

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2002

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
Inspection

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

A For the 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tionsCOMMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS
16264 CHURCH STREET #103
MORGAN HILL, CA 95037

D Employer identification number

23-7351215

E Telephone number

408-779-5773

F Accounting method

☐ Cash ☒ Accrual

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? ☐ Yes ☐ No

(If No, attach a list. See instructions.)

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

I Enter 4 digit GEN _____

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

G Web site N/A

J Organization type
(check only one)☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K 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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 7,313,324

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

b Indirect public support

c Government contributions (grants)

d Total (add lines 1a through 1c) (cash \$ 6,356,458 noncash \$ 34,971)

1a 347,698

1b 184,496

1c 5,859,235

1d 6,391,429

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 597,486

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 6,636

5 Dividends and interest from securities

5

6a Gross rents

6a 161,078

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c 161,078

7 Other investment income (describe _____)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ _____ of contributions
reported on line 1a)

9a 93,446

b Less direct expenses other than fundraising expenses

9b 57,403

c Net income or (loss) from special events (subtract line 9b from line 9a)

STATEMENT 1 9c 36,043

10a 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 63,249

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 7,255,921

13 Program services (from line 44, column (B))

13 6,742,101

14 Management and general (from line 44, column (C))

14 456,741

15 Fundraising (from line 44, column (D))

15 80,212

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 7,279,054

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -23,133

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 1,832,236

20 Other changes in net assets or fund balances (attach explanation)

SEE STATEMENT 2 20 -341,916

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

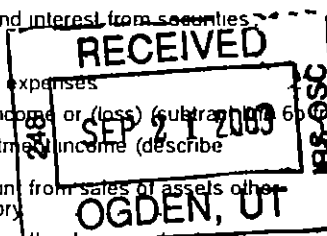
21 1,467,187

BAA For Paperwork Reduction Act Notice, see the separate instructions

TEEA0107L 09/04/02

Form 990 (2002)

SCANNED SEP 29 '03



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 (att sch) (cash \$ _____) non cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25				
26 Other salaries and wages	26	4,149,282	3,760,632	338,122	50,528
27 Pension plan contributions	27	54,085	49,081	4,313	691
28 Other employee benefits	28	616,493	559,755	49,188	7,550
29 Payroll taxes	29	486,914	442,150	38,854	5,910
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	126,476	122,893	2,569	1,014
34 Telephone	34	80,696	77,820	2,604	272
35 Postage and shipping	35	8,559	7,614	255	690
36 Occupancy	36	735,271	732,264	1,239	1,768
37 Equipment rental and maintenance	37	81,968	80,813	832	323
38 Printing and publications	38	32,178	28,181	966	3,031
39 Travel	39	72,236	71,484	715	37
40 Conferences, conventions, and meetings	40	35,834	32,465	1,942	1,427
41 Interest	41	37,220	37,220		
42 Depreciation, depletion, etc (attach schedule)	42	47,961	41,065	6,844	52
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43a	713,881	698,664	8,298	6,919
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22-43). Organizations completing columns (B) - (D), carry these totals to lines 13-15.	44	7,279,054	6,742,101	456,741	80,212

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? **MENTAL HEALTH AND SUPPORTIVE SERVICES**

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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a SEE STATEMENT 4		
(Grants and allocations \$ _____)		6,742,101
b		
(Grants and allocations \$ _____)		
c		
(Grants and allocations \$ _____)		
d		
(Grants and allocations \$ _____)		
e Other program services (Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44, column (B), program services)		6,742,101

Part IV Balance Sheets (See Instructions)

Note		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non interest bearing	8,221.	45	3,860	
	46 Savings and temporary cash investments	653,452	46	1,138,193	
	47 a Accounts receivable	47 a 6,600			
	b Less allowance for doubtful accounts	47 b	5,569	47 c 6,600	
	48 a Pledges receivable	48 a 179,051.			
	b Less allowance for doubtful accounts	48 b	162,411	48 c 179,051	
	49 Grants receivable	1,364,219.	49	925,227	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes & loans receivable (attach sch)	51 a		51 c	
	b Less allowance for doubtful accounts	51 b			
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	117,865	53	85,255	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments — land, buildings, & equipment basis	55 a		55 c	
	b Less accumulated depreciation (attach schedule)	55 b			
56 Investments — other (attach schedule)		56			
57 a Land, buildings, and equipment basis	57 a 1,953,246				
b Less accumulated depreciation (attach schedule) STATEMENT 5	57 b 584,970	1,343,371	57 c 1,368,276		
58 Other assets (describe ►)		58			
59 Total assets (add lines 45 through 58) (must equal line 74)	3,655,108	59	3,706,462		
LIABILITIES	60 Accounts payable and accrued expenses	269,500	60	511,175	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)	1,301,112.	64 b	1,475,389	
	65 Other liabilities (describe ► SEE STATEMENT 6)	252,260.	65	252,711	
66 Total liabilities (add lines 60 through 65)	1,822,872.	66	2,239,275		
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	1,435,942	67	1,193,033	
	68 Temporarily restricted	396,294	68	274,154	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,832,236	73	1,467,187.	
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	3,655,108	74	3,706,462.	

