AR ABSTAIRTA

YEA	AR California	Exempt Orga	anization	A CA	MENUEU	FORM	
200		formation Re				199	
		MONTH DAY	YEAR		MONTH	DAY YEAR	
For calend	lar or fiscal year beginning JUI	у 1	2001	and end	777777	30   2002	
	IMPORTANT: Your i			A Final retum?	Yes, Check applicable box.	X No	
California corporation number Federal employer identification number				Dissolved	Withdrawn Mer	ged/Reorganized ch explanation)	
21216	583	95-4712218		If a box is checked, en			
L	Attach Preaddres	end I shal		B Check forms filed this		09 100 1008	
	or See Instru			Federal: X		990T 990PF	
Corporation/O	rganization name			C If organization is exem	1041 1120H 1	1120	
INTERN	NET CORPORATION	FOR ASSIGNED	_	ization, or is controlled by a re			
AND NU	JMBERS			check box. See Gen	eral Instruction F. No filin	ng fee is required	
Address			PMB no.	D Is this a group filing? S	See General Instruction M	Yes X No	
4676 I	ADMIRALTY WAY, N	E Accounting method us					
•	NET DEV CA O	State 6.6.0.1	ZIP Code	F Type of organization	Exempt under Section 2	23701 <u>d</u> (insert letter)	
	A DEL REY, CA 9 Complete Part I unless not require	0292-6601	acral Instructions	D and C	IRC Section 4947(a)(1) t	rust	
i ai i i		om other sources. From Sic			• 1	4,828,356	
Receipts		ents from members and aff				4,020,330	
and		s, grants, and similar amoun				956,541	
Revenues		ling requirement test. Add li					
	This line must be compl	<b>eted.</b> If the result is less tha	n \$25,000, see Ge	nera <u>l Instruction C</u>	• 4	5,784,897	
(Attach chec or money							
order here.)	` <b>I</b>	sales expenses of assets sol					
	7 Total costs. Add line 5 an	ract line 7 from line 4	***************************************	•		5 704 007	
	9 Total expenses and dishu	rsements. From Side 2, Par	† 11 line 18	······································	8   g	5,784,897 5,733,905	
Expenses	10 Excess of receipts over e	xpenses and disbursements	. Subtract line 9 fr	om line 8	10	50,992	
Filing		General Instruction F				4.0	
Fee	12 Penalty for failure to file on time. See General Instruction L						
	13 Balance due. Add line 11	and line 12	• • • • • • • • • • • • • • • • • • • •	•••••	13	10	
14 If exem	nt under DOTC Continu 99701d he	o the consciontion decise the					
to influe	pt under R&TC Section 23701d, ha ence legislation or any ballot measu	s the organization during th re or (3) made an election :	e year: (1) particip	ated in any political cam	paign or (2) attempted		
charities	s)? If "Yes," complete and attach fo	rm FTB 3509. Political or Le	nislative Activities	ns 23704.5 (relating to it hv Section 23701d Oras	JUDYING BY PUDIIC	Yes X	
15 Did the	organization have any changes in i	s activities, governing instru	ment, articles of i	acorporation, or bylaws	that have		
not bee	n reported to the Franchise Tax Boa	ard? If "Yes," complete an ex	planation and atta	ch copies of revised doc	uments	Yes X N	
	rganization exempt under R&TC Se				***************************************	Yes X N	
	enter amount of gross receipts fro						
17 Did the	organization file Form 100, Form 10 enter amount of total income repo	JOS, or Form 109 to report t	axable income?	•••••		Yes X N	
	incial records are in care of DIA		<del></del>	n	aytime telephone 310	_022_0250	
					sylinie telephone 310	-023-9330	
located	at 4676 ADMIRALT	Y WAY, #330,	MARINA I	DEL REY, CA	90292-6601		
	/						
	Under penalties of perjury, I declare that it is the, correct and complete. Declara	I have examined this return, inclition of preparer (other than taxpa	uding accompanying ver) is based on all in	schedules and statements, a	ind to the best of my knowledg	ge and belief,	
Please	Itt	_ 13 June 7			•	h	
Sign Here	Signature of officer	13 Jack 1	—— <u> </u>	Vice Presida	<u> </u>	01813-4358	
	Preparer's 7	1/ ,		Date	Prenare	Daytime telephone	
i	signature Kherri	Hockenberg		1/11/2 0	neck if	0116675	
Paid	Firm's name	1					
Preparer's (or yours, if self-employed) BREMER & HOCKENBERG CPA'S FEIN 95-						4671	
Use Only	employed) 4551 GLENO	COE AVE., SUI REY, CA 902	TE 245				
	THATTING DET	I REI, CA 902	. オム		Daytime telephone (3)	101823-7799	

