

# Return of Organization Exempt From Income Tax

**2000**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2000 calendar year, or tax year period beginning **July 1**, 2000, and ending **December 31**, 20 00

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>NARCONON SOUTHERN CALIFORNIA</b>	<b>D</b> Employer identification number <b>33 : 0911677</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1810 W. OCEAN FRONT</b>	<b>E</b> Telephone number <b>( 949 ) 675-8988</b>
		City or town, state or country, and ZIP code <b>NEWPORT BEACH, CA 92663</b>	<b>F</b> Check <input type="checkbox"/> if application pending

**G** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  527 or  4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

Note: H and I are not applicable to section 527 orgs.

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included?  Yes  No (If "No," attach a list. See inst.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit group exemption no. (GEN) ▶ **2595**

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)**

<b>1</b> Contributions, gifts, grants, and similar amounts received:			
<b>a</b> Direct public support	<b>1a</b>	<b>4108</b>	
<b>b</b> Indirect public support	<b>1b</b>		
<b>c</b> Government contributions (grants)	<b>1c</b>		
<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>1658</b> noncash \$ <b>2450</b> )	<b>1d</b>		<b>4108</b>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>799231</b>
<b>3</b> Membership dues and assessments	<b>3</b>		
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>7</b>
<b>5</b> Dividends and interest from securities	<b>5</b>		
<b>6a</b> Gross rents	<b>6a</b>		
<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe ▶)	<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>8d</b>			
<b>9</b> Special events and activities (attach schedule)			
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>38145</b>	
<b>b</b> Less: cost of goods sold	<b>10b</b>	<b>17157</b>	
<b>10c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		<b>20988</b>
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>824334</b>
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>670191</b>
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>84866</b>
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>1168</b>
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		<b>75728</b>
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>831953</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>(7619)</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>72486</b>
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>64867</b>

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**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 on page 20.)

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 \$ <u>4623</u> noncash \$ <u>147936</u> )	152559	152559		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	70952	58230	12146	576
26	Other salaries and wages	143648	112706	30898	44
27	Pension plan contributions				
28	Other employee benefits	1362	1085	273	4
29	Payroll taxes	18470	14711	3705	54
30	Professional fundraising fees				
31	Accounting fees	650		650	
32	Legal fees				
33	Supplies				
34	Telephone	20778	16561	4157	60
35	Postage and shipping	21432	20685	742	5
36	Occupancy	129963	103735	25859	369
37	Equipment rental and maintenance	953	628	323	2
38	Printing and publications	4172	4172		
39	Travel	8917	8917		
40	Conferences, conventions, and meetings				
41	Interest	1328	1058	266	4
42	Depreciation, depletion, etc. (attach schedule)	4302	3427	863	12
43	Other expenses (itemize): a				
b					
c	<b>SCHEDULE 4</b>	176739	171717	4984	38
d					
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	756225	670191	84866	1168

**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) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? <b>REHAB. &amp; PREVENTION OF SUBSTANCE ABUSE</b>		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	<b>DRUG REHABILITATION - SEE SCHEDULE 9</b>  (Grants and allocations \$ <u>152559</u> )	638434
b	<b>DRUG EDUCATION - SEE SCHEDULE 9</b>  (Grants and allocations \$ <u>-</u> )	16490
c	<b>PUBLIC AWARENESS - SEE SCHEDULE 9</b>  (Grants and allocations \$ <u>-</u> )	15267
d	  (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	670191

