AMENDED RETURN

Form **990** — **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

1999

This Form Is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning , 1999, and ending ,

B Check if: ☐ Change of address ☐ Initial return ☐ Final return ☒ Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, number and street, city, town, state, and ZIP code
NARCONON OF NORTHERN CALIFORNIA
262 GAFFEY ROAD
WATSONVILLE, CA 95076

D Employer identification number: 77-0275827

E Telephone number: (800)556-8885

F Check ▶ ☐ if exemption application is pending

G Type of organization ➔ ☒ Exempt under section 501(c)(3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

(b) If "Yes," enter number of affiliates for which return is filed: ▶

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

I If either box in H is checked "Yes," enter four-digit group exemption no.(GEN) ▶ 2595

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	60,960.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash $ 60,960. noncash $)			1d	60,960.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	775,764.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a	4,318.		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	4,318.
	7	Other investment income (describe ▶)			7	

	(A) Securities		(B) Other
8a Gross amount from sale of assets other than inventory		8a	401.
b Less: cost/other basis & sales expenses		8b	2,431.
c Gain or (loss) (attach schedule)		8c	-2,030.

	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	-2,030.
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances SEE ATTCH 2	10a	18,288.		
	b	Less: cost of goods sold	10b	8,342.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	9,946.
	11	Other revenue (from Part VII, line 103)			11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	848,958.
Expenses	13	Program services (from line 44, column (B))			13	836,292.
	14	Management and general (from line 44, column (C))			14	23,997.
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	860,289.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-11,331.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	64,466.
	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	53,135.

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. (See Specific Instructions.)

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 (attach schedule) (cash $ ______ non-cash $ ______)	22				
23 Specific assistance to individuals (attach sch.)	23				
24 Benefits paid to or for members (attach sch.)	24				
25 Compensation of officers, directors, etc	25	52,813.	38,492.	14,321.	0.
26 Other salaries and wages	26	221,072.	221,072.		
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	20,348.	15,067.	5,281.	
30 Professional fundraising fees	30				
31 Accounting fees	31	4,395.		4,395.	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	26,915.	26,915.		
35 Postage and shipping	35	18,497.	18,497.		
36 Occupancy	36	123,601.	123,601.		
37 Equipment rental and maintenance	37	14,434.	14,434.		
38 Printing and publications	38	38,774.	38,774.		
39 Travel	39	24,563.	24,563.		
40 Conferences, conventions, and meetings	40				
41 Interest	41	245.	245.		
42 Depreciation, depletion, etc. (attach schedule)	42	29,551.	29,551.		
43 Other expenses (itemize): a Stmt Att	43a	285,081.	285,081.		
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	860,289.	836,292.	23,997.	0.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs . . . $ ______ ; (ii) amt. allocated to Prog. services . . $ ______ ;

(iii) the amount allocated to Management and general . . . . . . $ ______ ; and (iv) amt. allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments (See Specific Instructions.)

What is the organization's primary exempt purpose? ▶ DRUG REHABILITATION SERVICES

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a DRUG REHABILITATION SERVICES WERE PROVIDED TO INDIVIDUALS FOR A TOTAL OF 38972 HOURS OF DRUG REHAB AND LIFE SKILLS EDUCATIONAL SERVICES & DRUG FREE LECTURES WERE DELIVERED TO 4697 STUDENTS AT PUBLIC SCHOOLS (Grants and allocations $)	836,292.
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	836,292.

Part IV **Balance Sheets** (See Specific 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			19,351.	45	31,110.
	46 Savings and temporary cash investments				46	
	47a Accounts receivable	47a				
	b Less: allowance for doubtful accounts	47b			47c	
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			2,343.	52	8,209.
	53 Prepaid expenses and deferred charges				53	
	54 Investments -- securities (attach schedule)				54	
	55a Investments -- land, buildings, and equipment: basis	55a	1,501,489.			
	b Less: accumulated depreciation (attach schedule)	55b	37,800.	1,449,149.	55c	1,463,689.
	56 Investments -- other (attach schedule)				56	
	57a Land, buildings, and equipment: basis	57a				
	b Less: accumulated depreciation (attach schedule)	57b			57c	
	58 Other assets (describe ▶ DEPOSITS FOR GARBAGE CANS)			18,995.	58	130.
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			1,489,838.	59	1,503,138.
Liabilities	60 Accounts payable and accrued expenses			2,175.	60	
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)			1,412,338.	64b	1,418,025.
	65 Other liabilities (describe ▶ Stmt Attchd)			10,859.	65	31,978.
	66 **Total liabilities** (add lines 60 through 65)			1,425,372.	66	1,450,003.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			64,466.	67	53,135.
	68 *Temporarily restricted*				68	
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ [ ] 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 and column (B) must equal line 21)			64,466.	73	53,135.
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			1,489,838.	74	1,503,138.

