Purpouted importan	DSes (See Specific Instructions (See Specific Instructions)	tions on page 32) the organization s ons on page 33)
Part IX Information Regarding Taxat (A) Note Line (add line 104, columns (B), (D), and (E)) Note Line 105 plus line 1d, Part I, should equal the a part VIII Relationship of Activities to the Explain how each activity for which income is exempt purposes (other than by providing turn than by prov	the Accomplisic reported in column (Ends for such purposes	Part I Inment of Exer () of Part VII contribit ()	mpt Purpouted importan	DSes (See Specific Instruction to the accomplishment of	tions on page 32) the organization s tons on page 33) (E) End-of-year
Note Line 105 plus line 1d, Part I, should equal the at Part VIII Relationship of Activities to 1 Line No Explain how each activity for which income is exempt purposes (other than by providing ture) Part IX Information Regarding Taxab	the Accomplisic reported in column (Ends for such purposes) ble Subsidiaries le of nterest	Part I hment of Exer) of Part VII contribit) s and Disrega	mpt Purpouted importan	DSes (See Specific Instructive to the accomplishment of the second state of the second	tions on page 32) the organization s ons on page 33) (E)
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SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PHOCIS, INC			<u>93</u> 09085	45
Part I Compensation of the Five Highest Paid Employ	ees Other Than Off	icers, Directo	rs, and Trust	.ees
(See page 1 of the instructions. List each one. If there are none, enter	None ")			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee banefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
~ 				
			!	
·-··				
Total number of other employees paid				
over \$50,000 Part II Compensation of the Five Highest Paid Indepe	0	or Profession	al Sarvicas	
(See page 2 of the instructions. List each one (whether individuals or f			oei vices	
(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of s	ervice (c) Compensation
ROBERT G. BURT, P.C.				
1511 S.W. FIFTH AVE., #600, PORTLAND,	OR 97201 I	EGAL SERV	ICES	161,409.
				
				
			+	
				
Total number of others receiving over \$50,000 for professional services	0			

Scn	edule A (F	orm 990 or 990-EZ) 2001 PHOCIS, INC. 93-090	<u> 1852</u>	<u>5 P</u>	age 2
P	art III	Statements About Activities (See page 2 of the instructions)		Yes	No
1	public op	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities \$ \$			
	or line i d	of Part VI-B)	1		Х
	Organizat	tions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking			
	Yes, mu	st complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During th	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
	trustees,	directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such			
	person is	affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
	attach a	detailed statement explaining the transactions) SEE STATEMENT 12			
2	Sale, excl	hange, or leasing of property?	2a		<u> </u>
b	Lending o	of money or other extension of credit?	2b		х
				-	
C	Furnishin	g of goods, services, or facilities?	2c_	<u> X</u>	
d	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	х	
u	i ayıncını	or compensation (or payment or remindrations or expenses it more than \$1,000).	20		
e	Transfer	of any part of its income or assets?	26		X
3	Does the	organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3		X
4	Do you ha	ave a section 403(b) annuity plan for your employees?	4		<u> </u>
		a statement to explain how the organization determines that individuals or organizations receiving grants or loans therance of its chantable programs "qualify" to receive payments			
P	art IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)		_	
The	organizati	ion is not a private foundation because it is. (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
6		A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv)			
		(Also complete the Support Schedule in Part IV-A.)			
118	. \square	An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
		Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
111	, <u> </u>	A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
12	Ш	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
		by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)			
13	\mathbf{x}	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described	nbed in		
	-	(1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))			
		Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)		e numl om abo	
D-	1T T-11	COMPOSE THE TAX OF ACCOUNTS			
<u>טי</u> ני	THAHT	SCHOOLS, INC. E.I.N. 93-0630376	6		
DE	LPHI	ACADEMY OF BOSTON, INC. E.I.N. 04-2699036	6		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
	·	Schedule A (Form	990 05	990-67	7) 2001
		Schedule X (1 oh)		F	., _~~

