

California Exempt Organization Annual Information Return

2008

199

Calendar year 2008 or fiscal year beginning month 07 day 01 year 2008, and ending month 06 day 30 year 2009

A First Return Filed? B Type of organization Exempt under Section 23701 D (insert letter) IRC Section 4947(a)(1) trust

Corporation/Organization Name NORTH COUNTY SERENITY HOUSE, INC. FEIN 95-6201328

Address 240 SOUTH HICKORY STREET #210 City ESCONDIDO, CA 92025 State ZIP Code

C Amended Return? D Are you a subordinate/affiliate in a group exemption? H Accounting method used... I If exempt under R&TC Section 23701d... J Did the organization have any changes in its activities... K Is the organization exempt under R&TC Section 23701g? L Is the organization under audit by the IRS... M Is the organization a Limited Liability Corporation? N Did the organization file Form 100 or Form 109 to report taxable income?

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with columns for Receipts and Revenues, Expenses, and Filing Fee. Rows include Gross sales, Total gross receipts, Total expenses, and Balance due.

Sign Here: Declaration of preparer. Preparer's signature: KMJ CORBIN & COMPANY, LLP. Firm's name and address: 555 ANTON BLVD, SUITE 1000, COSTA MESA, CA 92626.

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

| | | | | | |
|---|----|---|------|------------|----------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | ● 1 | | |
| | 2 | Interest | ● 2 | 12,514. | |
| | 3 | Dividends | ● 3 | | |
| | 4 | Gross rents | ● 4 | | |
| | 5 | Gross royalties | ● 5 | | |
| | 6 | Gross amount received from sale of assets (See Instructions) | ● 6 | | |
| | 7 | Other income. Attach schedule. SEE STATEMENT. 1 | ● 7 | 404,116. | |
| 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | | | | 8 | 416,630. |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | ● 9 | | |
| | 10 | Disbursements to or for members | ● 10 | | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule | ● 11 | 126,450. | |
| | 12 | Other salaries and wages | ● 12 | 2,416,570. | |
| | 13 | Interest | ● 13 | 307,438. | |
| | 14 | Taxes | ● 14 | | |
| | 15 | Rents | ● 15 | 72,463. | |
| | 16 | Depreciation and depletion (See Instructions) | ● 16 | 250,438. | |
| | 17 | Other. Attach schedule. SEE STATEMENT. 2 | ● 17 | 1,558,515. | |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 4,731,874. | |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|-------------|----------------------------|--------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 1,199,137. | | ● 1,458,125. |
| 2 | Net accounts receivable | | 588,227. | | ● 564,061. |
| 3 | Net notes receivable. Attach schedule | | | | ● |
| 4 | Inventories | | | | ● |
| 5 | Federal and state government obligations | | | | ● |
| 6 | Investments in other bonds. Attach sch | | | | ● |
| 7 | Investments in stock. Attach schedule | | | | ● |
| 8 | Mortgage loans (number of loans _____) | | | | ● |
| 9 | Other investments. Attach schedule | | | | ● |
| 10a | Depreciable assets | 7,524,508. | | 7,580,301. | |
| b | Less accumulated depreciation | 1,308,008. | 6,216,500. | 1,558,446. | 6,021,855. |
| 11 | Land | | 2,027,812. | | ● 2,027,812. |
| 12 | Other assets. Attach schedule STM. 3 | | 448,945. | | ● 430,933. |
| 13 | Total assets | | 10,480,621. | | 10,502,786. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 547,430. | | ● 400,974. |
| 15 | Contributions, gifts, or grants payable | | | | ● |
| 16 | Bonds and notes payable. Attach schedule ST. 4 | | 5,002,336. | | ● 4,850,523. |
| 17 | Mortgages payable | | 2,873,793. | | ● 2,836,997. |
| 18 | Other liabilities. Attach schedule | | | | ● |
| 19 | Capital stock or principle fund | | 2,057,062. | | ● 2,414,292. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | ● |
| 21 | Retained earnings or income fund | | | | ● |
| 22 | Total liabilities and net worth | | 10,480,621. | | 10,502,786. |

| Schedule M-1 Reconciliation of income per books with income per return | | | | | |
|---|---|------------|----|--|----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000 | | | | | |
| 1 | Net income per books | ● 170,010. | 7 | Income recorded on books this year not included in this return. Attach schedule | ● |
| 2 | Federal income tax | ● | 8 | Deductions in this return not charged against book income this year. Attach schedule | ● |
| 3 | Excess of capital losses over capital gains | ● | 9 | Total. Add line 7 and line 8 | ● |
| 4 | Income not recorded on books this year. Attach schedule | ● | 10 | Net income per return. Subtract line 9 from line 6 | 170,010. |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ● | | | |
| 6 | Total. Add line 1 through line 5 | 170,010. | | | |

**STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

| | | |
|----------------------|----|-----------------|
| CONCESSION..... | \$ | 1,823. |
| PROGRAM SERVICE..... | | 387,782. |
| SPECIAL EVENT..... | | 14,511. |
| TOTAL | \$ | <u>404,116.</u> |

**STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES**

| | | |
|-------------------------------|----|-------------------|
| EQUIPMENT RENTAL / LEASE..... | \$ | 46,089. |
| FOOD..... | | 132,646. |
| INSURANCE..... | | 66,022. |
| LICENSE AND FEES..... | | 40,193. |
| OFFICE EXPENSES..... | | 68,583. |
| OTHER EMPLOYEE BENEFIT..... | | 565,637. |
| OTHER FEES..... | | 203,644. |
| REPAIRS & MAINTENANCE..... | | 102,625. |
| SPECIAL EVENT EXPENSES..... | | 14,710. |
| STUDENT INTERN STIPEND..... | | 12,873. |
| TAXES..... | | 4,152. |
| TRAINING AND EDUCATION..... | | 15,402. |
| TRAVEL..... | | 15,792. |
| URINALYSIS..... | | 48,427. |
| UTILITIES..... | | 221,720. |
| TOTAL | \$ | <u>1,558,515.</u> |

**STATEMENT 3
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS**

| | | |
|--|----|-----------------|
| DEPOSITS..... | | 9,251. |
| FINANCING COST NET..... | | 417,374. |
| PREPAID EXPENSES AND DEFERRED CHARGES..... | | 4,308. |
| TOTAL | \$ | <u>430,933.</u> |

**STATEMENT 4
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE**

| | |
|---|----------------------|
| <u>OTHER NOTES PAYABLE</u> | <u>BALANCE DUE</u> |
| LENDER'S NAME: HEALTH FACILITY REV. BONDS | |
| BALANCE DUE: | 4,850,523. |
| TOTAL OTHER NOTES PAYABLE | \$ 4,850,523. |
| TOTAL NOTES AND BONDS PAYABLE | <u>\$ 4,850,523.</u> |

STATEMENT 5
 FORM 199, PART II, LINE 11
 COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

95-6201328

CURRENT OFFICERS:

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u> | <u>COMPEN- SATION</u> | <u>CONTRI- BUTIONS TO EBP & DC</u> | <u>EXPENSE ACCOUNT/ OTHER</u> |
|--|---|---------------------------|--|---------------------------------------|
| PACKY NESPECA 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | MEMBER 0.00 | \$ - | \$ - | \$ - |
| AL OWENS 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | MEMBER 0.00 | \$ - | \$ - | \$ - |
| BUD COLVIS 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | MEMBER 0.00 | \$ - | \$ - | \$ - |
| LY NGUYEN BERNAL 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | MEMBER 0.00 | \$ - | \$ - | \$ - |
| BRUCE PEVNEY 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | MEMBER 0.00 | \$ - | \$ - | \$ - |
| MAGGIE PALMER 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | MEMBER 0.00 | \$ - | \$ - | \$ - |
| AMY WANDALOWSKI 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | PRES. EMERITA 0.00 | \$ - | \$ - | \$ - |
| CHARLIE ROIZ 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | PRESIDENT 0.00 | \$ - | \$ - | \$ - |
| KIM MILLER 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | VICE PRESIDENT 0.00 | \$ - | \$ - | \$ - |
| WESLEY LINDQUIST 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | TREASURER 0.00 | \$ - | \$ - | \$ - |
| MICHELLE BABETTE GREGSON 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | SECRETARY 0.00 | \$ - | \$ - | \$ - |
| KATHERINE VALENZUELA 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | EXECUTIVE DIRECTOR 40.00 | \$ 55,950 | \$ - | \$ - |
| AMY ADARGO 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | ASSOC. DIRECTOR 40.00 | \$ 25,500 | \$ - | \$ - |
| JAMES H. JACKSON, JR. 240 SOUTH HICKORY ST, STE 210 ESCONDIDO, CA 92025 | EXECUTIVE DIRECTOR 40.00 | \$ 45,000 | \$ - | \$ - |
| | TOTAL | <u>\$126,450</u> | <u>\$ -</u> | <u>\$ -</u> |