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.

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

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

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

a Total expenses and losses per audited financial statements	a	N/A
b Amounts included on line a but not on line 17, Form 990: (1) Donated services & use of facilities $; (2) Prior year adjustments reported on line 20, Form 990 $; (3) Losses reported on line 20, Form 990 $; (4) Other (specify): $ — Add amounts on lines (1) through (4)	b	
c Line a minus line b	c	
d Amounts included on line 17, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 $; (2) Other (specify): $ — Add amounts on lines (1) and (2)	d	
e Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific 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 & deferred comp.	(E) Expense account and other allowances
ANDY MOORE 8699 EMPIRE GRADE, SAN	EXEC DIR. 60.	35,488.	0.	0.
SCOTT FRIEND 262 GAFFEY ROAD, WATSO	EXEC EXPAN 60.	17,325.	0.	0.
CHUCK KOCK 18327 CHRISTEPH DR. MO	DIRECTOR 5.	0.	0.	0.
JERRY NEMIER 2789 TAFT AVE, SANTA C	DIRCTOR 2.	0.	0.	0.
MARC TORRES 18889 W. CAVENDASH DRI	DIRCTOR 2.	0.	0.	0.
DAVID PULIAFICO 1630 TENNANT AVE, MORG	DIRECTOR 2.	0.	0.	0.
RICH PRESCOTT 1475 CRYSTAL DRIVE, HI	DIRECTOR 2.	0.	0.	0.
PEGGY ROVENSKI 1373 YOSEMITE WAY, HAY	DIRECTOR 2.	0.	0.	0.
VICTOR ALKANA 8152 PEACHTREE AVE, NE	DIRECTOR 2.	0.	0.	0.
STEVE RYMAN 4833 SHAFTER AVE, OAKL	DIRECTOR 2.	0.	0.	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 Specific Instructions.

Part VI Other Information (See Specific Instructions.)

			Yes	No
76	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76		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.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		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?	80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt OR ☐ nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 — 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		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?	82a		X
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 for reporting in Part III.) — 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	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?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	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.			
c	Dues, assessments, and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: **a** Initiation fees and capital contributions included on line 12 — 86a			
b	Gross receipts, included on line 12, for public use of club facilities — 86b			
87	501(c)(12) orgs. Enter: **a** Gross income from members or shareholders — 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88	N/A	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	N/A	

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 ▶ CALIFORNIA

b Number of employees employed in the pay period that includes March 12, 1999 (See inst.) 90b

91 The books are in care of ▶ CHUCK KOCK Telephone no. ▶ (800) 556-8885

Located at ▶ 262 GAFFEY ROAD, WATONVILLE, CA ZIP + 4 ▶ 95076

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

Part VII Analysis of Income-Producing Activities (See Specific Instructions.)

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 DRUG REHABILITATI					775,764.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from govt. agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	4,318.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			26	-2,030.	
101 Net income or (loss) from special events					
102 Gross profit/(loss) from sales of inventory					9,946.
103 Other revenue: a N/A					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,288.	785,710.

105 Total (add line 104, columns (B), (D), and (E)) ▶ 787,998.

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 Specific Instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	REVENUE FROM DRUG REHABILITATION SERVICES. THESE SERVICES ARE THE PRIMARY REASON FOR EXEMPTION.
102	REVENUE FROM SALES OF DRUG REHABILITATION & LIFE SKILLS MATERIALS AS PART OF NARCONON'S SERVICES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Please Sign Here

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. Important: (See General Instruction U.)

▶ Andy L. Moore ▶ 11-24-00 ▶ Andy Moore Executive Director

Signature of officer — Date — Type or print name and title.

