

# Return of Organization Exempt From Income Tax

# 2002

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>PHOCIS, INC.</b>		<b>D</b> Employer identification number <b>93-0908525</b>
		Number and street (or P O box if mail is not delivered to street address) <b>20950 S.W. ROCK CREEK ROAD</b>	Room/suite	<b>E</b> Telephone number <b>(503) 843-1356</b>
		City or town, state or country, and ZIP + 4 <b>SHERIDAN, OR 97378</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site **N/A**

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

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

**I** Enter 4-digit GEN \_\_\_\_\_

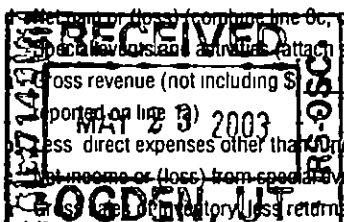
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **2,925,027.**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received					
		a	Direct public support	1a	443,623.		
		b	Indirect public support	1b			
		c	Government contributions (grants)	1c			
		d	Total (add lines 1a through 1c) (cash \$ <b>443,623.</b> noncash \$ _____)	1d	443,623.		
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,157,841.		
		3	Membership dues and assessments	3			
		4	Interest on savings and temporary cash investments	4	50,553.		
		5	Dividends and interest from securities	5	14,125.		
		6	a Gross rents	6a			
			b Less rental expenses	6b			
		c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
	7	Other investment income (describe _____)	7				
	8	a Gross amount from sale of assets other than inventory	(A) Securities	1,255,117.	8a	(B) Other	1,050.
		b Less cost or other basis and sales expenses	1,292,096.	8b	6,850.		
		c Gain or (loss) (attach schedule)	<36,979.>	8c	<5,800.>		
	9	Net gain or (loss) from line 8c, columns (A) and (B)	STMT 1	STMT 2	8d	<42,779.>	
		Special provisions activities (attach schedule)					
		Loss revenue (not including \$ _____ of contributions reported on line 3)	9a				
		Less direct expenses other than fundraising expenses	9b				
		Net income or (loss) from special events (subtract line 9b from line 9a)			9c		
	10	a Gross sales of inventory, less returns and allowances	10a				
		b Less cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c		
	11	Other revenue (from Part VII, line 103)	11		2,718.		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,626,081.		
Expenses	13	Program services (from line 44, column (B))	13		805,533.		
	14	Management and general (from line 44, column (C))	14		61,397.		
	15	Fundraising (from line 44, column (D))	15		19,104.		
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 16 and 44, column (A))	17		886,034.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		740,047.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		7,513,938.		
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3		<482,345.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			7,771,640.	

FILED JUN 20 2003



**Part II Statement of Functional Expenses**

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

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 \$ <u>372,597.</u> noncash \$ _____	22 372,597.	372,597.	STATEMENT 7	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 97,200.	87,480.	9,720.	0.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28 13,644.	10,231.	3,413.	
29	Payroll taxes	29 8,455.	7,609.	846.	
30	Professional fundraising fees	30			
31	Accounting fees	31 14,339.		14,339.	
32	Legal fees	32 11,101.	3,713.	7,388.	
33	Supplies	33 2,843.	914.	1,929.	
34	Telephone	34 2,483.	2,235.	248.	
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39 12,686.	6,531.	6,155.	
40	Conferences, conventions, and meetings	40			
41	Interest	41 122,854.	122,854.		
42	Depreciation, depletion, etc (attach schedule)	42 172,896.	172,896.		
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 4	43e 54,936.	18,473.	17,359.	19,104.
44	<b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 886,034.	805,533.	61,397.	19,104.

Joint Costs Check  if you are following SOP 98-2

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

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

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others.)	
a	SEE STATEMENT 6		
	(Grants and allocations \$ 372,597.)		805,533.
b			
	(Grants and allocations \$ )		
c			
	(Grants and allocations \$ )		
d			
	(Grants and allocations \$ )		
e	Other program services (attach schedule)	(Grants and allocations \$ )	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		805,533.