Sche	dule A (Form 990 or 990-EZ) 2001 P	HOCIS, INC.				93-09	08525 Page 3
Pa	rt IV-A Support Schedule (C Note You may use th	complete only if you char worksheet in the ins	ecked a box on line 1 tructions for converting	0, 11, or 12) Use cash g from the accrual to t	n method of acc he cash method	ounting of accoun	ting N/A
	ndar year (or fiscal year nning (n)	(a) 2000	(b) 1999	(c) 1998	(d) 1997		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)						
16	Membership fees received						
17	Gross receipts from admissions,					[
	merchandise sold or services performed, or furnishing of			1		j	
	facilities in any activity that is					ŀ	
	related to the organization's						
	charitable, etc., purpose				 _		
18	Gross income from interest, dividends, amounts received from				İ	İ	
	payments on securities loans (sec-					1	
	tion 512(a)(5)), rents, royalties, and unrelated business taxable income				1		
	(less section 511 taxes) from	İ					
	businesses acquired by the organization after June 30, 1975				[
19	Net income from unrelated business				· · · -		
	activities not included in line 18				<u> </u>		
20	Tax revenues levied for the organization si benefit and either paid to it or expended						
	on its behalf						
21	The value of services or facilities furnished to the organization by a						
	governmental unit without charge						
	Do not include the value of services						
	or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital		-				
	assets						
23	Total of lines 15 through 22	0.	0.	0.	 	0.	0.
24	Line 23 minus line 17 Enter 1% of line 23		 .				
26	Organizations described on lines 1	Corti e Enter 29/ of	amount in column (a) lu	24		26a	N/A
	Prepare a list for your records to sho		• • •		nmental	20a	N/A
•	unit or publicly supported organizati			•			
	Do not file this list with your return	•	-		>	266	N/A
C	Total support for section 509(a)(1) t	est: Enter line 24, column	(e)		>	26c	N/A_
đ	Add Amounts from column (e) for li	ines 18	1	9			
		22	2	6b		26d	N/A
8	Public support (line 26c minus line 2	•			P	26e	N/A
f	Public support percentage (line 26					26f	<u>N/A %</u>
27	Organizations described on line 12		•		-		-
	to show the name of, and total amou for each year:	ints received in each year	trom, each folsqualitied	person Do not file this i	ist with your retur	n Enter the	sum or such amounts
	(2000)	(1999)		(1998)		(1997)	
ь		•	h neson (other than "dis	•			ow the name of and
·	amount received for each year, that		•		-		
	lines 5 through 11, as well as individ	_	• •		•	•	
	amount described in (1) or (2), enter	•	•	· -			•
	(2000)	(1999)		(1998)		(1997)	
		4-					
c	Add Amounts from column (e) for I			16 21		امحما	NT / N
A	17 Add_Line 27a total		line 27b total			27c 27d	N/A N/A
ų ė	Public support (line 27c total minus		MIN ETD WEET			27e	N/A
1	Total support for section 509(a)(2) to	•	23, column (e)	▶ 27f	N/A	- · •	
g	Public support percentage (lin					270	N/A %
<u>h</u>	Investment income percentag	· · · · · · · · · · · · · · · · · · ·	•		tor)) 🔻 🕨	27h	N/A %
28 L	Jnusual Grants For an organization	described in line 10, 11,	or 12, that received any	unusual grants during 19	97 through 2000,	prepare a lis	it for your records to
	show, for each year, the name of the coefficient. Do not include these grants in		mount of the grant, and a	a priet description of the f	rature of the Grant	אווז זסח טע	uus ust with your

Private School Questionnaire (See page 7 of the instructions) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 30 and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to Students' rights or privileges? 33a Admissions policies? 33b c Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 331 Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)

Schedule A (Form 990 or 990-EZ) 2001

34a

34b

34 a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,

b Has the organization's right to such aid ever been revoked or suspended?