Paid Preparer's Use Only			
Preparer's signature ▶	Date 11/17/00	Check if self-employed ▶ ☐	Preparer's SSN or PTIN 571-80-3249
Firm's name (or yours if self-employed) and address ▶	DAVID PULIAFICO, INC. 1630 TENNANT AVE MORGAN HILL, CA		EIN ▶ 77-0301943 ZIP + 4 ▶ 95037

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

1999

Name of the organization: NARCONON OF NORTHERN CALIFORNIA

Employer identification number: 77-0275827

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

(See the 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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

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

(See 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	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part III Statements About Activities

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter total expenses paid or incurred in connection with the lobbying activities ▶ $			
	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 of its 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:			
a	Sale, exchange, or leasing of property? SEE ATTACHMENT 1	2a	X	
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		X
4a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	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. (See instructions.)			

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, page 4.)

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) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	14,588.	35,928.	22,645.	37,207.	110,368.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	591,032.	532,850.	293,450.	241,791.	1,659,123.
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					
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					
23 Total of lines 15 through 22	605,620.	568,778.	316,095.	278,998.	1,769,491.
24 Line 23 minus line 17	14,588.	35,928.	22,645.	37,207.	110,368.
25 Enter 1% of line 23	6,056.	5,688.	3,161.	2,790.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ **26a** 2,207.

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts ▶ **26b** 23,579.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 110,368.

d Add: Amounts from column (e) for lines: 18 ______ 19 ______ 22 ______ 26b 23,579. ▶ **26d** 23,579.

e Public support (line 26c minus line 26d total) ▶ **26e** 86,789.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 78.636 %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

(1998) ______ (1997) ______ (1996) ______ (1995) ______

b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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:

(1998) ______ (1997) ______ (1996) ______ (1995) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c**

d Add: Line 27a total ______ and line 27b total ______ ▶ **27d**

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

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

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

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

Part V **Private School Questionnaire** (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			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		
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		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here ▶ a ☐ if the organization belongs to an affiliated group.

Check here ▶ b ☐ if you checked "a" above 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	41		
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			
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	0.	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.	0.

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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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:	Yes	No	Amount
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)			

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)	N/A	
(ii) Other assets	a(ii)	N/A	
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	N/A	
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	N/A	
(iii) Rental of facilities, equipment, or other assets	b(iii)	N/A	
(iv) Reimbursement arrangements	b(iv)	N/A	
(v) Loans or loan guarantees	b(v)	N/A	
(vi) Performance of services or membership or fundraising solicitations	b(vi)	N/A	
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	N/A	

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, & sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form 4562 — Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

▶ See separate Instructions. ▶ Attach this form to your return.

OMB No. 1545-0172 | 1999 | Attachment Sequence No. 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
NARCONON OF NORTHERN CALIFORN	Form 990	77-0275827

Part I — Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see the instructions	1	$19,000
2	Total cost of section 179 property placed in service. See the instructions	2	46,623.
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see the instructions	5	19,000.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1998. See the instructions	10	
11	Business income limitation. Enter smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II — MACRS Depreciation for Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.)

Section A -- General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See the instructions ▶ ☐

Section B -- General Depreciation System (GDS) (See the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property		108.	5 yrs	MQ	S/L	14.
c 7-year property		26,636.	7 yrs	MQ	S/L	1,995.
d 10-year property						
e 15-year property		19,879.	15 yrs	MQ	S/L	166.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Alternative Depreciation System (ADS) (See the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III — Other Depreciation (Do Not Include Listed Property.) (See the instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1999	17	27,376.
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV — Summary (See the instructions.)

20	Listed property. Enter amount from line 26	20	
21	**Total.** Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	21	29,551.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

Form **2758**
(Rev. June 1998)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

▶ File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on page 2.

