

Return of Organization Exempt from Income Tax

2002

Under 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

Department of the Treasury
Internal Revenue Service

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 instructions

QUADRIPLIGICS UNITED AGAINST DEPENDENCY, INC
2600 N WILLIAMS
PORTLAND, OR 97227

D Employer identification number
93-0639118

E Telephone number
(503) 287-4260

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 WWW QUADINC ORG

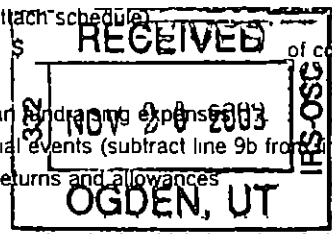
J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,368,302**

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1 a	51,765.		
	b Indirect public support	1 b			
	c Government contributions (grants)	1 c			
	d Total (add lines 1a through 1c) (cash \$ 51,765 noncash \$ _____)	1 d		51,765	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,291,278.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		195	
	5 Dividends and interest from securities	5		3,740	
	6a Gross rents	6 a			
	b Less rental expenses	6 b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6 c			
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		8 a			
	b Less cost or other basis and sales expenses	8 b			
	c Gain or (loss) (attach schedule)	8 c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8 d				
9 Special events and activities (attach schedule)	a Gross revenue (not including _____ of contributions reported on line 1a)	9 a			
	b Less direct expenses other than fundraising expenses	9 b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9 c			
10a Gross sales of inventory, less returns and allowances		10 a			
	b Less cost of goods sold	10 b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10 c			
11 Other revenue (from Part VII, line 103)	11		21,324		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,368,302		
EXPENSES	13 Program services (from line 44, column (B))	13	1,292,792		
	14 Management and general (from line 44, column (C))	14	137,156.		
	15 Fundraising (from line 44, column (D))	15	146.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17	1,430,094		
NET ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-61,792.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	398,161.		
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	336,369		



SCANNED DEC 13 '03

193

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	65,849	65,849	
26	Other salaries and wages	26	844,632.	825,587	19,045.
27	Pension plan contributions	27	2,436		2,436.
28	Other employee benefits	28	73,513.	73,513.	
29	Payroll taxes	29	88,877.	88,877	
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	39,317.	16,817.	22,354
34	Telephone	34	7,819		7,819
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	5,429.		5,429
40	Conferences, conventions, and meetings	40			
41	Interest	41	58,376.	58,376	
42	Depreciation, depletion, etc (attach schedule)	42	50,840	50,840	
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 1	43a	193,006	112,933	80,073
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	1,430,094	1,292,792.	137,156

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 2	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>A 19 UNIT HUD SUBSIDIZED APARTMENT COMPLEX PROVIDING HOUSING AND ATTENDANT CARE TO LOW INCOME QUADRIPLEGICS.</u> ----- (Grants and allocations \$ _____)	266,187
b <u>PROVIDES QUALITY NURSING AND REHABILITATIVE SERVICES FOR QUADREPLEGIC OCCUPANTS OF THREE FACILITIES</u> ----- (Grants and allocations \$ _____)	1,026,605.
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)	1,292,792

Part IV Balance Sheets (See instructions)

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	1,910.	45	734
	46 Savings and temporary cash investments	107,428	46	231,142.
	47a Accounts receivable	10,785		
	b Less allowance for doubtful accounts		47c	10,785.
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	11,453	53	12,859
	54 Investments – securities (attach schedule)	217,071.	54	220,603.
	55a Investments – land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	1,011,414			
b Less accumulated depreciation (attach schedule)	615,152.	57c	396,262.	
58 Other assets (describe ▶ STATEMENT 3 SEE STATEMENT 4)	80,261.	58	36,299	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,083,996.	59	908,684	
LIABILITIES	60 Accounts payable and accrued expenses	79,799.	60	98,821
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	150,000	63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	443,856.	64b	433,323.
	65 Other liabilities (describe ▶ SEE STATEMENT 5)	12,180	65	40,171.
66 Total liabilities (add lines 60 through 65)	685,835.	66	572,315.	
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	398,161	67	286,369.
	68 Temporarily restricted		68	50,000
	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)	398,161	73	336,369
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,083,996	74	908,684

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)

