Department of the Treasury Inter<sub>s</sub>val Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545 0047 Open to Public Inspection

A	For the 2	2002 calendar year, or tax year period beginning JUL 1, 2002 and ending JUN 30, 2	003	
В	Chack if	Please C Name of organization D Emp	loyerid	entification number
	applicable	use IRS	-	
	Addres change	b	5-17	7293 <u>1</u> 9
	Name change	Number and street (or P 0 box if mail is not delivered to street address)  Room/suite   E Tele	phone n	number
	lnitial réturn	Specific 2111 PARK GROVE AVENUE		749-3031
	Final		uatng meth	
	Amend return		Other (specify)	<b>_</b>
	Applica pendin	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and I are not applicable	to sect	ion 527 organizations
		must attach a completed Schedule A (Form 990 or 990-EZ)  H(a) Is this a group return to	or affiliat	es? 🔲 Yes 🗶 No
G	Web site	e ►N/A H(b) If Yes," enter number of	of affiliate	es <b>&gt;</b>
J	Organiza	ation type (check only one) ► X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 H(c) Are all affiliates include	qs V	I/A Yes No
K	Check he	ere In the organization's gross receipts are normally not more than \$25,000. The H(d) Is this a separate return	ı filed hv	20.00
	organiza	tion need not file a return with the IRS, but if the organization received a Form 990 Package ganization covered by a	group r	ruling? Yes X No
	in the ma	ail, it should file a return without financial data. Some states require a complete return.		
		M Check ► I if the o	rganızatı	on is <b>not</b> required to attach
_		ceipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 4 , 366 , 921 . Sch B (Form 990, 990	EZ, or 9	90-PF)
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances		
	1	Contributions, gifts, grants, and similar amounts received		
		Direct public support 1a 188, 162.	I	
	Ь	Indirect public support 1b 177,681.		
	C	Government contributions (grants) <u>1c 3,676,039.</u>		
	) d	Total (add lines 1a through 1c) (cash \$4 , 041 , 882 . noncash \$)	1d	4,041,882.
3	2	Program service revenue including government fees and contracts (from Part VII, line 93)	_2	<u>127,310.</u>
_	3	Membership dues and assessments	_ 3	<u></u>
- -	4	Interest on savings and temporary cash investments	4	9,138.
٠	5	Dividends and interest from securities	5	
<u>.</u>	6 a	Gross rents SEE STATEMENT 1 6a 10,670.	1	
	b	Less rental expenses, Filler		
Revenue Revenue	C	Net rental income or (toss) (subtrect line 6b, from line 6a)	6c	<u>10,670.</u>
Žφ	7	Other investment income (describe )	7	
Žį	8 a	[(A)   A   A   C   C   C   C   C   C   C   C	Ì	
36		than inventory 177, 921. 8a	}	
0	6	Less dost or (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Ì	
	C	Gain of (toss) (attach softedule) <24,268. >8c		.04 000
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))  STMT 2	-8d	<u> &lt;24,268.</u> :
	9	Special events and activities (attach schedule)	1	
	٠ .	Gross revenue (not including \$ of contributions		
		reported on line 1a)  Less direct expenses other than fundraising expenses  9b	1	
	C	Less direct expenses other than fundraising expenses  Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
	10 a		-30	
	) IO 2	Less cost of goods sold		
	1	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	<del></del> _
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,164,732.
_	13	Program services (from line 44, column (B))	13	3,305,042.
es S	14	Management and general (from line 44, column (C))	14	635,247.
ens	15	Fundraising (from line 44, column (D))	15	166,406.
Expenses	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	17	4,106,695.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	58,037.
ets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	342,131.
Net Assets	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	17,970.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	418,138.
2230 01 2	01 2-03	LHA For Paperwork Reduction Act Notice, see the separate instructions		Form 990 (2002)

Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 Part II **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (C) Management Do not include amounts reported on line (B) Program (D) Fundraising (A) Total and general services 6b, 8b, 9b, 10b, or 16 of Part I 22 · Grants and allocations (attach schedule) noncash \$\_ 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 201,330 0 149,650 51,680. Compensation of officers, directors, etc. 25 2,689,022 2,434,250 238,188. 16,584. 26 Other salaries and wages 26 27 27 Pension plan contributions 137,015 92.013 43,837 1,165. 28 Other employee benefits 28 221,024 14,428. 5,649. 29 241,101 29 Payroll taxes 30 Professional fundraising fees 30 15,325 3,000 12,325. 31 Accounting fees 1,514. 1,514 32 32 Legal fees 176,331 21,517. 2,873. 200,721. 33 33 Supplies 60,080. 41,537. 18,543. 34 34 Telephone 14,705 14,220. 485 Postage and shipping 35 35 303,751 303,751 Occupancy 36 37 Equipment rental and maintenance 25,894. 67. 42,387 16,426 Printing and publications 38 39 Travel 39 33,971 23,783 9,903. 285 40 Conferences, conventions, and meetings 40 38,458. 38,458. 41 Interest 19,238 41,602 60,840. 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize) 43a 43b 43c 434 66,475. 88,103. <65,254.b 43,626. SEE STATEMENT 4 43e Total functional expenses (acid lines 22 through 43) organizations completing columns (8)-(0), carry these Little in lines 13 15 3,305,042. 635,247. 166,406. 4,106,695 44 Joint Costs Check > I if you are following SOP 98-2 ► Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$\_\_\_\_\_\_\_, (ii) the amount allocated to Program services \$\_\_\_\_\_\_ , and (iv) the amount allocated to Fundraising \$ (iii) the amount allocated to Management and general 5 Part III | Statement of Program Service Accomplishments What is the organization's primary exempt purpose? Program Service Expenses AIDING DEVELOPMENT OF DISADVANTAGED YOUTH All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued. etc. Discuss (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others) evernents that are not measurable (Section 50 1(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others) SEE STATEMENT 5 338,624. (Grants and allocations \$ SEE STATEMENT 6 2,966,418. (Grants and allocations \$ (Grants and allocations \$ d (Grants and allocations \$ (Grants and allocations \$ Other program services (attach schedule) 305,042. Total of Program Service Expenses (should equal line 44, column (B), Program services)

WOODCRAFT RANGERS, INC.