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.

BAA

Part IV-A Reconciliation of Revenue per Audited
Financial Statements with Revenue
per Return (See instructions)

a	Total revenue, gains, and other support per audited financial statements	a	7,255,921
b	Amounts included on line a but not on line 12, Form 990	a	
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) _____ \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	7,255,921
d	Amounts included on line 12, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) _____ \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	7,255,921

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total expenses and losses per audited financial statements	a 7,279,054.
b Amounts included on line a but not on line 17, Form 990 (1) Donated services and use of facilities \$ _____ (2) Prior year adjustments reported on line 20, Form 990 \$ _____ (3) Losses reported on line 20, Form 990 \$ _____ (4) Other (specify) _____ _____ \$ _____ Add amounts on lines (1) through (4)	b
c Line a minus line b	c 7,279,054
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) _____ _____ \$ _____ Add amounts on lines (1) and (2)	d
e Total expenses per line 17, Form 990 (line c plus line d)	e 7,279,054

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

► ☐ Yes

☒ No

If Yes, attach schedule – see instructions

Part VI Other Information (See instructions)

		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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	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?		X
81a	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81b	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
82a	Did the organization file Form 1120-POL for this year?		X
82a	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?		X
82b	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
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	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?	85h	N/A
86a	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
87b	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
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
89b	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
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	125
91	The books are in care of <u>SUSAN PENG</u> Telephone number <u>408-779-5173</u> Located at <u>16264 CHURCH STREET, MORGAN HILL CA</u> ZIP + 4 <u>95037</u>		
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 instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a COUNSELING FEES/BOARD					597,486
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	6,636	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property			3	161,078	
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					36,043
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS & VENDI					63,249
c					
d					
e					
104 Subtotal (add columns (B), (D) and (E))				167,714	696,778
105 Total (add line 104, columns (B), (D), and (E))					864,492

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 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)
93A	COUNSELING FEES ARE RECEIVED BASED ON AN ABILITY TO PAY SCALE DETERMINED BY LOCAL GOVERNMENT
103A	VENDING AND OTHER INCOME IS USED TO OFFSET PROGRAM RELATED SUPPLY EXPENSES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

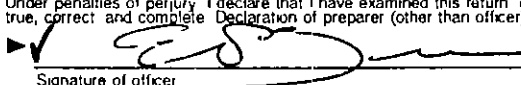
☐ Yes ☒ No

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)

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.

Please Sign Here:  Signature of officer

Date: 9-18-03

Date
9/13/03Check if
self
employed ☐Preparer's SSN or PTIN (see
General instruction W)
P00067323

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions)

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

OMB No. 1545-0047

2002

Name of the organization

**COMMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS**

Employer identification number

23-7351215**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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 and deferred compensation	(e) Expense account and other allowances
JEANNE ESTES 16264 CHURCH STREET	PROG DIRECTOR 40	62,000	3,100	0.
LISA DE SILVA 16264 CHURCH STREET	ASST DIRECTOR 40	74,516	3,725	0
ERIN O'BRIEN 16264 CHURCH STREET	EXEC DIRECTOR 40	78,748	3,937	0
MARK FRANCIS 16264 CHURCH STREET	FORMER EX DIREC 40	66,146	3,307	0
BRUCE WERMOUTH 16264 CHURCH STREET	CLINICAL DIRECT 40	77,244	3,862	0
Total number of other employees paid over \$50,000	7			

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

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See 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 ▶ \$ N/A
- (Must equal amounts on line 38, Part VI A, or line 1 of Part VI B.)