**Part IV Balance Sheets**

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non interest bearing	261,640.	45	27,689.	
	46 Savings and temporary cash investments	545,020.	46	478,684.	
	47 a Accounts receivable	47a 20,647.			
	b Less allowance for doubtful accounts	47b	6,973.	47c 20,647.	
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	255,000.	48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54 Investments - securities <b>STMT 8</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,491,514.	54	1,956,189.
	55 a Investments - land, buildings, and equipment basis	55a			
b Less accumulated depreciation	55b		55c		
56 Investments - other			56		
57 a Land, buildings, and equipment basis	57a 14,250,740.				
b Less accumulated depreciation	57b 2,101,175.	6,587,841.	57c	12,149,565.	
58 Other assets (describe <b>SEE STATEMENT 9</b> )		4,218.	58	80,434.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		9,152,206.	59	14,713,208.	
Liabilities	60 Accounts payable and accrued expenses	171,289.	60	1,089,305.	
	61 Grants payable		61		
	62 Deferred revenue	19,195.	62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable <b>STMT 10</b>		1,447,784.	64b	5,852,263.
	65 Other liabilities (describe <b>SEE STATEMENT 9</b> )			65	
66 <b>Total liabilities</b> (add lines 60 through 65)		1,638,268.	66	6,941,568.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	5,736,035.	67	6,019,846.	
	68 Temporarily restricted	400,252.	68	363,958.	
	69 Permanently restricted	1,377,651.	69	1,387,836.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		7,513,938.	73	7,771,640.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		9,152,206.	74	14,713,208.	

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

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

Table with 5 rows (a-e) and 2 columns. Row a: Total revenue, gains, and other support per audited financial statements \$1,143,736. Row b: Amounts included on line a but not on line 12, Form 990. (1) Net unrealized gains on investments. (2) Donated services and use of facilities. (3) Recoveries of prior year grants. (4) Other (specify) STMT 11 \$ <482,345. Row c: Line a minus line b \$1,626,081. Row d: Amounts included on line 12, Form 990 but not on line a. (1) Investment expenses not included on line 6b, Form 990. (2) Other (specify). Row e: Total revenue per line 12, Form 990 (line c plus line d) \$1,626,081.

Table with 5 rows (a-e) and 2 columns. Row a: Total expenses and losses per audited financial statements \$886,034. Row b: Amounts included on line a but not on line 17, Form 990. (1) Donated services and use of facilities. (2) Prior year adjustments reported on line 20, Form 990. (3) Losses reported on line 20, Form 990. (4) Other (specify). Row c: Line a minus line b \$886,034. Row d: Amounts included on line 17, Form 990 but not on line a. (1) Investment expenses not included on line 6b, Form 990. (2) Other (specify). Row e: Total expenses per line 17, Form 990 (line c plus line d) \$886,034.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Row 1: E. RAY PHELPS, DIR/PRESIDENT, 20950 SW ROCK CREEK ROAD, SHERIDAN, OREGON 97378, 52, 81,500., 8,480., 0. Row 2: CHRISTINE PERPELITT, DIR/SEC-TREAS, 20950 SW ROCK CREEK ROAD, SHERIDAN, OREGON 97378, 47, 21,000., 5,180., 0. Row 3: 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 compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  Yes  No

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions. 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	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		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed OREGON AND CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 2		
91	The books are in care of CHRISTINE PERPELLITT Telephone no 503-843-1356		

Located at 20950 S.W. ROCK CREEK ROAD, SHERIDAN, OREGON ZIP + 4 97378

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>RENT INCOME</b>			16	1,157,841.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	50,553.	
96 Dividends and interest from securities			14	14,125.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory			18	<42,779.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>MISCELLANEOUS INCOME</b>			01	2,718.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,182,458.	0.
105 Total (add line 104, columns (B), (D), and (E))					1,182,458.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

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

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

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

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

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

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

Signature of officer: Christine Perpelitt Date: 5/14/03 Type or print name and title: Christine Perpelitt, Sec/Treas

Preparer's signature: Patricia J Schmitt Date: 5/13/03 Check if self-employed:  Preparer's SSN or PTIN: P00159208

Firm's name (or yours if self-employed), address, and ZIP + 4: PERKINS & COMPANY, P.C.  
1211 SW FIFTH AVE., SUITE 1200  
PORTLAND, OR 97204-3712

Phone no: 503-221-0336

**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

**2002**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

PHOCIS, INC.

Employer identification number

93 0908525

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ROBERT G. BURT, P.C. 1515 SW FIFTH AVE, SUITE 600, PORTLAND, OR 97201	LEGAL AND CONSULTING SERVICE	393,788.
Total number of others receiving over \$50,000 for professional services	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) <b>SEE STATEMENT 12</b>		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

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

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

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

(a) Name(s) of supported organization(s)	(b) Line number from above
DELPHI SCHOOLS, INC. E.I.N. 93-0630376	6
DELPHI 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 5 of the instructions)



**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting **N/A**  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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 facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's 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					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts.		26b	N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	N/A
e Public support (line 26c minus line 26d total)		26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	N/A %

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2001)	(2000)	(1999)	(1998)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2001)	(2000)	(1999)	(1998)	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	N/A		
d Add Line 27a total _____ and line 27b total _____		27d	N/A		
e Public support (line 27c total minus line 27d total)		27e	N/A		
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)		27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	N/A %		

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
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 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h )			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h )			0.