223011 01-22-03 95-1729319

Form 990 (2002)

Part IV Balance Sheets (B) Where required, attached schedules and amounts within the description column (A) Beginning of year End of year should be for end-of-year amounts only 18,068. 9,211 45 45 Cash - non-interest-bearing 669,400, 564,426. 46 46 Savings and temporary cash investments 436,496. 47a 47 a Accounts receivable 436,496. 331,318. 47c b Less allowance for doubtful accounts 47b 48 a Pledges receivable 48a b Less allowance for doubtful accounts 48b 48c 49 49 Grants receivable Receivables from officers, directors, trustees, 50 and key employees 51 a Other notes and loans receivable 51a 51b 51c b Less allowance for doubtful accounts 52 52 Inventories for sale or use 90,783. 61,497. 53 53 Prepaid expenses and deferred charges ► Cost FMV 54 54 Investments - securities 55 a Investments - land, buildings, and 55a equipment basis 55c b Less accumulated depreciation 55b 56 Investments - other 56 670,157 57 a Land, buildings, and equipment basis 57a 379,562 289,492. 57c 290,595. 57b b Less accumulated depreciation 187.046. 388,543. 58 SEE STATEMENT 7 Other assets (describe 58 1,577,250 759,625. 59 Total assets (add lines 45 through 58) (must equal line 74) 59 389,037. 316,807. 60 60 Accounts payable and accrued expenses 61 61 Grants payable 55,203. 205,018. 62 62 Deferred revenue -labilities 63 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64a 379.434 434,464. 64b b Mortgages and other notes payable 312,968. 483,675 SEE STATEMENT 8 Other liabilities (describe 65 235,119. 341,487. 66 Total liabilities (add lines 60 through 65) Organizations that follow SFAS 117, check here > X and complete lines 67 through 69 and lines 73 and 74 Net Assets or Fund Balances 74,082 138,460. 67 Unrestricted 67 173,252 187.549. 68 68 Temporarily restricted 94,797. 92,129. 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here 
and complete lines 70 through 74 70 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, 73 418,138. 342.131 column (A) must equal line 19; column (B) must equal line 21) 250 759,625. 74 Total liabilities and net assets / fund balances (add lines 66 and 73)

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.

Form	990 (2002) WOODCRAFT	RANGERS, IN			95-172		
Pa	rt IV-A Reconciliation of Revenu	e per Audited	Part IV-B Recon	iciliation of Exp	enses po	er Ai	idited
	Financial Statements wit	h Revenue per		cial Statements	s with Exp	pens	es per
<b>a</b> '	Return  Total revenue, gains, and other support per audited financial statements	4,416,702.	Return  Total expenses and audited financial sta	losses per	<b>▶</b> a	4.:	340,695.
b	Amounts included on line a but not on		b Amounts included of line 17, Form 990				
(1)	line 12, Form 990 Net unrealized gains	1	(1) Donated services and use of facilities		00.		
	on investments \$ 17,970.		(2) Prior year adjustme				
(2)	Donated services		reported on line 20,		1 1		
	and use of facilities \$ 234,000.		Form 990	\$			
(3)	Recoveries of prior	· }	(3) Losses reported on	•	11		
	year grants \$		line 20, Form 990	2	<del></del>		
(4)	Other (specify)		(4) Other (specify)	•	[ ]		
_	Add amounts on lines (1) through (4)	ы 251,970.	Add amounts on lin	_ #	<b>—</b>   <sub>b</sub>		234,000.
•	Add amounts on lines (1) through (4)  Line a minus line b	c 4,164,732.		es (1) through (4)	6		106,695.
ď	Amounts included on line 12, Form	0 4,104,734,	d Amounts included of	on line 17 Form		3./ .	.00,023.
	990 but not on line a		990 but not on line	a			
(1)	Investment expenses		(1) Investment expense	!\$	] ]		
	not included on	l I	not included on	•			
	line 6b, Form 990 \$	<b>i</b>	line 6b, Form 990	\$	<del></del>		
(2)	Other (specify)		(2) Other (specify)	•			
_	Add amounts on lines (1) and (2)	٥.	Add amounts on lin	es (1) and(2)	——  d		0.
	Total revenue per line 12, Form 990	<u>"</u>	e Total expenses per				
•	(line c plus line d)	e 4,164,732.	(line c plus line d)		<b>▶</b>   €	4,3	106,695.
Pa	rt V List of Officers, Directors, T		mployees (List each o	ne even if not comper			
	(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contribute employee be plans & defe compensat	eried	(E) Expense account and other allowances
			position		Compansa	37.1	
				İ	İ	-	
SEI	STATEMENT 9			201,330.		0.	_0.
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75 C	ed any officer, director, trustee, or key employee re rganizations, of which more than \$10,000 was pro	ceive aggregate compensation wided by the related organization of the compensation of	on of more than \$100,000 fo ations? If "Yes," attach sched	rom your organization dule 🕨 🔃 Yes [	and all relate  X No		orm 990 (2002)