Name: NARCONON OF NORTHERN CALIFORNIA
Employer ID number: 77-0275827

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)
262 GAFFEY ROAD

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
WATSONVILLE, CA 95076

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until 9/15 2000, to file (check only one):

- [ ] Form 706-GS(D)
- [ ] Form 706-GS(T)
- [x] Form 990 or 990-EZ
- [ ] Form 990-BL
- [ ] Form 990-PF
- [ ] Form 990-T (sec. 401(a) or 408(a) trust)
- [ ] Form 990-T (trust other than above)
- [ ] Form 1041 (estate) (see instructions)
- [ ] Form 1041-A
- [ ] Form 1042
- [ ] Form 1120-ND (sec. 4951 taxes)
- [ ] Form 3520-A
- [ ] Form 4720
- [ ] Form 5227
- [ ] Form 6069
- [ ] Form 8612
- [ ] Form 8613
- [ ] Form 8725
- [ ] Form 8804
- [ ] Form 8831

If the organization does not have an office or place of business in the United States, check this box ▶ [ ]

2a For calendar year 99, or other tax year beginning ______ and ending ______

b If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? [ ] Yes [x] No

4 State in detail why you need the extension NEED MORE TIME TO GATHER TAX DOCUMENTATION AND COMPLETE TAX RETURN

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions . . . $ 0.

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . $

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions . . . $ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ [signature]   Title ▶ [signature]   Date ▶ 5/15/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant — To Be Completed by the IRS

- [x] We HAVE approved your application. Please attach this form to your return.
- [ ] We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- [ ] We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- [ ] We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- [x] Other: Extension granted until AUG 15 2000
No more than 90 days granted unless undue hardship.

EXTENSION APPROVED
JUN 07 2000

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter address to which the copy should be sent.

Please Type or Print

Name: DAVID PULIAFICO, INC.
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address): 1630 TENNANT AVE
City, town or post office, state, and ZIP code. For a foreign address, see instructions.: MORGAN HILL, CA 95037

LINE 8A SALE OF ASSETS
CAR SALE

Description	Amount
SALE AMOUNT OF CAR	401.
TOTAL	401.

Form 990 - Exempt Organization Tax Return
Line 42 - Depreciation, Depletion, Etc.

Description	(A) Total	(B) Program Services	(C) Mgmt. & General	(D) Fund-raising
DEPRECIATION	29,551.	29,551.	0.	0.
TOTAL	29,551.	29,551.	0.	0.

Form 990 - Exempt Organization Tax Return
Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt. & General	(D) Fund-raising
TRADEMARK FEES	63,753.	63,753.	0.	0.
PROGRAM FOOD EXPENSE	46,645.	46,645.	0.	0.
PROGRAM MEDICAL EXPENS	23,638.	23,638.	0.	0.
PROGRAM VITAMINS	5,304.	5,304.	0.	0.
FSM COMMISSIONS	6,680.	6,680.	0.	0.
RENT	13,406.	13,406.	0.	0.
INSURANCE	7,789.	7,789.	0.	0.
PROPERTY TAX	14,779.	14,779.	0.	0.
UTILITIES	22,769.	22,769.	0.	0.
ORGANIZATION CONT.	2,000.	2,000.	0.	0.
OFFICE EXPENSE	4,056.	4,056.	0.	0.
PRINTING & PAPER EXP	7,802.	7,802.	0.	0.
STUDENTS EXPENSE	984.	984.	0.	0.
PROFESSIONAL FEES	7,097.	7,097.	0.	0.
BANK DISCOUNT	11,602.	11,602.	0.	0.
MATERIALS	8,623.	8,623.	0.	0.
EQUIPMENT RENTAL	14,485.	14,485.	0.	0.

Continued on Page 2

TRAINING EXPENSE	9,769.	9,769.	0.	0.
OUTSIDE ROOM & BOARD	13,900.	13,900.	0.	0.
TOTAL	285,081.	285,081.	0.	0.

Form 990 - Part IV - Balance Sheets
Line 64b - Mortgages and Other Notes Payable

Description	Amount
MORTGAGE COAST	858,025.
MORTGAGE JOSE	560,000.
TOTAL	1,418,025.

Form 990 - Part IV - Balance Sheets
Line 65 - Other Liabilities

Description	Amount
SALES TAX PAYABLE	1,463.
N/P ON VAN	9,408.
REFUNDABLE DEPOSITS	1,817.
BOOK VARIANCE	10,367.
PROGRAM INSURANCE FOR CLIENT	8,923.
TOTAL	31,978.