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

<b>Note:</b> 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
<b>Assets</b>	45	Cash—non-interest-bearing . . . . .		45 32712
	46	Savings and temporary cash investments . . . . .		46
	47a	Accounts receivable . . . . .	47a	47c
	b	Less: allowance for doubtful accounts . . . . .	47b	
	48a	Pledges receivable . . . . .	48a	48c
	b	Less: allowance for doubtful accounts . . . . .	48b	
	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	51c
	b	Less: allowance for doubtful accounts . . . . .	51b	
	52	Inventories for sale or use . . . . .		52 4279
	53	Prepaid expenses and deferred charges . . . . .		53
	54	Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55a	Investments—land, buildings, and equipment: basis . . . . .	55a	55c
	b	Less: accumulated depreciation (attach schedule) . . . . .	55b	
	56	Investments—other (attach schedule) . . . . .		56
	57a	Land, buildings, and equipment: basis . . . . .	57a 47807	57c
	b	Less: accumulated depreciation (attach schedule) . . . . .	57b 4304	
	58	Other assets (describe <b>▶ DEPOSIT ON FIXED ASSETS</b> ) . . . . .		58 3560
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		59 84054	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .		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) . . . . .		64b 987
65	Other liabilities (describe <b>▶ SCHEDULE 7</b> ) . . . . .		65 18200	
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		66 19187	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67	Unrestricted . . . . .		67
	68	Temporarily restricted . . . . .		68
	69	Permanently restricted . . . . .		69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70	Capital stock, trust principal, or current funds . . . . .		70
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72 64867
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) . . . . .		73 64867	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		74 84054	

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, page 25.)

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

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

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

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

(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 compensation	(E) Expense account and other allowances
.....				
.....				
<b>- SEE SCHEDULE B -</b>				
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**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 on page 26.

Part VI Other Information (See Specific Instructions on page 26.)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		✓
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		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
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		✓
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	81a	N/A	
b	Did the organization file Form 1120-POL for this year?	81b		✓
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		✓
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	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b		
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	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	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
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		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities.	86b	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders.	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under section 4911 <input type="checkbox"/> NONE ; section 4912 <input type="checkbox"/> NONE ; section 4955 <input type="checkbox"/> NONE			
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		✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.			NONE
90a	List the states with which a copy of this return is filed <input type="checkbox"/> CALIFORNIA			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b		
91	The books are in care of <input type="checkbox"/> DAVE WORTHINGTON Telephone no. <input type="checkbox"/> ( 949 ) 675-8988			
	Located at <input type="checkbox"/> 1810 W. OCEAN FRONT, NEWPORT BEACH, CA ZIP code <input type="checkbox"/> 92663			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92			

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)**

	Unrelated business income		Excluded by sections 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					799080
a DRUG REHABILITATION					151
b COMMISSIONS					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					20968
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				7	820219
105 Total (add line 104, columns (B), (D), and (E))					820226

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 on page 31.)**

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	PAYMENTS RECEIVED FOR DRUG REHABILITATION & EDUCATION SERVICES.
102	SALES OF NARCONON PROGRAM MATERIAL FOR DRUG REHAB PROGRAM TRAINING.
93b	COMMISSIONS FOR REFERRALS TO DRUG REHAB PROGRAMS.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)**

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please 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 W, on page 14.

Signature of officer: Roland Fink Date: 11-15-01 Type or print name and title: DAVID WORTHINGTON TREASURER

Paid Preparer's Use Only: Preparer's signature: Roland Fink Date: 11-15-01 Check if self-employed:  Preparer's SSN or PTIN: 305-60-3582

Firm's name for years if self-employed and address, and ZIP code: Roland Fink 6010 Weeping Banyan Lane Woodland Hills, CA 91367 Phone no. ( ): \_\_\_\_\_



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.)**

OMB No. 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**NARCONON SOUTHERN CALIFORNIA**

Employer identification number

**33 : 0911677**

**Part I 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.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & 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 page 1 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	(b) Type of service	(c) Compensation
<b>GENE &amp; CAROLYN ROSS</b> 1810 W. OCEAN FRONT, NEWPORT BEACH, CA 92663	<b>RENT</b>	<b>130,500</b>
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? If "Yes," enter the 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?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
e Transfer of any part of its income or assets? 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.?		✓
4a Do you have a section 403(b) annuity plan for your employees?		✓
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 page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the 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 5.)
- 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 page 5 of the 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 page 5 of the 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .					
<b>16</b> Membership fees received . . . . .					
<b>17</b> 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 . . . . .					
<b>18</b> 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 . . . . .					
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					
<b>21</b> 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. . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22. . . . .					
<b>24</b> Line 23 minus line 17. . . . .					
<b>25</b> Enter 1% of line 23 . . . . .					