Form	990 (2002) WOODCRAFT RANGERS, INC. 95-1729	319		Page 5
Pa	rt VI Other Information		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		Х
77 .	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
•••	If "Yes," attach a conformed copy of the changes	<del>- ' ' -</del>		<u>~~</u>
78 a		70.		v
	If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	78a		<u>X</u>
79		78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If "Yes," attach a statement	79		<u>X</u> _
00.				
ou 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		<u>X</u>
D	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt			
	Enter direct or indirect political expenditures. See line 81 instructions.		1	
	Did the organization file Form 1120-POL for this year?	81b		<u>X</u>
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	<u>X</u>	
Ь	• • • • • • • • • • • • • • • • • • • •		·	
	expense in Part II (See instructions in Part III)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?  N/A	83b		
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?	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	1	l	
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	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			
0	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	85g	ľ	
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	03		
	Gross receipts, included on line 12, for public use of club facilities  86b  N/A	i	- 1	
87	504(144)	i l	1	
	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		i	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
00		ıİ	i	
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?	on		v
00 -	If "Yes," complete Part IX	88		<u> </u>
03 g	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	. ]		
	section 4911 ▶ <u>0 . , section 4912 ▶ 0 . , section 4955 ▶ 0 .</u>	, 1		
D	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	, [	ļ	
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	<u>  </u>	i	v
	If "Yes," attach a statement explaining each transaction	895		<u>X</u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			^
_	sections 4912, 4955, and 4958			0.
	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
	List the states with which a copy of this return is filed  CALIFORNIA		_	
	Number of employees employed in the pay period that includes March 12, 2002			<u>136</u>
91	The books are in care of ► WOODCRAFT RANGERS Telephone no ► (213)7	<u> 49 – .</u>	<u> 303:</u>	<u> </u>
			_	
	Located at ► 2111 PARK GROVE AVE., LOS ANGELES, CA ZIP+4 ► 9	000	7	
				<del></del> 1
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		▶∟	
222041	and enter the amount of tax-exempt interest received or accrued during the tax year 92	N/2		
223041 01-22-0		Form	990 (	2002)

	CRAFT RAN			<del></del>	95-	1729319	Page 6
Part VII Analysis of Income-			(See page 31 of the instited business income	<del></del>			
Note Enter gross amounts unless otherw indicated	vise	(A)	(B)	(C)	ed by section 512 513 or 514 (D)	(E) Related or exer	mot
93 Program service revenue		Business code	Amount	Sion code	Amount	function incom	
a CAMP PROGRAMS	F			Code		<del></del>	310.
, <del></del>	<del></del>			<del>-{ {</del>		+ + + + + + + + + + + + + + + + + + + +	<u> </u>
<u> </u>		<del>-</del>		1		<del></del>	
c				1-		<del></del>	
d	<del></del>		<del></del>	-	<del></del>	<del> </del>	
e	<del></del>					<del> </del>	
t Medicare/Medicaid payments	<del> </del>		<del></del>	<del>  </del>		<del></del>	
g Fees and contracts from government age	encies			$\rightarrow \rightarrow$	<del></del>	<del> </del>	
94 Membership dues and assessments	<del>.</del>			14	9,138.	<del> </del>	
95 Interest on savings and temporary cash i	investments			<del>-  </del>	3,130.	<del> </del>	
96 Dividends and interest from securities	}-		<del></del>		<del></del>	<del> </del>	
97 Net rental income or (loss) from real esta	ite  -		<del> </del>	-		<del> </del>	
a debt financed property					10 670	<del>                                       </del>	
b not debt-financed property				16	10, <u>670</u> .	<del> </del>	
98 Net rental income or (loss) from persona	l property				<del></del>	<del></del>	
99 Other investment income	<u> </u>			<del></del>		<del> </del>	
100 Gain or (loss) from sales of assets				1 1			0.60
other than inventory	ļ.			$\dashv$	<u></u>	_<24,	<u> 268.</u> >
101 Net income or (loss) from special events	_			+		<del> </del>	
102 Gross profit or (loss) from sales of invent	tory			<del></del>	<u> </u>	<del> </del>	<del></del> _
103 Other revenue	ĺ		ľ	1 1			
a							
b							
c				- }		<del></del>	
d				+		<del> </del>	
e				+		ļ <del></del>	
104 Subtotal (add columns (B), (D), and (E))			<u> </u>	)_	<u> 19,808.</u>		042.
105 Total (add line 104, columns (B), (D), and	d (E))				▶	122,	<u>850.</u>
Note Line 105 plus line 1d, Part I, should	equal the amour	t on line 1	2, Part I				
Part VIII Relationship of Activ							<del></del>
Line No Explain how each activity for which				ted importa	antly to the accomplishment	of the organization's	
exempt purposes (other than by					a mur Danat Or	WEND OF U	TOU
93A THE CAMP PROGRAM		_				MENI OF H	<u>.rgn</u>
SELF-ESTEEM AND	POSITIVE	PERS	ONAL AND SC	CIAL	VALUES.		
		<del>-</del>	<u> </u>			<del></del>	
Part IX Information Regardu	na Tavabla S	ubeidiar	nes and Disrega	ded En	titios (See nage 32 of the	instructions )	
	(B)	10310101	(C)		(D)	(E)	
(A) Name, address, and EIN of corporation,	Percentage of		Nature of activities		Total income	End-of-year	
partnership, or disregarded entity	ownership interest			<del>}</del>		assets	
	<u> </u>	+	<del></del>		<del></del>	<del> </del>	
N/A					<del> </del>	<del>                                     </del>	
	%					<del> </del>	
D-AV Laternatus Describ	%		And with Dawner	al Bana	64 Contracts (Conne	no 22 of the replanetue	
Part X Information Regarding							
(a) Did the organization, during the year, rec					nai benefit contract?		X No
(b) Did the organization, during the year, pa				contract?		└── Yes └	X No
Note If "Yes" to (b), Gle Form 8870 and	/Form 4720 (see	instruction	s)	ad statemen	its, and to the best of my knowled	doe and helpf it is true	
			companying achedules a information of which prep	ne. per milit	knowledge.	A 27	
				لا کمک پر	THE MUTUNON	μυ	
					int name and title	I Described to the second second	
			i i	Date	Check if	Preparer & SSN or PTIM	4

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

\$50,000 for professional services

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

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

Supplementary Information-(See separate instructions.)