		N/A			
Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					_ 0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					_ 0.

Part VI-B | Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)			N/2
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
influence public opinion on a legislative matter or referendum, through the use of	158	NU	Amount

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

If "Yes" to any of the above, also attach a statement	aiving a detailer	d description of the lobb	ying activities
---	-------------------	---------------------------	-----------------

Yes	No	Amount
-	-	
	<u> </u>	
-		
\vdash	+	
		0.

123141 12 29-01

Schedule A (Form 990 or 990-EZ) 2001

Part '		= -		Relationships With Nonchari	table	
51 D		zations (See page 12 of the instruction of the inst		organization described in continu		
		section 501(c)(3) organizations) or ii		-		
		ganization to a noncharitable exempt		milical organizations:	Ye	s No
	i) Cash	gamento a nonema nable exempt	or gamzation of		51a(ı)	X
	Other assets				a(II)	X
•	ther transactions					
		ets with a noncharitable exempt organ	nızatıon		b(1)	x
-	•	noncharitable exempt organization			b(n)	X
•	i) Rental of facilities, equipme	• •			b(111)	X
	v) Reimbursement arrangeme				p(in)	Х
(v) Loans or loan guarantees				b(v)	X
(v	i) Performance of services or	membership or fundraising solicitat	ions		b(vi)	X
c S	haring of facilities, equipment,	mailing lists, other assets, or paid er	mployees		C	X
d If	the answer to any of the above	e is "Yes," complete the following sch	nedule Column (b) should a	atways show the fair market value of the		
ge	oods, other assets, or services	given by the reporting organization	If the organization received	l less than fair market value in any		
tr	ansaction or sharing arrangem	nent, show in column (d) the value of	the goods, other assets, o	r services received	N	<u>A</u>
(2)	(b)	(c)		(d)		
Line no	Amount involved	Name of noncharitable ex-	empt organization	Description of transfers, transactions, and	snaring arrang	gements
						
					.	
			_ 			
		·		· · · · · · · · · · · · · · · · · · ·	_	
						
			 -			
	<u> </u>					
						•
		-				
C	the organization directly or in- ode (other than section 501(c) "Yes," complete the following:)(3)) or in section 527?	one or more tax-exempt org	anizations described in section 501(c) of the	Yes	X No
	(a))	(b)	(c)		
	Name of org	ganization 	Type of organization	Description of relations	nip	
	<u> </u>	·		-		
	·					
	<u> </u>	<u></u>				
			_			
						
						
				-		
			<u> </u>		·	
	· · · · · · · · · · · · · · · · · · ·					
		 				
123151 12-29-01				Schedule A (For	m 990 or 990-	EZ) 2001

Schedule A (Form 990 or 990-EZ) 2001 PHOCIS, INC. 93-0908525 Page 6

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2001

Name of organization		Employer identification number					
P1	HOCIS, INC.	93-0908525					
Organization type (check of	one)						
Filers of	Section						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General rule or a Special rule (Note: Only a section 501(c)(7), (8), or and a Special rule-see instructions)	(10) organization can check box(es)					
General Rule-							
	filing Form 990, 990 EZ, or 990-PF that received, during the year, \$5,000 or more (in mor plete Parts I and II)	ney or property) from any one					
Special Rules-							
sections 509(a)(1)	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of /170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution or line 1 of these forms. (Complete Parts I and II.)	=					
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any on utions or bequests of more than \$1,000 for use exclusively for religious, chantable, scientevention of cruelty to children or animals (Complete Parts I, II, and III)						
some contribution \$1,000 (If this book chantable, etc., pu	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)						
they must check the box in	nt are not covered by the General rule and/or the Special rules do not file Schedule B (Fo in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certif 3 (Form 990, 990-EZ, or 990-PF)						
	Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2001)					