Supplemental Schedules
Company: NARCONON OF NORTHERN CALIFORNIA

1999
EIN: 77-0275827

Form 4562 Asset Listing, Form 1120 Line 20

#	Asset Description	T	Acq. Date	Pct. Used	Inv Cr.	Cost Basis	Depr Method	Conv	Est Life	Prior Depr.	Sec 179	1999 Depr
1	LEASEHOLD IMPROVEMENTS	N	01/01/95	100%	N	263	MACRS SL	HY	5	184	0	53
2	FURNITURE & EQUIPMENT	N	01/01/95	100%	N	1,027	MACRS SL	HY	5	719	0	205
3	FURNITURE & EQUIPMENT	N	01/01/95	100%	N	1,845	MACRS SL	HY	5	1,292	0	369
4	KIRBY VACUUM CLEANER	N	01/01/96	100%	N	1,700	MACRS SL	HY	5	1,020	0	340
5	AB AND BACK MACHINE	N	11/29/96	100%	N	108	MACRS SL	HY	5	54	0	22
6	FAX PHONE	N	02/01/96	100%	N	272	MACRS SL	HY	5	162	0	54
7	BED & FRAME	N	03/03/97	100%	N	127	MACRS SL	HY	7	27	0	18
8	BED & FRAMES	N	03/05/97	100%	N	154	MACRS SL	HY	7	32	0	22
9	2 BEDS & FRAMES	N	04/29/97	100%	N	268	MACRS SL	HY	7	57	0	38
10	STAIR STEPPERS	N	04/27/96	100%	N	200	MACRS SL	HY	5	100	0	40
11	CHAIR	N	05/30/97	100%	N	173	MACRS SL	HY	7	37	0	25
12	STAIR STEPPERS	N	05/20/96	100%	N	400	MACRS SL	HY	5	200	0	80
13	TILE FOR KITCHEN	N	06/12/97	100%	N	141	MACRS SL	HY	5	42	0	28
14	DIVING BOARD FOR POOL	N	06/27/97	100%	N	352	MACRS SL	HY	5	105	0	70
15	MATERIALS FOR NEW COURSE	N	06/28/97	100%	N	1,622	MACRS SL	HY	5	486	0	324
16	FRAMES FOR BEDS	N	06/30/97	100%	N	108	MACRS SL	HY	7	23	0	15
17	BEDS	N	06/30/97	100%	N	167	MACRS SL	HY	7	36	0	24
18	FURNITURE NEW COURSE	N	07/10/97	100%	N	683	MACRS SL	HY	7	146	0	98
19	BUILDING COURSE ROOM	N	07/07/97	100%	N	500	MACRS SL	HY	5	150	0	100
20	CARPET FOR NEW COURSEROOM	N	07/07/97	100%	N	495	MACRS SL	HY	5	148	0	99
21	PART & LABOR BUILDING COU	N	07/07/97	100%	N	4,409	MACRS SL	HY	5	1,323	0	882
22	LIGHTS FOR COURSE	N	07/01/97	100%	N	128	MACRS SL	HY	5	34	0	26
23	SAFE	N	06/24/97	100%	N	175	MACRS SL	HY	5	37	0	35
24	IBM COUMPUTER	N	02/21/98	100%	N	1,941	MACRS SL	HY	5	324	0	388
25	LASERJET PRINTER	N	02/18/98	100%	N	452	MACRS SL	HY	5	75	0	90
26	DESKJET PRINTER	N	02/16/98	100%	N	325	MACRS SL	HY	5	54	0	65
27	MEMORY UPGRADES	N	02/16/98	100%	N	173	MACRS SL	HY	5	29	0	35
28	MODEM	N	04/12/99	100%	N	108	MACRS SL	MQ	5	14	0	14
29	ZIP DRIVE	N	04/30/98	100%	N	162	MACRS SL	HY	5	22	0	32
30	15" MONITOR	N	05/23/98	100%	N	205	MACRS SL	HY	5	24	0	41
31	2-PB 601	N	05/23/98	100%	N	1,732	MACRS SL	HY	5	202	0	346
32	PAPERPORT	N	05/23/98	100%	N	216	MACRS SL	HY	5	25	0	43
33	HP DESKJET	N	05/23/98	100%	N	216	MACRS SL	HY	5	25	0	43
34	COMPUTER SPEAKERS	N	05/23/98	100%	N	39	MACRS SL	HY	5	5	0	8
35	EXTENTED WARRANTY	N	05/23/98	100%	N	150	MACRS SL	HY	5	17	0	30
36	SEAR SISHWASHER	N	04/21/98	100%	N	690	MACRS SL	HY	5	92	0	138
37	SANUA HEATER	N	11/13/98	100%	N	688	MACRS SL	HY	5	11	0	138
38	TELEPHONE	N	10/26/98	100%	N	480	MACRS SL	HY	5	16	0	96
39	PAPER FOLDER	N	04/03/98	100%	N	540	MACRS SL	HY	5	81	0	108
40	USED IBM COMPUTER	N	12/10/98	100%	N	800	MACRS SL	HY	5	22	0	160
41	USED JEMINI COMPUTER	N	01/10/98	100%	N	800	MACRS SL	HY	5	267	0	160
42	OFFICE FURNITURE	N	01/28/98	100%	N	3,500	MACRS SL	HY	7	458	0	500
43	TRUCK	N	10/19/98	100%	N	1,300	MACRS SL	HY	5	72	0	260
44	BUILDING FACILITIES	R	12/30/98	100%	N	847,388	MACRS SL	MM	39	0	0	21,728
45	LAND FACILITIES	R	12/30/98	100%	N	577,752	MACRS SL	F	39	0	0	0
46	SAUNA	N	02/28/99	100%	N	4,524	MACRS SL	MQ	7	0	0	566
47	DRIVEWAY	N	10/15/99	100%	N	19,300	MACRS SL	MQ	15	0	0	161
48	PHONE LINES	N	09/05/99	100%	N	3,292	MACRS SL	MQ	7	0	0	176
49	HARDWOOD FLOOR	N	11/02/99	100%	N	579	MACRS SL	MQ	15	0	0	5
50	SAUNA HEATER	N	02/28/99	100%	N	1,392	MACRS SL	MQ	7	0	0	174
51	OFFICE FURNITURE	N	06/02/99	100%	N	2,639	MACRS SL	MQ	7	0	0	236
52	3 COMPUTERS	N	08/02/99	100%	N	3,075	MACRS SL	MQ	7	0	0	165
53	PAPER FOLDER	N	03/11/99	100%	N	714	MACRS SL	MQ	7	0	0	89
54	98 FORD ARROWSTAR	N	08/14/99	100%	N	11,000	MACRS SL	MQ	7	0	0	589
	Prior Year Totals									8,249	0	
	Current Year Totals					1,501,489					0	29,551