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

a Total revenue, gains, and other support per audited financial statements		a	N/A	a Total expenses and losses per audited financial statements		a	N/A
b Amounts included on line a but not on line 12, Form 990				b Amounts included on line a but not on line 17, Form 990			
(1) Net unrealized gains on investments \$				(1) Donated services and use of facilities \$			
(2) Donated services and use of facilities \$				(2) Prior year adjustments reported on line 20, Form 990 \$			
(3) Recoveries of prior year grants \$				(3) Losses reported on line 20, Form 990 \$			
(4) Other (specify)				(4) Other (specify)			
----- \$				----- \$			
Add amounts on lines (1) through (4)		b		Add amounts on lines (1) through (4)		b	
c Line a minus line b		c		c Line a minus line b		c	
d Amounts included on line 12, Form 990 but not on line a				d Amounts included on line 17, Form 990 but not on line a			
(1) Investment expenses not included on line 6b, Form 990 \$				(1) Investment expenses not included on line 6b, Form 990 \$			
(2) Other (specify)				(2) Other (specify)			
----- \$				----- \$			
Add amounts on lines (1) and (2)		d		Add amounts on lines (1) and (2)		d	
e Total revenue per line 12, Form 990 (line c plus line d)		e		e Total expenses per line 17, Form 990 (line c plus line d)		e	

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

(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 and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6				
-----		65,849.	1,906.	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? 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	b 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	
80a	b If 'Yes,' enter the name of the organization SEE STATEMENT 7 and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
81b	b 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	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
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b 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	b 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 a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in house lobbying expenditures of \$2,000 or less?		N/A
	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		
85c	c Dues, assessments, and similar amounts from members	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b 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	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		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	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		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>OREGON</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	60
91	The books are in care of <u>QUAD, INC</u> Telephone number <u>(503) 287-4260</u> Located at <u>2600 N. WILLIAMS, PORTLAND, OR</u> ZIP + 4 <u>97227</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 ATTENDANT CARE					1,143,792.
b HUD SUBSIDY & TENANT					147,486
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	195.	
96 Dividends & interest from securities			14	3,740.	
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 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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b LAUNDRY AND VENDING			3	1,605.	
c MANAGEMENT FEES					19,524.
d MISC INCOME			1	195.	
e					
104 Subtotal (add columns (B), (D), and (E))				5,735.	1,310,802.
105 Total (add line 104, columns (B), (D), and (E))					1,316,537.

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)
▼	SEE STATEMENT 8


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)

Please  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.

Date 11/13/03

Date _____ Check if _____ Preparer's SSN or PTIN (see General Instruction W) _____

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545 0047

(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 **QUADRIPLIGICS UNITED AGAINST DEPENDENCY, INC.** Employer identification number **93-0639118**

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
NONE		0	0.	0
Total number of other employees paid over \$50,000	▶	0		

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		0.
Total number of others receiving over \$50,000 for professional services	▶	0

Part III Statements About Activities (See instructions)

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)

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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

SEE FORM 990, PART V

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

e Transfer of any part of its income or assets?

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

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

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

	Yes	No
1		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3		X
4	X	

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.)	29,581.	52,750	119,712.		202,043
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	1,340,395.	583,196	1,090,888.	975,406.	3,989,885
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	7,563	7,173.	19,316.	15,129	49,181.
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 9	27,517	22,342	76,789	81,866	208,514.
23 Total of lines 15 through 22	1,405,056	665,461	1,306,705	1,072,401.	4,449,623.
24 Line 23 minus line 17	64,661.	82,265	215,817	96,995.	459,738.
25 Enter 1% of line 23	14,051	6,655.	13,067	10,724	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	9,195.
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	459,738
d Add: Amounts from column (e) for lines 18 <u>49,181.</u> 19 <u> </u>		26d	257,695
22 <u>208,514.</u> 26b <u> </u>		26e	202,043.
e Public support (line 26c minus line 26d total)		26f	43.95 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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 <u> </u> 16 <u> </u>	27c
17 <u> </u> 20 <u> </u> 21 <u> </u>	27d
d Add: Line 27a total _____ and line 27b total _____	27e
e Public support (line 27c total minus line 27d total)	27f
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27g
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	

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?

29		
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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?

30		
-----------	--	--

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?

31		
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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		
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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

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35		
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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 — 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)

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)

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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

QUADRIPLIGICS UNITED AGAINST DEPENDENCY,
INC.