	farm 990, 990-EZ or 990-PF) (2001)	F	Page 1 to 4 of Part 1
Name of or	ganization	Empi	oyer identification number
PHOCI	S, INC.		3-0908525
Part I	Contributors (See Specific instructions)		
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ <u>15,000</u> .	Person X Payroll
(a) No		(c) Aggregate contributions	(d) Type of contribution
2		s10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll
(a) No		(c) Aggregate contributions	(d) Type of contribution
4		\$7,500.	Person X Payroll
(a) No		(c) Aggregate contributions	(d) Type of contribution
5		\$125,000.	Person X Payroll
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		s5,000.	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)		<u> </u>			Page 2 to	4 of P
Name of organization				Employe	er identification n	umber
PHOCIS, INC.		<u></u>		93	-0908525	
Part I Contributors (See Specific	Instructions)					
(a) No Name. a	(b) address and ZIP + 4		(c) Aggregate contribu	tions	(d) Type of cont	ribution
			\$ <u>26,0</u>	<u>50.</u>	Person Payroll Noncash (Complete Par	
(a) No.			(c) Aggregate contribu	tions	(d) Type of cont	ribution
8			\$ <u>14,1</u>	00.	Person Payroll Noncash (Complete Paris a noncash c	
(a) No			(c) Aggregate contribu	tions	(d) Type of cont	bibution
9			\$5,0	00.	Person Payroll Noncash (Complete Par	
(a) No			(c) Aggregate contribu	tions	(d) Type of cont	ribution
10			s <u>5,0</u>	00.	Person Payroll Noncash (Complete Par	
(a) No.			(c) Aggregate contribu	tions	(d) Type of con	tribution
11			\$ <u> </u>	00.	Person Payroll Noncash (Complete Pai	
(a) No.			(c) Aggregate contribu	tions	(d) Type of con	tribution
12			\$5,0	00.	Person Payroll Noncash (Complete Parson on the parton on t	
123452 12-29-01 70509 756026 27025	2001.05030 E	15 PHOCIS.	Schedule I	3 (Form 9	90, 990-EZ, or 99 270	0-PF) (20 25

Schedule B (Fo	orm 990 990-EZ or 990-PF) (2001)		Page 5 to 4 of Part)				
Name of org	anization	Employ	er identification number				
DUCCTO	C TNO	ه ا	93-0908525				
, –	S, INC.		-0300323				
Part I	Contributors (See Specific Instructions)						
(a) No	(b) Name. address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
13		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)				
(a) No		(c) Aggregate contributions	(d) Type of contribution				
14		\$5,000.	Person X Payroll				
(a) No.		(c) Aggregate contributions	(d) Type of contribution				
<u>15</u>		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)				
(a)		(c)	(d)				
		* 50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)				
(a) No		(c) Aggregate contributions	(d) Type of contribution				
<u>17</u>		\$ <u>5,000.</u>	Person X Payroll				
(a) No		(c) Aggregate contributions	(d) Type of contribution				
18		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)				

	ganization	Empl	oyer identification number
PHOCI	S, INC.	9	3~0908525
Part I	Contributors (See Specific Instructions)		
(a) No	(b) Name. address and 7IP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$10,000.	Person X Payroll
(a) No		(c) Aggregate contributions	(d) Type of contribution
20		\$10,000.	Person X Payroll
(a) No		(c) Aggregate contributions	(d) Type of contribution
21		\$7,000.	Person X Payroll
(a) No		(c) Aggregate contributions	(d) Type of contribution
_22		\$ <u>150,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(40000) NOW COO DING AIL T 7	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
		<u></u>	1

FORM 990 GA	IN (LOSS)	FROM PUBLICLY	TRADED SECURIT	'IES	STATEMENT 1
DESCRIPTION		GROSS SALES PRICE	COST OR COTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED SECURITIES - UNRESTRICTED PUBLICLY TRADED		1,956,799.	1,957,049.	0.	. <250.>
SECURITIES - RESTRICTED		1,815,649.	1,858,514.	0.	<42,865.>
TO FORM 990, PART	I, LINE 8	3,772,448.	3,815,563.	0.	<43,115.>