1 X

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.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note. 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 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 instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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

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.)	7,070,336	6,155,821	6,768,889	5,190,755	25,185,801
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	735,398	743,256	694,186	721,682	2,894,522
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	3,387	4,746	5,440	6,261	19,834
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. SEE STMT 8	88,946	63,915			152,861
23 Total of lines 15 through 22	7,898,067	6,967,738	7,468,515	5,918,698	28,253,018
24 Line 23 minus line 17	7,162,669	6,224,482	6,774,329	5,197,016	25,358,496
25 Enter 1% of line 23	78,981	69,677	74,685	59,187	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24▶ **26a** 507,170

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 total of all these excess amounts.

▶ **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e).

▶ **26c** 25,358,496

d Add Amounts from column (e) for lines 18 19,834 19 22 152,861 26b

▶ **26d** 172,695

e Public support (line 26c minus line 26d total)

▶ **26e** 25,185,801

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

▶ **26f** 99.32 %**27 Organizations described on line 12** N/A

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**

d Add Line 27a total and line 27b total

▶ **27d**

e Public support (line 27c total minus line 27d total)

▶ **27e**

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).

▶ **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).

▶ **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

▶ **27h** %**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 instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A		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?	32d			
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)					

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?	33h			
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)					

34a	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?	34b			
If you answered 'Yes' to either 34a or b, please explain using an attached statement					
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 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
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 –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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:

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

Yes	No	Amount

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 instructions)

FEDERAL STATEMENTS
COMMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
CLAY TOURNAMENT AND OTHER	93,446	0	93,446	57,403	36,043
TOTAL	\$ 93,446	\$ 0	\$ 93,446	\$ 57,403	\$ 36,043

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR YEAR CONTRACT MODIFICATIONS	\$ -341,916
TOTAL	\$ -341,916

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	<u>(A) TOTAL</u>	<u>(B) PROGRAM SERVICES</u>	<u>(C) MANAGEMENT & GENERAL</u>	<u>(D) FUNDRAISING</u>
DUES/SUBSCRIPTIONS/LICENSE FEE	27,789	27,250	263.	276
INDIVIDUAL EMPOWERMENTS	5,053	5,053		
INSURANCE	50,119.	47,362	2,506	251
OTHER OPERATING COSTS	28,779	27,611	1,076	92
PROFESSIONAL FEES	447,489	437,070	4,347	6,072
SUBCONTRACTED GRANT EXPENDITUR	81,984.	81,984		
UTILITIES	72,668.	72,334	106.	228
TOTAL	\$ 713,881	\$ 698,664	\$ 8,298	\$ 6,919

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
BEHAVIORAL HEALTH CARE - THE BEHAVIORAL HEALTH CARE SERVICES DIVISION INCLUDES MENTAL HEALTH COUNSELING, DRUG AND ALCOHOL TREATMENT, CASE MANAGEMENT FOR OLDER ADULTS, SOBER LIVINGHOUSES FOR WOMEN, RESIDENTIAL TREATMENT AND SUPPORTIVE HOUSING FOR SERIOUSLY MENTALLY ILL ADULTS, CRISIS COUNSELING, HOME BASED SERVICES SERVICES FOR FIRST OFFENDER YOUTH, EMERGENCY FOSTER CARE FOR STATUS OFFENDER YOUTH, DRINKING DRIVER PROGRAMS, AND DRUG DIVERSION CLASSES		3,848,198
PREVENTION AND EDUCATION - THE PREVENTION AND EDUCATION DIVISION OFFERS A WIDE ARRAY OF SERVICES FOR YOUTH AND THEIR FAMILIES INCLUDING AFTER SCHOOL YOUTH ACTIVITY CENTERS, GANG		