2002

OMB No 1545 0047

Internal Revenue Service Employer identification number Name of the organization 95 1729319 WOODCRAFT RANGERS, INC. 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") d) Contributions to employee benefit plans & deterred compensation (e) Expense account and other (b) Title and average hours (a) Name and address of each employee paid (c) Compensation per week devoted to more than \$50,000 position allowances PROGRAM DIR KATHLEEN SAWYER 53,316 C/O 2111 PARK GROVE AVE LA CA 90007 REGIONAL DIR MARCELINO SANCHEZ 51,977 C/O 2111 PARK GROVE AVE LA CA 90007 40 Total number of other employees paid over \$50,000 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 (c) Compensation (b) Type of service Total number of others receiving over

Schedule A (Form 990 or 990 EZ) 2002 WOODCRAFT RANGERS, INC.	95-17293	19	Page 2
Part III Statements About Activities (See page 2 of the instructions )		Yes	No
During the year, has the organization attempted to influence national state, or local legislation, including any attempt to influe public opinion on a legislative matter or referendum? If Yes," enter the total expenses paid or incurred in connection with the lobbying activities  S  (Must equal amounts on I or line i of Part VI-B)  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations of Yes "must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities."	checking		х
During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial co trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with whice person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question attach a detailed statement explaining the transactions) SEE STATEMENT 10 Sale, exchange, or leasing of property?	th any such		х
b Lending of money or other extension of credit?	_2b	х	ļ 
c Furnishing of goods, services, or facilities?	2c		x
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, F	ORM 990 2d	x	
e Transfer of any part of its income or assets?	<u> 2e</u>		x
<ul> <li>Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)</li> <li>Do you have a section 403(b) annuity plan for your employees?</li> </ul>	3	-	X X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving gran from it in furtherance of its charitable programs "qualify" to receive payments	ts or loans		
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.)			
A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
A school. Section 170(b)(1)(A)(u) (Also complete Part V)			
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(v). Federate he hospital			
and state			
An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section	on 170(b)(1)(A)(iv)		
(Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives a substantial part of its support from a governmental unit or from the general Analysis of the Analysis	ral 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 fee:	d ara		
An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership feet receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than	<del>-</del>		
its support from gross investment income and unrelated business taxable income (less section 511 tax) from busi			
by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-	·		
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports of (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)(2))		ı	
Provide the following information about the supported organizations. (See page 5 of the instruct			_
(a) Name(s) of supported organization(s)		ine numt rom abo	
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions	,)		

b	For any amount included in line 17 that was received fi and amount received for each year, that was more than	•	*** *		•
	described in lines 5 through 11, as well as individuals	) Do not file this list with your return. After comp	outing the difference betwe	en the a	mount received and
	the larger amount described in (1) or (2), enter the sur	n of these differences (the excess amounts) for e	ach year		
	(2001) 0 • (2000)	0. (1999)	0. (199	8)	0.
C	Add Amounts from column (e) for lines	15 <u>8,824,969</u> . 16	·		
	17643,273.	20 21		27c	9,468,242.
đ	Add Line 27a total 0 .	and line 27b total	0. ▶	27d	0.
ê	Public support (line 27c total minus line 27d total)		<b>&gt;</b>	27e_	9,468,242.
f	Total support for section 509(a)(2) test; Enter amount	on line 23, column (e) 27f	9,563,724.		
g	Public support percentage (line 27e (numerat	or) divided by line 27f (denominator))	<b>&gt;</b>	27g	99.0016%
h	Investment income percentage (line 18, colun	nn (e) (numerator) divided by line 27f (der	nominator))	27h	.9796%
i i	Unusual Grants: For an organization described in line on show, for each year, the name of the contributor, the d	10, 11, or 12 that received any unusual grants duate and amount of the grant, and a brief descript	uring 1998 through 2001, p	repare a	list for your records

28 your return. Do not include these grants in line 15 Private School Questionnaire (See page 7 of the instructions)

To be completed ONLY b	y schools that o	hecked the box on	line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
23	instrument, or in a resolution of its governing body?	29		_
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	Ì	)	
	to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	_		
		- -		
32	Does the organization maintain the following	-		}
2	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	<u> </u>	<u> </u>
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		<del> </del>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		<del>}</del> ——
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		<del> </del>
	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	;		
1	Students' rights or privileges?	33a		<u> </u>
Þ	Admissions policies?	33b		ļ
C	Employment of faculty or administrative staff?	33c	<u> </u>	<del> </del>
đ	Scholarships or other financial assistance?	33d		
¢	Educational policies?	33e		-
ſ	Use of facilities?	33f		<del> </del>
g	Athletic programs?	33g	<del>  -</del>	
ħ	Other extracurricular activities?	33h	<u> </u>	-
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	_		İ
34 #	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ь	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	L	