128941/12-04-01

Daytime telephone (310)823-7799

Part II Orç Pa	ganizations with gross receipts of rt II or furnish substitute informat	more than \$25,000 and priva ion. See Specific Line Instruct	te foundations regardless of an	95–471221 nount of gross recei	pts - com	plete
	1 Gross sales or receipts fro	om all business activities. See in	estructions			1
	E III(6163f		10 21			
Receipts			1 -	19,31		
from Other		*******				
Sources	- Licob Toyanios					
	The second secon					
	7 Other income.  8 Total gross sales or receip	7	4,809,04			
	Enter here and on Side 1		·			
	9 Contributions, gifts, grants	and similar amounts paid			8	4,828,350
	10 Disbursements to or for many 11 Compensation of officers.	9				
	11 Compensation of officers, of	10				
Expenses					11	473,545
and	burse- 14 Taxes				12	836,131
Disburse-	***************************************	13	$\frac{11,076}{75,736}$			
ments					15	75,729 169,696
	To production and debietion	***************************************			16	98,714
					17	4,069,014
Schedulo	18 Total expenses and disburs  L Balance Sheets	ements. Add line 9 through line	17. Enter here and on Side 1, P	art I, line 9	18	5,733,905
Assets	T parque sueers	Beginning o	f taxable year	En	d of taxa	ble year
	•••••	(a)	(b)	(c)		(d)
•••••	s receivable		1,874,952.			1,819,098
3 Net notes re	ceivable.		2,790,726.			2,153,651
4 Inventories						
5 Federal and	state government obligations				_	
6 Investments	in other bonds.				<u> </u>	
7 Investments	in stock.				-	
8 Mortgage loa	ans (number of loans )				-	
9 Other investr	nents.				<u> </u>	
0 a Depreciable	le assets	462,147.		488,95	3 2	
	mulated depreciation	(135,259.)	326,888. (	267,681	)	221,272.
1 Land	CMM C					221,212
2 Outer assets. 3 Total accete	STMT 6		26,762.			489.
3 Total assets			5,019,328.			4,194,510.
iabilities and net worth  4 Accounts payable			800 000			
6 Contributions	, gifts, or grants payable		702,228.			626,163.
Bonds and no	otes payable. STMT 7	-	075 000			
/ Mortgages pa	yable	-	875,000.			
Other liabilities	s. STMT 8	-	468,231.			
Capital stock of	or principle fund	F	400,231.		<b></b>	521,160.
Paid-in or capita	I surplus. Attach reconciliation				<b></b>	
Retained earni	ings or income fund		2,973,869.			2 047 107
Total liabilities	and net worth		E 010 220 1		<b>₩</b>	3,047,187.
ocueanie M	7-1 Reconciliation of income	er books with income per retu			*****	4,194,510.
	Do not complete this sched	ule if the amount on Schedule	L, line 13, column (d), is less tha	n \$25,000		
Fodoral income per		50 <b>,</b> 992	•			
Federal income			7 Income recorded on boo	ks this year		
Income not rec	al losses over capital gains		not included in this retur			
Expenses recorded on books this year not				not charged		
deducted in this	s return.		against book income this	year	[	
Total.			9 Total. Add line 7 and line	8		
Add line 1 throu	igh line 5	50,992	10 Net income per return.			
		337372	Subtract line 9 from line (	j		50,992.