									•	-	
FORM 990	GAI	N (LOSS)	FROM	SALE	OF OTH	IER A	SSETS		STA	TEMENT	2
DESCRIPTION					DATE ACQUIE		DAT SOL		METH ACQUI		
FIXED ASSETS					VARIOU	JS	11/13	/01 I	PURCE	IASED	
NAME OF BUYER		GROS			OR BASIS		ENSE SALE	DEPRI	EC	NET GA OR (LO	
BETHAL ROMANIAN BAPTIST CHURCH, INC.		943,	000.	744	1,518.	43	,310.	48,	944.	204,1	.16.
TO FM 990, PART I,	LN	8 943,	000.	744	1,518.	43	,310.	48,	944.	204,1	16.
FORM 990 OT	HER	CHANGES	IN NE	T ASSI	ETS OR	FUND	BALAN	CES	STA	TEMENT	3
DESCRIPTION										AMOUNT	
UNREALIZED LOSS ON UNREALIZED LOSS ON UNREALIZED GAIN ON	DER	IVATIVE	FINAN	CIAL :	INSTRUM	IENTS				<4,6 <104,5 21,2	76.>
TOTAL TO FORM 990,	PAR	T I, LIN	E 20							<88,0	32.>
FORM 990			OT	HER E	(PENSES	3			STA	TEMENT	4
DESCRIPTION		(A) TOT			(B) PROGRAM SERVICE		(C MANAG AND G		FU	(D) INDRAISI	:NG
BANK CHARGES BUILDING MAINTENAN ANNUAL REPORT FEE DONATIONS AMORTIZATION SITE SEARCH PROPERTY TAXES INVESTMENT MANAGME		2	9,110 146 649 1,653 9,805 0,563 7,454	•	1,6 29,8 10,5	553. 305.		1,699 649			
FEE SHERIDAN FOURTH FLOOR RENOVATIONS	71 4 T.		1,808					11,808	•	<i>c</i> 0	. 7 1
PROJECT SHERIDAN OTHER FUNDRAISING EXPENS			6,271 2,339	•						6,2	71.

PHOCIS, INC.				93-0908525
LOS ANGELES BUILDING FUND	47,514.			47,514.
SHERIDAN EXPANSION FUND DRIVE BOND ISSUE COSTS ON	3,722.			3,722.
EARLY DEBT EXTINGUISHMENT	284,707.	284,707.		
TOTAL TO FM 990, LN 43	435,741.	361,739.	14,156.	59,846.
FORM 990 STATEMENT OF	ORGANIZATION'S PART I	PRIMARY EXEMP	T PURPOSE S	TATEMENT 5

EXPLANATION

OPERATES EXCLUSIVELY AS A SUPPORTING ORGANIZATION FOR THE BENEFIT OF, TO ASSIST IN PERFORMING THE EXEMPT FUNCTIONS OF, AND TO ASSIST IN CARRYING OUT THE EXEMPT PURPOSES OF ITS SUPPORTED ORGANIZATIONS (I.E. DELPHI SCHOOLS, INC. AN OREGON NONPROFIT CORPORATION AND DELPHI ACADEMY OF BOSTON, INC., A MASSACHUSETTS NONPROFIT CORPORATION, EACH OF WHICH IS ORGANIZED EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES, AND EACH OF WHICH IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.)