Schedule A (Form 990 or 990-EZ) 2002

Sphedula & (Form 000 or 000 F	— -					0.5	1500210
Part VI-A Lobbying	Expenditures by E	lecting Public Char	iti <b>es</b> (See pa	ge 9 of t	he instructions )	95	-1729319 Page 5 N/A
To be completed DNLY by an eligible againstation that liked Form 5788)  Table & I the organization became to an attitude group  The complete of the search search and the search							
L	It VI-A   Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions )	(b) To be completed for ALL					
(The te	rm "expenditures" means ar	nounts paid or incurred )		,			electing organizations
37 Total lobbying expenditures	to influence a legislative boo			37	N/A		
39 Other exempt purpose exper	nditures			39			
41 Lobbying nontaxable amount if the amount on line 40 is Not over \$500,000	nt. Enter the amount from th The lobby 20% of the a	e following table - ing nontaxable amount is - imount on line 40	oo ]	40			
Over \$1,000 000 but not over \$1	500 000 \$175 000 pk	is 10% of the excess over \$1 000	000	41	<del></del>		
Over \$17 000 000 42 Grassroots nontaxable amou 43 Subtract line 42 from line 36	\$1 000 000 unt (enter 25% of line 41) Enter -0- if line 42 is more	than line 36	∞ }	43			
Cauties If there is an are	avet as ather ton 42 as	han 44 yey must blo Form	4700				
		nade a section 501(h) election istructions for lines 45 through	n do not have to gh 50 on page 1	comple 1 of the	instructions )	nns 	NT / N
Calendar year (or	0000	(b)	(c)		(d)		(e)
	2002	2001	2000		1999		10121
amount							0.
· ·		İ					
(150% of line 45(e)) 47 Total lobbying					<del>                                     </del>		_
48 Grassroots nontaxable							
	<del> </del>			<del></del>			
= = = = = = = = = = = = = = = = = = = =		ļ					0.
50 Grassroots lobbying							
	Activity by Nonele	cting Public Charitie		-			<u> </u>
(For reporting of	only by organizations that di	d not complete Part VI-A) (Se	ee page 11 of th				N/A
		<del>-</del>	ı, ıncludıng any	attempt	to Yes	No	Amount
•	slative matter or referendum	, through the use of				ļ	
	ncluda companention in ever	ancae rangitad on lines e this	ough h )		<del>                                     </del>		
	илице фонтренsation in <b>ехр</b> і	cuses reported on mies c IM/(	vagn (t.)		<b>├</b>	-	
•	tors, or the public						<del></del>

g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

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

i Total lobbying expenditures (Add lines  $\mathfrak c$  through  $\mathfrak h$  )

0.

ī				_	
		2 WOODCRAFT RANGE			729319 Page 6
Par		zations (See page 12 of the insti		d Relationships With Nonchar	itable
51.		directly or indirectly engage in any of		er organization described in section	<del></del>
	· · · · · · · · · · · · · · · · · · ·	section 501(c)(3) organizations) or r		•	
a	Transfers from the reporting or	ganization to a noncharitable exempt	t organization of		Yes No
	(i) Cash				51a(ı) X
	(ii) Other assets				<b>a</b> (11) X
b	Other transactions				
		ets with a noncharitable exempt orga	noilszin		b(t) X
	•	a noncharitable exempt organization			b(11) X
	<ul><li>(iii) Rental of facilities, equipmed</li><li>(iv) Reimbursement arrangement</li></ul>				b(iii) X
	(v) Loans or loan guarantees	çint <b>ə</b>			b(v) X
		r membership or fundraising solicitat	tions		b(vi) X
	•	, mailing lists, other assets, or paid e			c X
		<del>-</del>		always show the fair market value of the	
	goods, other assets, or services	s given by the reporting organization	If the organization receive	d less than fair market value in any	
	transaction or sharing arrangen	nent, show in column (d) the value o	f the goods, other assets, o	or services received	N/A
(a) Line n	(b) o Amount involved	(c) Name of noncharitable ex	empt organization	(d) Description of transfers, transactions, and	sharing arrangements
			<u> </u>		
	<u> </u>	<u> </u>	··	<u> </u>	<del></del>
	<del>                                       </del>	<del> </del>		<b></b>	<del></del>
	<u> </u>	<del></del>		<del></del>	
	<del>- </del>			<del> </del>	<del>_</del>
	<del> </del>	<u> </u>	<del></del>		<del></del>
	<del>                                     </del>	<u> </u>	<del></del>	<del></del>	<del></del>
					<del></del>
	<del>                                     </del>				<del></del>
				<del></del>	
	<u> </u>			<u> </u>	
	-	-	one or more tax-exempt org	panizations described in section 501(c) of the	
	Code (other than section 501(c)	• • • •		▶ ∟	Yes X No
<u> </u>	If "Yes," complete the following:		(1)	(4)	
	Name of or	ganization	(b) Type of organization	(c) Description of relations	hip
	<u>_</u>				<del></del>
	<del></del>		<del> </del>	<del> </del>	
	<del></del>				
	<del></del>		<del>  </del>		<del></del>
	<del></del>	<u> </u>	<del> </del>	<u> </u>	<del></del>
	······································	<del></del>	<del> </del>	<del> </del>	
			<del></del>		