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

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

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

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

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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

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

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED SECURITIES - UNRESTRICTED	210,000.	210,000.	0.	0.
PUBLICLY TRADED SECURITIES - RESTRICTED	1,045,117.	1,082,096.	0.	<36,979.>
TO FORM 990, PART I, LINE 8	1,255,117.	1,292,096.	0.	<36,979.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	1,050.	97,636.	0.	<5,800.>
TO FM 990, PART I, LN 8	1,050.	97,636.	0.	<5,800.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS CARRIED AT MARKET VALUE	<14,372.>
UNREALIZED LOSS ON DERIVATIVE FINANCIAL INSTRUMENTS	<382,400.>
UNREALIZED LOSS ON INVESTMENTS CARRIED AT MARKET VALUE	<85,573.>
TOTAL TO FORM 990, PART I, LINE 20	<482,345.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	1,508.	1,131.	377.	
BUILDING MAINTENANCE	198.	198.		
ANNUAL REPORT FEE	592.		592.	
DUES & SUBSCRIPTIONS	398.	398.		
AMORTIZATION	12,002.	12,002.		
PROPERTY TAXES	4,744.	4,744.		
INVESTMENT MGMT FEE	16,390.		16,390.	
OTHER FUNDRAISING EXPENSES-SHERIDAN	10,529.			10,529.
OTHER FUNDRAISING EXPENSES-SF	8,575.			8,575.
TOTAL TO FM 990, LN 43	54,936.	18,473.	17,359.	19,104.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

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 6

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 2002, 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	372,597.	805,533.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	7
----------	-----------------------------	-----------	---

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PROGRAM SERVICES	DELPHI ACADEMY OF BOSTON, INC.	564 BLUE HILL AVENUE, MILTON, MA 02186	N/A	35,100.
PROGRAM SERVICES	DELPHI SCHOOLS, INC.	20950 SW ROCK CREEK ROAD, SHERIDAN, OR	N/A	336,877.
PROGRAM SERVICES	APPLIED EDUCATION, INC. (F/K/A DELPHI ACADEMY OF SACRAMENTO)	PO BOX 3120, CITRUS HEIGHTS, CA 95611	N/A	155.
PROGRAM SERVICES	ABILITY ACADEMY, INC. (D/B/A DELPHI ACADEMY OF SANTA MONICA)	7527 CUVIER STREET, LAJOLLA, CA 92037	N/A	465.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				372,597.



FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	583,487.				583,487.
MUTUAL FUNDS				692,988.	692,988.
GOVERNMENT SECURITIES				608,417.	608,417.
CORPORATE DEBT SECURITIES		71,297.			71,297.
TO 990, LN 54 COL B	583,487.	71,297.		1301405.	1,956,189.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	AMOUNT
LOAN COSTS	88,218.
LESS: ACCUMULATED AMORTIZATION	<7,784.>
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	80,434.

FORM 990 MORTGAGES PAYABLE STATEMENT 10

DESCRIPTION	BALANCE DUE
SOVEREIGN BANK	455,041.
SOVEREIGN BANK	183,408.
KEY BANK	15,267.
KEY BANK	689,972.
KEY BANK	4,508,575.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	5,852,263.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
----------	--	--------------

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS CARRIED AT MARKET VALUE - UNRESTRICTED	<14,372.>
UNREALIZED LOSS ON DERIVATIVE FINANCIAL INSTRUMENTS - UNRESTRICTED	<382,400.>
UNREALIZED LOSS ON INVESTMENTS CARRIED AT MARKET VALUE - PERMANE. RESTRICTED	<85,573.>
TOTAL TO FORM 990, PART IV-A	<482,345.>

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2	STATEMENT 12
------------	---	--------------

## LINE 2C -

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

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 12/31/02

DESCRIPTION	CURRENT YEAR DEPRECIATION
LAND - BOSTON	-
LAND - SHERIDAN	-
LAND - LOS ANGELES	-
OFFICE EQUIPMENT	23,767
BUILDINGS - BOSTON	21,159
BUILDINGS - SHERIDAN	127,970
CONSTRUCTION IN PROGRESS - LOS ANGELES	-
<b>TOTAL TO FORM 990, PART II, LINE 42</b>	<b>172,896</b>

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	1,461,276	-	1,461,276
OFFICE EQUIPMENT	72,366	44,096	28,270
BUILDINGS - BOSTON	702,353	228,407	473,946
BUILDINGS - SHERIDAN	4,574,870	1,828,672	2,746,198
CONSTRUCTION IN PROGRESS - LOS ANGELES	5,728,858	-	5,728,858
<b>TOTAL TO FORM 990, PART IV, LINE 57</b>	<b>14,250,739</b>	<b>2,101,175</b>	<b>12,149,564</b>