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT

DESCRIPTION OF PROGRAM SERVICE ONE

PHOCIS, INC., AN OREGON NONPROFIT CORPORATION, OPERATES AS A SUPPORTING ORGANIZATION FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF ITS SUPPORTED ORGANIZATIONS (I.E., DELPHI SCHOOLS, INC., AN OREGON NONPROFIT CORPORATION, AND DELPHI ACADEMY OF BOSTON, INC., A MASSACHUSETTS NONPROFIT CORPORATION) -- EACH OF WHICH IS ORGANIZED EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES, AND EACH OF WHICH IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

DELPHI SCHOOLS, INC., DEVELOPS THE DELPHI PROGRAM (A COMPREHENSIVE, CURRICULUM-BASED SYSTEM FOR THE ADMINISTRATION AND INSTRUCTIONAL COMPONENTS INHERENT IN OPERATING CERTAIN LICENSED "DELPHI ACADEMY" PRIVATE SCHOOLS) TO SIX PRIVATE SCHOOLS OPERATED BY SECTION 501(C)(3) ORGANIZATIONS, AND ALSO OWNS/OPERATES THREE OF THE DELPHI PROGRAM SCHOOLS -- A BOARDING SCHOOL IN SHERIDAN, OREGON (THE DELPHIAN SCHOOL), A DAY SCHOOL IN LOS ANGELES, CALIFORNIA (THE DELPHI ACADEMY OF LOS ANGELES), AND A DAY SCHOOL IN SANTA CLARA, CALIFORNIA (THE DELPHI ACADEMY OF SAN FRANCISCO BAY).

DELPHI ACADEMY OF BOSTON, INC., OWNS/OPERATES A DELPHI PROGRAM DAY SCHOOL IN MILTON, MASSACHUSETTS (THE DELPHI ACADEMY OF BOSTON).

IN FULFILLING ITS EXEMPT PURPOSE DURING 2001, PHOCIS, INC., PROVIDED ITS SUPPORTED ORGANIZATIONS AND OTHER SIMILARLY-SITUATED SECTION 501(C)(3) ORGANIZATIONS OPERATING DELPHI PROGRAM SCHOOLS WITH: (1) CASH GRANTS; (2) USE OF THE "DELPHI ACADEMY" INTELLECTUAL PROPERTIES (INCLUDING THE PROVISION OF RELATED ADMINISTRATIVE SERVICES AND FUNDING FOR THIRD-PARTY RELATED LEGAL SERVICES); AND (3) SCHOOL FACILITIES AT LESS-THAN-MARKET LEASE RATES.

TO FULFILL ITS EXEMPT PURPOSE IN THE FUTURE, PHOCIS WILL CONCENTRATE ON FUND-RAISING ACTIVITIES IN ORDER TO CONTINUE FUNDING CASH GRANTS, DEVELOPING ITS "DELPHI ACADEMY" INTELLECTUAL PROPERTIES, AND EXPANDING EXISTING (OR CONSTRUCTING ADDITIONAL) SCHOOL FACILITIES FOR LESS-THAN-MARKET LEASING TO DELPHI PROGRAM SCHOOLS.

GRANTS EXPENSES

TO FORM 990, PART III, LINE A

770,802. 2,069,677.

							
FORM 990	_	CASH GRAN	ITS AND ALLO	CATIONS	S	TATEMENT	7
CLASSIFICATION	DONEE	'S NAME	DONEE'S A		ONEE'S ELATIONSHIP	AMOUN	ĮΤ
PROGRAM SERVICES		I ACADEMY OF N, INC.	MILTON, MASSACHUS		/A	137,18	16.
PROGRAM SERVICES	DELPH INC.	I SCHOOLS,	20950 SW I CREEK ROAI SHERIDAN,	D,	/A	534,54	16.
PROGRAM SERVICES		I SCHOOL OF MENTO, INC.	SACRAMENTO CALIFORNIA	-	/A	99,07	70.
TOTAL INCLUDED	ON FOR	M 990, PART	II, LINE 22			770,80	02.
FORM 990		NON-GOVE	RNMENT SECU	RITIES	S'	TATEMENT	8
SECURITY DESCRI	PTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV' SECURITIE	
EQUITY SECURITI MUTUAL FUNDS GOVERNMENT SECURITIES	ES	523,131.	_		438,823.	523,13 438,82 432,07	23.
CORPORATE DEBT SECURITIES			97,490.			97,49	0.
TO 990, LN 54 C	OL B	523,131.	97,490.		870,893.	1,491,51	4.
FORM 990			OTHER ASSET	S	S	TATEMENT	9
DESCRIPTION		-			-	AMOUNT	_
LOAN COSTS LESS: ACCUMULA	TED AM	ORTIZATION				16,68 <12,46	
TOTAL TO FORM 9	90, PA	RT IV, LINE	58, COLUMN	В		4,21	.8.