FORM 990	RENTAL INCOM	ME 		STATEMENT 1
KIND AND LOCATION OF PROPERTY	,		ACTIVITY NUMBER	GROSS RENTAL INCOME
STANLEY RANCH CAMP GROUNDS	-		1	10,670.
TOTAL TO FORM 990, PART I, LI	NE 6A		:	10,670.
FORM 990 GAIN (LOSS) F	ROM PUBLICLY T	RADED SECURI	TIES	STATEMENT 2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
475 SH ROBERT HALF INTERNATIONAL 175 SH KOHL'S	9,142.	11,067.	0	. <1,925.>
CORPORATION 475 SH VERITAS	11,720.	12,264.	0	. <544.>
SOFTWARE 300 SH LABORATORY	6,996.	9,400.	0	. <2,404.>
CORP OF AMERICA 150 SH	7,183.	13,695.	0	. <6,512.>
AMERISOURCEBERGEN CORP 325 SH THE ESTEE	7,770.	11,400.	0	. <3,630.>
LAUDER CO.	9,652.	11,440.	0	. <1,788.>
100 SH BEST BUY CO. 450 SH ROCKWELL	2,930.	3,630.		•
COLLINS	8,050.	12,339.	0	. <4,289.>
350 SH TIFFANY & CO. FRACTIONAL SH	8,925.	12,320.		
TRAVELERS FEDERAL HOME LOAN	621.	0.	0	. 621.
BOND TEMPLETON FOREIGN CL	100,932.	100,406.	0	. 526.
A	1,545.	1,624.	0	. <79.>
FIDELITY PURITAN	2,455.	2,604.		
TO FORM 990, PART I, LINE 8	177,921.	202,189.	0	. <24,268.>

FORM 990 OTHER C	HANGES IN NET A	SSETS OR FUND	BALANCES	STATEMENT	3
DESCRIPTION				AMOUNT	
UNREALIZED LOSS ON INVES				<2,9 20,8	
TOTAL TO FORM 990, PART	I, LINE 20			17,9	70.
FORM 990	OTHER	EXPENSES		STATEMENT	<u> </u>
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISII	NG
AUTO AND PARKING PROGRAM EVENTS FOOD INSURANCE LIVESTOCK FEED MEMBERSHIP DUES UTILITIES	73,830. 175,485. 51,878. 48,801. 4,319. 5,044. 42,245.	70,789. 92,844. 51,878. 48,801. 4,319. 2,060. 36,543.	2,934. 475. 2,949. 5,702.	82,10	07. 66.
MISCELLANEOUS ADVERTISING REPAIRS & MAINTENANCE PROPERTY TAXES BANK CHARGES DONATED RENT RENT ADJUSTMENT - AMORTIZATION OF DEFERRED GAIN	5,456. 18,980. 40,029. 1,285. 3,830. <234,000.>	1,514. 2,307. 28,281. 117. <234,000.>	3,942. 10,878. 11,748. 1,285. 3,713.	5,79	95.
TOTAL TO FM 990, LN 43	66,475.	<65,254.>	43,626.	88,10	03.

FORM 990

STATEMENT

DESCRIPTION	OF PROGRAM SERVICE ONE			
AND GIRLS TH	I: PROVIDES OUTDOOR EDUCATIONAL : NAT CULTIVATE A GREATER AWARENES: ORE. THE ORG. OFFERS A VARIETY OF CHILDREN BENEFITTED WERE 1437.	S AND RESPECT		
		GRANTS	EXPENSES	
TO FORM 990,	PART III, LINE A		338,62	24.
FORM 990	STATEMENT OF PROGRAM SERVICE	E ACCOMPLISHMENTS	STATEMENT	6
DESCRIPTION	OF PROGRAM SERVICE TWO			
OPERATE SCHO	M: ASSISTS LOCAL SCHOOL DISTRICTOR BASED YOUTH PROGRAMS THAT PROGRAM IDENTIFIES AND L & SOCIAL VALUES. 7,632 CHILDRI	OVIDE A POSITIVE ND NURTURES POSI-		
		GRANTS	EXPENSES	
TO FORM 990,	PART III, LINE B		2,966,41	.8.
FORM 990	OTHER ASSE	rs	STATEMENT	7
DESCRIPTION			AMOUNT	
DEPOSITS EMPLOYEE ADV UNBILLED REV NOTES RECEIV	ENUE		23,30 1,87 357,27 6,08	77.
TOTAL TO FOR	M 990, PART IV, LINE 58, COLUMN	В	388,54	3.
				<del></del>

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990 OTHER	LIABILITIES		STAT	EMENT 8
DESCRIPTION			A	MOUNT
DEFERRED GAIN ON SALE OF LAND				312,968.
TOTAL TO FORM 990, PART IV, LINE 6	55, COLUMN B			312,968.
	OFFICERS, DIRECTOR OF THE CONTROL OF	TORS,	STAT	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
CATHIE MOSTOVOY C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	CEO / BOARD SEC	RETARY 105,158.	0.	0.
KATHY PINCKERT C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	PRESIDENT 0.	0.	0.	0.
PETER ANDERSON C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	VICE PRESIDENT 0.	0.	0.	0.
ALEXANDER GOMEZ C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	VICE PRESIDENT 0.	0.	0.	0.
RENAE DEMENT C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	TREASURER 0.	0.	0.	0.
TONY VAZQUEZ C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	PARLIAMENTARIAN	0.	0.	0.
LARRY CLARK C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0.	0.	0.	0.
GIL CURTIS C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0.	0.	0.	0.

ı	WOODCRAFT RANGERS, INC.			95-1	729319
	FAYE DANGERFIELD C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0.	0.	0.	0.
	KIMBERLY WEST C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0.	0.	0.	0.
	BRAD PYE, JR. C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0.	0.	0.	0.
	JOHN DICECCO C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0.	0.	0.	0.
	MADELINE GOODWIN C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0	0.	0.	0.
	LESTER JONES C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0	0.	0.	0.
	JOAN LING C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0	0.	0.	0.
	PHILLIP MCNATT C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	CFO 40	96,172.	0.	0.
	ROBERT M. JOHNSON C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0	0.	0.	0.
	CLAUDIA LEWIS C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0	0.	0.	0.
	CARMEN MANCINI C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0	0.	0.	0.
	MARY LYNN RICHMOND C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	BOARD MEMBER 0	0.	0.	0.
	DALE TROWBRIDGE C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	EMERITUS BOARD MEI 0	MBER 0.	0.	0.