FEDERAL STATEMENTS
COMMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS

STATEMENT 4 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
INTERVENTION AND PREVENTION PROGRAMS, TOBACCO EDUCATION AND CESSATION SERVICES, YOUTH LEADERSHIP, HOME BASED SUPPORT FOR TEEN PARENTS, INDEPENDENT LIVING SKILLS FOR FOSTER CARE YOUTH, TRANSITIONAL HOUSING FOR HOMELESS YOUTH AND YOUNG PARENTS, PARENT EDUCATION, FAMILY LITERACY, AND DRUG AND ALCOHOL PREVENTION		1,647,689
SOLUTIONS TO VIOLENCE - THE SOLUTIONS TO VIOLENCE DIVISION INCLUDES A SHELTER FOR BATTERED WOMEN AND THEIR CHILDREN, DOMESTIC VIOLENCE COUNSELING AND SUPPORT GROUPS, DOMESTIC VIOLENCE PREVENTION AND COMMUNITY EDUCATION, DOMESTIC VIOLENCE LEGAL SERVICES CLINIC, 24 HOUR RAPE CRISIS LINE, CHILD ABUSE PREVENTION PROGRAMS AND SERVICES, TEEN ASSAULT AWARENESS PROGRAMS, COUNSELING FOR SEXUAL ASSAULT SURVIVORS, BATTERER'S INTERVENTION, AND SUPERVISED VISITATION FOR CHILDREN		1,246,214
	\$ 0	\$ 6,742,101

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 29,675	\$ 15,201	\$ 14,474
MACHINERY AND EQUIPMENT	154,909	153,341	1,568
BUILDINGS	1,243,206	366,309	876,897
IMPROVEMENTS	112,014	49,419	62,595
LAND	409,941		409,941
MISCELLANEOUS	3,501	700	2,801
TOTAL	\$ 1,953,246	\$ 584,970	\$ 1,368,276

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ACCRUED EXPENSES	\$ 188,546
OTHER CURRENT LIABILITIES	64,165
TOTAL	\$ 252,711

STATEMENT 7
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MINDY CABRAL 500 TENNANT STATION MORGAN HILL, CA 95037	SECRETARY/TREAS 5	\$ 0	\$ 0	\$ 0
GERALD GALVIN 17605 MONTEREY ROAD MORGAN HILL, CA 95037	MEMBER 5	0	0	0
DEBORAH MORTON-PADILLA 490 JARVIS DRIVE MORGAN HILL, CA 95037	BOARD CHAIR 5	0.	0.	0
DELYSE NASH P O BOX 546 MORGAN HILL, CA 95038	MEMBER 5	0	0	0
JIM FREEZE 758 MARIA WAY GILROY, CA 95020	MEMBER 5	0	0	0
JOANNA SCHULTZ 84 S FIRST STREET SAN JOSE, CA 95113	MEMBER 5	0	0.	0.
JANE SOLOMON 490 JARVIS DRIVE MORGAN HILL, CA 95037	MEMBER 5	0	0	0
STEPHEN PENN 16360 MONTEREY ROAD #120 MORGAN HILL, CA 95037	MEMBER 5	0	0	0
TOTAL		\$ 0	\$ 0	\$ 0

STATEMENT 8
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
OTHER INCOME	\$ 88,946	\$ 63,915	\$ 0	\$ 0	\$ 152,861
TOTAL	\$ 88,946	\$ 63,915	\$ 0	\$ 0	\$ 152,861

6/30/03

2002 FEDERAL BOOK DEPRECIATION SCHEDULE

**COMMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS**

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
DEPR SCHEDULE ONLY																
AUTO / TRANSPORT EQUIPMENT																
39	1998 CHEVY VAN	6/01/00		12,050							12,050	4,859	S/L	5		2,410
41	1995 TAURUS SEDAN	3/15/01		6,690							6,690	1,673	S/L	5		1,338
42	1994 CAMRY SEDAN	3/15/01		10,935							10,935	2,733	S/L	5		2,187
TOTAL AUTO / TRANSPORT EQUIP																
BUILDINGS																
6	MAIN STREET	8/01/89		263,317		0	0	0	0	0	29,675	9,265				5,935
7	DEPOT STREET	6/15/87		142,117							263,317	77,148	S/L	40		5,583
8	ROOM ADDITIONS	8/01/89		18,270							142,117	53,589	S/L	40		3,553
24	6940 GLENVIEW	6/30/97		207,700							18,270	4,460	S/L	40		457
25	370 WALNUT LANE	6/30/97		180,924							207,700	25,965	S/L	40		5,193
26	780 MARIA WAY	6/30/97		238,439							180,924	22,579	S/L	40		4,523
27	MARK ROSS COURT	10/01/96		140,000							238,439	29,700	S/L	40		5,961
35	DEPOT REPAIR	9/01/98		1,706							140,000	117,762	S/L	40		3,500
36	MARIA REHAB	4/15/99		5,912							1,706	223	S/L	40		43
37	WALNUT REHAB	4/15/99		30,022							5,912	444	S/L	40		148
38	GLENVIEW REHAB	4/15/99		14,800							30,022	2,253	S/L	40		750
											14,800	1,110	S/L	40		370