ATTACHMENT 1

REF: SCH A (FORM 990) PART III 2a.

NARCONON OF NORTHERN CALIF PAID RENT OF $18968 TO ANDY MOORE, EXECUTIVE DIRECTOR, FOR USE OF PROPERTY.

NARCONON OF NORTHERN CALIFORNIA **77-0275827**

ATTACHMENT 2

REF: Form 990 Part I live 10a, b &c

GROSS SALES OF BOOKS & PULICATIONS	18288
LESS COST OF BOOKS & PULICATIONS SOLD	8342
GROSS PROFIT FROM SALE OF INVENTORY	9946
	=======

NOT OPEN TO PUBLIC INSPECTION

1999

NARCONON OF NORTHERN CALIFORNIA 77-0275827

REF: SCH A FORM 990 PART IV-A LINE 26B PAGE 3.

LIST SHOWING THE NAME OF AND AMOUNT CONTRIBUTED BY EACH PERSON WHOSE TOTAL GILTS FOR 1993 THROUGH 1996 EXCEEDED THE 2% AMOUNT SHOWN IN LINE 26A.

	TOTAL AMOUNT	2%	EXCESS OVER 2%
1996	5000	2207	2793
1997	20000	2207	17793
1997	5200	2207	2993
TOTAL EXCESS AMOUNT			23579

NOT OPEN TO PUBLIC INSPECTION

NOT OPEN TO PUBLIC INSPECTION

NARCONON OF NORTHERN CALIFORNIA **77-0275827**

SCHEDULE OF CONTRIBUTORS:

REF: FORM 990 PART 1 LINE 1d.

DIRECT PUBLIC SUPPORT OF OVER $5000.

13300
19500

NOT OPEN TO PUBLIC INSPECTION

(NOT TO BE ATTACHED TO STATE RETURNS UNLESS REQUIRED.)