WOODCRAFT RANGERS, INC.			95-1729	3319
DOROTHY TILS C/O 2111 PARK GROVE AVENUE LOS ANGELES, CA 90007	EMERITUS BOARD 0	MEMBER 0.	0.	0.
TOTALS INCLUDED ON FORM 990, PA	LRT V	201,330.	0.	0.
SUBSTANTIAL CO CREATO	REGARDING ACTIVIT ENTRIBUTORS, TRUSTE PRS, KEY EMPLOYEES, PART III, LINE 2	ES, DIRECTORS,	STATEMENT	10

AS PART OF THE TERMINATION OF THE 403(B) RETIREMENT PLAN, ALL EMPLOYEES WERE REQUIRED TO REPAY PARTICIPANT LOANS. THE ORGANIZATION HAS ADVANCED AN OFFICER/DIRECTOR \$5,007 TO ENABLE THE INDIVIDUAL TO REPAY A PARTICIPANT LOAN TO THE 403(B) RETIREMENT PLAN. THE OUTSTANDING BALANCE IS \$1,582 AT 6/30/03

SCHEDULE A	OTHER INC	OME	Si	TATEMENT 11
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
GAIN ON SALE OF ASSET	0.	0.	0.	1,791.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	1,791.

WOODCHATT BANGERS

95-1729319

124 30 2003

ALOCATION OFFICE	169 30 1 1248 37 5 033 34 27 8 54 3 0 01 7 8 5 9 7 8 5 5 3 5 5 6 9 7 6 9 7	88  	2000 0000 0000 0000 0000 0000 0000 000
DEPRECIATION ALLO	25 00 31 07 20 00 20 00 21 05 11 05 5 33 5 34 5 24 5 26 5 26 5 26 5 26 5 26 5 26 5 26 5 26	000 000 000 000 000 000 000 000 000 00	
Esting HBV	2,5 60 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	000 000 000 000 000 000 000 000 000 00	000 000 000 000 000 000 000 000 000 00
A/D (2)	761 83 11 266 40 11 266 40 20 5 52 26 55 52 26 57 57 27 50 27 50 20 20 50 20 5	93.8 %0 83.80 %3 92.80 %3 92.00 44 92.00 %3 175.00 %3 177.00 %3 17	1 514 41 1 524 34 4 158 68 1 158 60 1 150 00 1 195 50 1 195 50 1 195 50 1 195 50 1 195 50 1 195 10 1 195
Carrent year Degredation Date	169 30 1 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30	000 000 000 000 000 000 000 000 000 00	00000000000000000000000000000000000000
A/D G 6/36/02	532 44 53 52 54 54 52 56 54 56 5	966 50 146 00 146 00 146 00 146 00 170 00 176 00 176 00 176 00 176 00 177 00 17	151.4 to 152.6 to 153
Cest 6/30/03	846 48 6 421 87 25 106 71 106 71 115 93 115 93 115 93 115 93 115 93 115 90 115	988 50 148 00 683 07 148 00 148 00 148 00 148 00 178 00	15.4.4.1 9.54.4.1 1.15.5.5.2 1.15.5.5.2 1.15.5.5.2 1.15.5.5.2 1.15.5.2
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Addither	150 173 173 173 173 173 173 173 173 173 173	2 000	~w####00000#0#\wana00000#00\*008##\
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Date placed in pervice	01/07/29 31/3/01 10/17/30 31/3/01 4/72/02 17/2/02 11/2/03 11/2	8/8/65 1/1/85 1/1/85 1/1/85 9/1/82 9/1/82 0/1/8/94 1/2/6/94 0/1/8/94 0/1/8/96 0/1/8/99	04/18/36 10/24/36 10/24/36 10/24/36 10/24/36 10/24/36 10/24/36 10/24/36 11/24/36
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Asset Description	FURRITURE & HISTIRES 1500-01 AR CONDITIONERS FURGINE F	REGREATION EQUIPMENT 3500-02 ICE MACHINE A MAURINA BIKES THAFTIC STONS ELLENSE COUNT BANK BEDS BUNK BEDS BUNK BEDS BUNK BEDS BUNK BEDS BUNK BESS BUNK BUNK BESS BUNK BUNK BUNK BUNK BUNK BUNK BUNK BUNK	PRINTERPRINTERPRINTERPRINTER SI  OCHANICE PRINTERPRINTERPRINTERPRINTER SI  HI STREET STRATEMENT STRATEMENT SI  LAGON TO INSTALL RETWORK A  SOFTWARE A MEMORYSTOWARE & MEMORY  LAGON TO REPAIR RETWORK A MEMORYSTOWARE & MEMORY  COMPUTER FOR BOOKKEEPER  COMPUTER FOR BOOKKEEPER  COMPUTER COMPUTER COMPUTER SOM  COMPUTER TO MEMORYST MIT SIN THOM  SI  COMPUTER TO MEMORYST MIT SIN THOM  COMPUTER TO MEMORYST MIT SOM  COMPUTER TO MEMORYST MIT SOM  COMPUTER TO MEMORYST PROJECT TO SOM  SOM  COMPUTER TO MEMORYST PROJECT TO SOM  COMPUTER TO MEMORYST PROJECT TO SOM  SOM  COMPUTER TO MEMORYST PROJECT TO SOM  SOM  COMPUTER TO MEMORYST MIT SOM  COMPUTER TO MEMORYST PROJECT TO SOM  SOM  COMPUTER TO MEMORYST PROJECT TO SOM  COMPUTER TO MEMORYST PROJECT TO SOM  COMPUTER TO SOFTWARE SOFTWARE  COMPUTER TO SOFTWARE SOM  COMPUTER TO SOFTWARE SOM  COMPUTER TO SOFTWARE SOM  COMPUTER TO SOM  COMPUTER TO SOFTWARE SOM  COMPUTER TO SOM  COMPUTER TO SOM  COMPUTER TO SOFTWARE  COMPUTER TO SOM  COMPUTER TO SOFTWARE  SOFTWARE  COMPUTER TO SOFTWARE  SOFTWARE  COMPUTER TO SOFTWARE  COMPUTER TO SOFTWARE  COMPUTER TO SOFTWA