PHOCIS, INC.		93-0908525
FORM 990	MORTGAGES PAYABLE	STATEMENT 10
DESCRIPTION		BALANCE DUE
SOVEREIGN BANK SOVEREIGN BANK KEY BANK KEY BANK		476,509. 192,061. 74,212. 705,002.
TOTAL INCLUDED ON	FORM 990, PART IV, LINE 64B, COLUMN B	1,447,784.
FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
DESCRIPTION		AMOUNT
UNREALIZED LOSS ON INVESTMENTS CARRIED AT MARKET VALUE - UNRESTRICTED UNREALIZED LOSS ON DERIVATIVE FINANCIAL INSTRUMENTS -		<4,678.>
UNRESTRICTED		<104,576.>
TOTAL TO FORM 990	, PART IV-A	<109,254.>
SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH	STATEMENT 12

LINE 2C -

ALL EMPLOYEES ARE REQUIRED TO ACCEPT ROOM AND BOARD ON THE PREMISES OR AS A CONDITION OF THEIR EMPLOYMENT, RESPECTIVELY.

SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,.
PART III, LINE 2

THE REGULATIONS STATE THAT THE VALUE OF SUCH ITEMS ARE TO BE REPORTED ON FORM 990 TO THE EXTENT THAT SUCH AMOUNTS ARE INCLUDIBLE IN THE GROSS INCOME OF THE EMPLOYEE. SECTION 119 OF THE INTERNAL REVENUE CODE OF 1986 EXCLUDES SUCH AMOUNTS FROM THE GROSS INCOME OF EMPLOYEES. THEREFORE, THE VALUE OF THIS ROOM AND BOARD HAS NOT BEEN DEVELOPED OR REPORTED IN COLUMN E OF PART V, FORM 990.

LINE 2D-

SEE PART V, FORM 990.

LINE 4 -

DISBURSEMENTS MADE IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE PROGRAMS ARE MADE ONLY TO NONPROFIT EDUCATIONAL ORGANIZATIONS QUALIFIED AS TAX-EXEMPT UNDER SECTIONS 170(B)(1)(A)(II) AND 509(A)(1) OF THE INTERNAL REVENUE CODE, AND SECTION 1.501(C)(3)-1(D)(1)(II) OF THE TREASURY REGULATIONS ON INCOME TAX.

PHOCIS, INC 93-0908525 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT YEAR-END 12/31/01

DESCRIPTION	CURRENT YEAR DEPRECIATION	
LAND - BOSTON	•	
LAND - SHERIDAN	-	
LAND - SACRAMENTO	-	
LAND - LOS ANGELES	-	
OFFICE EQUIPMENT	29,149	
BUILDINGS - BOSTON	21,160	
BUILDINGS - SHERIDAN	129,704	
BUILDINGS - SACRAMENTO	9,720	
CONSTRUCTION IN PROGRESS - LOS ANGELES	-	
TOTAL TO FORM 990, PART II, LINE 42	189,733	

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND - BOSTON	269,800	-	269,800
LAND - SHERIDAN	1,441,216	_	1,441,216
LAND - LOS ANGELES	929,145	-	929,145
OFFICE EQUIPMENT	167,929	111,117	56,812
BUILDINGS - BOSTON	702,353	207,248	495,105
BUILDINGS - SHERIDAN	4,574,869	1,700,700	2,874,169
CONSTRUCTION IN PROGRESS - LOS ANGELES	521,594	•	521,594
TOTAL TO FORM 990, PART IV, LINE 57	8,606,906	2,019,065	6,587,841