93-0639118

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	3,188		3,188	
AUTOMOBILE EXPENSES	1,698	1,698		
BAD DEBT EXPENSE	373		373	
BANK CHARGES	286		286	
BOARD EXPENSE	2,584		2,584.	
COMPUTER EXPENSE	3,169		3,169	
CONTRACTS	11,180	11,180.		
DEVELOPMENT EXPENSES	30,234		30,234	
GARBAGE & TRASH REMOVAL	3,243	3,243.		
INSURANCE	6,343.	6,343.		
MISCELLANEOUS EXPENSES	9,708	7,957.	1,751	
OFFICE EXPENSES	26,498		26,498	
PAYROLL SERVICE	12,499	12,499.		
PROFESSIONAL SERVICES	24,355	12,365.	11,990	
RESIDENCE EXPENSES	7,683	7,683.		
SAFETY EXPENSE	10,968	10,968.		
TRAINING	3,057	3,057.		
UTILITIES	11,485.	11,485.		
WORKERS COMP	24,455.	24,455.		
TOTAL	<u>\$ 193,006</u>	<u>\$ 112,933.</u>	<u>\$ 80,073</u>	<u>\$ 0.</u>

STATEMENT 2
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

HOUSING ASSISTANCE AND SERVICES FOR QUADRIPLIGICS

STATEMENT 3
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 82,859	\$ 81,447	\$ 1,412
BUILDINGS	668,815	521,565	147,250
IMPROVEMENTS	248,034	6,376	241,658.
MISCELLANEOUS	11,706	5,764	5,942.
TOTAL	<u>\$ 1,011,414</u>	<u>\$ 615,152.</u>	<u>\$ 396,262</u>

STATEMENT 4
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS HELD IN TRUST	\$ 2,638
RESTRICTED DEPOSITS	33,661.
TOTAL	<u>\$ 36,299.</u>

QUADRIPLEGICS UNITED AGAINST DEPENDENCY,
INC.

93-0639118

STATEMENT 5
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

CREDIT LINE	\$	27,000
CURRENT PORTION OF LONG TERM DEBT		10,533.
TENANT DEPOSITS		2,638.
TOTAL	\$	<u>40,171.</u>

STATEMENT 6
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
LINDA DENMAN 2600 N. WILLIAMS AVE PORTLAND, OR 97227	DIRECTOR 1	\$ 0.	\$ 0	\$ 0
BETH LIEURANCE 2600 N. WILLIAMS AVE PORTLAND, OR 97227	DIRECTOR 1	0.	0.	0
H.T. HAKE 2600 N WILLIAMS PORTLAND, OR 97227	TREASURER 1	0.	0.	0
GREG GORTMAKER 2600 N. WILLIAMS AVE PORTLAND, OR 97227	CEO 27	65,849.	1,906	0
CECILIA PETROCCO C/O QUAD, INC PORTLAND, OR 97227	SECRETARY 1	0	0.	0
DR KADAVI SATYANARAYN C/O QUAD, INC PORTLAND, OR 97227	VICE PRESIDENT 1	0.	0.	0
MARY EILEEN BARR 2600 N. WILLIAMS AVE PORTLAND, OR 97227	DIRECTOR 1	0	0	0.
THOMAS E. MATTSO 2600 N. WILLIAMS AVE PORTLAND, OR 97227	PRESIDENT 1	0.	0	0.
	TOTAL	\$ 65,849	\$ 1,906.	\$ 0

QUADRIPLIGICS UNITED AGAINST DEPENDENCY,
INC.

93-0639118

STATEMENT 7
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
EAST PORTLAND SUPPORTIVE HOUSING, INC	X	
HILLSBORO SUPPORTIVE HOUSING, INC	X	
PORTLAND SUPPORTIVE HOUSING, INC	X	

STATEMENT 8
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	FUNDS PROVIDED BY THE STATE TO AID IN THE CARE OF QUADRIPLIGIC RESIDENTS.
93B	HOUSING RENT IS PROVIDED BY QUALIFIED TENANTS BASED ON ABILITY TO PAY, WITH ADDITIONAL SUBSIDY PROVIDED BY HUD
103C	FEES PAID TO QUAD, INC. FROM TWO AFFILIATED HOUSING FACILITIES FOR ADMINISTRATION OF HOUSING AND CARE SERVICES

STATEMENT 9
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
MISC INCOME	\$ 27,517.	\$ 22,342	\$ 76,789	\$ 81,866	\$ 208,514
TOTAL	<u>\$ 27,517.</u>	<u>\$ 22,342</u>	<u>\$ 76,789</u>	<u>\$ 81,866</u>	<u>\$ 208,514.</u>