WOODCRAFT RANGERS IOPERTY & DEPRECIATION June 10, 2003

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Asset Description	Ĭ	ś	Date place	5			3	A/0 @	Certail year		<b>D Q</b> / <b>V</b>	Fedir	DEPRECIATION ALLOCATION	CATION
			P service	20/05/9	Additions	Detries	6/30/03	6/30/05	Depredation	Delettens	6, 30/03	ABA	983 -	OFFICE
PLDQ mePROVEMENTS 1500-06														
BLDG IMP (GEM)	ផ	2000	7/82	16 880 00			16 850 00	16.880 00	000		16 880 00	80		900
ENERGY EFF LYGHTING	ឥ	8	3/15/87	4 350 92			4 350 92	4 350 92	000		4,350 92	8		000
BATHROOM IMP	ದ .	8 8	8 8 2 3 3 3	29 63 63			230303	91 500 00	19395		22 20 69	6788.30		7 C C C C C C C C C C C C C C C C C C C
PAR GROVE IMPROV	ಕನ	8 2	25/25/3	18			8	35.6	88		33000	3508		88
LIGHT FIXT (MAIN OF)	ಚ	8	\$/31/94	2 689 79			2 689 79	1449 50	27.671		1 628 82	1 060 97		179 32
WATER HEATER	ជ -	88	7/17/95	8 2 2			12503	8 5 5 5	8 9		8	900	_	8 5
FIRE PLACE IMPROVENENT	4 4	88	701/97	25087			2000	187 50	37.50		225 00	525.00		05 /E
BRICK WALL REPAIR	ಡ	808	1272379	345276			345276	791 28	172 64		963 92	2 488 84	_	172 64
2111 PARK GROVE INTERIOR PAINTING	ದೆ :	88	127.0	8 280 00			929000	207080	811		248400	5795.00		8148
ELECTRICAL REPAIRS 2111 PARK GROVE	ದ :	88	18/8/1	2 760 00			2 76000	99000	986		330.00	00 266 1		8 5
DEMOCRACY OF 3/R HOUSE	; ;;	88	\$ \0.00\0	1247820			12 478 20	2 2 2	62391		317155	93066	62391	2
MOBILE HOME	๘	8	5/1/99	116 373 94			118 373 94	18 742 54	5 918 70		24 661 24	93 712 70	5 918 70	
MOBILE HOLLE GENERAL CONTRACTOR	ជ ៖	88	5/1/3 5/1/3	6 525 00			6 52500	127875	42625		205.00	6.620.00	42625	
ALR COMMISSION OF THE BY AND AND AND AND AND AND AND AND AND AND	ನ ಕ	3 8	200	200.28			2000	5.5	75		2777	93 12	77.79	
AIR CONDITIONING LINES	ಕ ಪ	88	6/2/9	80303			80303	13.38	160.5		17399	629.04	15061	
CAMP BLDG IMPRV	ಚ	802	1/4/02	\$ 308.5			5 305 54	17 221	265 48		398 22	491132	26548	
CAMP PLUMBING	ದ	8	5/14/03	8	2 467 50		2 4 6 7 5 0	8	82 25		82 25	2 385 25	82 28	
QA# 1500.05	BUILDING IMPROVEMENTS	MPROVEW	ENTS	277,568.28	2,467 50	800	26003578	110,999.21	14 592 47	8	127.59168	154 444 10	761791	597456
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Випріна 1500-07														
PANK GROVE AVENUE	್ಷ	8		9 622 00			8 622 00	8 622 00	980		A 622 00	8		
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GAR 1500-07	BULDING			00 229	000	000	6,622.00	8.622.00	060	000	H 622 00	000		
EDUCATIONAL EQUIPMENT 1500-10														
VIDEO EQUIPMENT	ದ ಚ	88	50,103	799 90			799 90	639 92 9 55	15998		799.90	000		159.98
			•	1 086 73	000	000	1 085 73	64948	217.35	000	86683	219 90	80	217.35
			•											
FOOD SERVICE EQUIPMENT 1500-11	,											_		
KUTCHEN EQUIP	ಪ :	88	6/30/93	381257			3,812.57	381257	88		281257	88	88	
COMPTENSION (NET POLICE)	<b>ಸ</b>	38	11/22/95	3.155.00			315500	3 155 00	88		1558	38	88	
OVEN IMPROVEMENTS (VALLEY GAS)	ಷ :	88	4720/36	1,496.43			149643	122371	274 72		149843	8	274 72	
EQUIPMENT	ಕ ಷ	88	26/1/1	162 94			162.94	97.57	88		134 16	48.78	3659	
2 CHAR BROIL GRILL	ᅜ	8	57.9703	80	274 96		274%	8	917		917	265 79	917	
			•	10,998.94	274.96	8	1127350	10.44051	49048	80	1093092	M29.	4 N 4 B	80
GRAND TOTAL				601,927 09	26,715.77	80	6.69,870.73	318,721.69	00 076 030	80	379 5 <b>6</b> 2 19	290 595 37	19237 99	41 602 31
			•											