TOTAL BUILDINGS	1,243,207	0	0	0	0	1,243,207	335,233	31,081
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IMPROVEMENTS

TOTAL BUILDINGS	1,243,207	0	0	0	0	1,243,207	335,233	31,081
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2002 FEDERAL BOOK DEPRECIATION SCHEDULE COMMUNITY SOLUTIONS FOR CHILDREN, FAMILIES AND INDIVIDUALS

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
12	BLINDS	8/01/94		1,734							1,734	1,734	S/L	6		0
13	PARTITIONS	8/01/94		8,912							8,912	8,912	S/L	6		0
16	IMPROVEMENTS FAMILY CTR	3/01/96		8,692							8,692	8,692	S/L	5		0
28	DISCOVER ALTERN IMPROVEMT	10/01/96		6,920							6,920	6,920	S/L	3		0
29	SVCC IMPROVEMENTS	10/01/96		2,075							2,075	1,530	S/L	3		200
30	PLUMBING REPAIRS	12/01/96		1,017							1,017	1,017	S/L	5		0
31	FAMILY CENTER ROOF ETC	3/01/98		7,048							7,048	7,048	S/L	5		0
40	CABLING POLYTRON	3/31/00		6,249							6,249	5,981	S/L	3		613
44	MH OFFICE IMPROVEMENTS	7/15/02		59,520							59,520		S/L	10		5,952
45	JET ELECTRIC IMPROVEMENTS	9/15/02		9,847							9,847		S/L	10		821
TOTAL IMPROVEMENTS																
				112,014	0	0	0	0	0	0	112,014	41,834				7,586
LAND																
14	LAND MAIN	8/01/89		87,500							87,500					0
15	LAND DEPOT	6/01/87		70,307							70,307					0
17	LAND MARK ROSS COURT	10/01/96		45,000							45,000					0
18	LAND GLEN VIEW	6/30/97		69,235							69,235					0
19	LAND WALNUT LANE	6/30/97		59,829							59,829					0
20	LAND MARIA WAY	6/30/97		78,070							78,070					0
TOTAL LAND																
				409,941	0	0	0	0	0	0	409,941	0				0
MACHINERY AND EQUIPMENT																
1	TELEPHONE	7/01/88		4,320							4,320	4,320	S/L	5		0
2	COPIER	10/01/89		1,895							1,895	1,895	S/L	5		0
3	COMPUTER	6/01/88		1,238							1,238	1,238	S/L	5		0

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2002 FEDERAL BOOK DEPRECIATION SCHEDULE COMMUNITY SOLUTIONS FOR CHILDREN, FAMILIES AND INDIVIDUALS

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23-7351215

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
4	EQUIPMENT	VARIOUS		72,568							72,568	72,568	S/L	5		0
5	COMPUTER	2/15/96		4,955							4,955	4,954	S/L	3		0
10	COMPUTERS (FRY'S)	1/01/97		4,406							4,406	4,408	S/L	5		0
11	COMPUTERS (CENTURION)	5/01/97		13,959							13,959	13,959	S/L	5		0
21	DISCOVER ALTERN FURNITURE	10/01/96		25,000							25,000	25,000	S/L	5		0
22	SVCC EQUIPMENT	10/01/96		11,646							11,646	11,311	S/L	5		335
23	SVCC FURNITURE	10/01/96		3,285							3,285	3,285	S/L	5		0
32	COMPUTER	8/01/98		3,385							3,385	2,302	S/L	5		677
33	MASS90 CLIENT SERVER	8/01/98		6,347							6,347	4,242	S/L	5		1,266
34	LAPTOP COMPUTER	5/01/99		1,904							1,904	1,196	S/L	5		381
TOTAL MACHINERY AND EQUIPME																
	MISCELLANEOUS			154,908	0	0	0	0	0	0	154,908	150,678				2,659
43	REFINANCE FEES	7/10/02		3,501							3,501		S/L	5		700
TOTAL MISCELLANEOUS																
				3,501	0	0	0	0	0	0	3,501	0				700
TOTAL DEPRECIATION																
				1,953,246	0	0	0	0	0	0	1,953,246	537,010				47,961
GRAND TOTAL DEPRECIATION																
				1,953,246	0	0	0	0	0	0	1,953,246	537,010				47,961