<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24. . . . ▶	<b>26a</b>	
<b>b</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 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. . . . ▶	<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . ▶	<b>26c</b>	
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ . . . . ▶	<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total) . . . . ▶	<b>26e</b>	
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . ▶	<b>26f</b>	

**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 (which is not open to public inspection) 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.

(1999) ..... (1998) ..... (1997) ..... (1996) .....

**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:

(1999) ..... (1998) ..... (1997) ..... (1996) .....

<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . ▶	<b>27c</b>	
<b>d</b> Add: Line 27a total _____ and line 27b total _____ . . . . ▶	<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total). . . . ▶	<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . ▶	<b>27f</b>	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . . ▶	<b>27g</b>	
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶	<b>27h</b>	

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, 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 page 5 of the instructions.)

**Part V Private School Questionnaire** (See page 5 of the 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?		
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?		
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32a	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? 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:		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? 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?		
34b	b Has the organization's right to such aid ever been revoked or suspended? 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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the 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 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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 page 9 of the 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 page 9 of the 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)	✓
(ii) Other assets	a(ii)	✓
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	✓
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	✓
(iii) Rental of facilities, equipment, or other assets	b(iii)	✓
(iv) Reimbursement arrangements	b(iv)	✓
(v) Loans or loan guarantees	b(v)	✓
(vi) Performance of services or membership or fundraising solicitations	b(vi)	✓
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	✓

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, and 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

**SCHEDULE 1**

NARCONON SOUTHERN CALIFORNIA #33-0911677

Form 990

For the Year Ending December 31, 2000

Schedule of Gross Profit or Loss from Sales of Inventory

Sales		\$ 38,145
Cost of Goods Sold:		
Inventory at beginning of period	\$ -	
Inventory contributed by Narconon International	8,465	
Purchases	12,971	
Less ending inventory	<u>(4,279)</u>	
Cost of Goods Sold		<u>17,157</u>
Gross Profit		<u>\$ 20,988</u>

Note: Substantially all sales of inventory consist of materials purchased by clients for use in the Narconon drug rehabilitation program.

**SCHEDULE 2**

NARCONON SOUTHERN CALIFORNIA #33-0911677  
Form 990

For the Year Ending December 31, 2000

Schedule of Grants and Allocations

	TOTAL	CASH	NON-CASH
Narconon International	\$ 150,859	\$ 2,988	\$ 147,936
International Association of Scientologists	1,500	1,500	
Other	200	200	
Total - to Part II, Line 22	<u>\$ 152,559</u>	<u>\$ 4,688</u>	<u>\$ 147,936</u>

Non-cash grants consisted of expenses paid on behalf of Narconon International.

**SCHEDULE 3**

NARCONON SOUTHERN CALIFORNIA #33-0911677

Form 990

For the Year Ending December 31, 2000

**Schedule of Fixed Assets and Depreciation**

<u>Description</u>	<u>Depreciation Method</u>	<u>Life</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>
Leasehold Improvements	S/L	5	2,010	201	201
Equipment & Furniture	S/L	7	27,251	1,946	1,946
Computers	S/L	5	8,066	807	807
Vehicles	S/L	3	6,314	1,052	1,052
Plant & Technical Equipment	S/L	7	<u>4,166</u>	298	<u>298</u>
Rounding				<u>(2)</u>	
Total - to Part II, Line 42				<u>4,302</u>	
Totals - to Part IV, Line 57			<u>47,807</u>		<u>4,304</u>

**SCHEDULE 4**

NARCONON SOUTHERN CALIFORNIA #33-0911677

Form 990

For the Year Ending December 31, 2000

Schedule of Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>
Commissions	\$ 100	\$ 100		
Office & Administrative	10,640	9,290	1,342	8
Rehab program delivery costs	96,677	96,677		
Repairs & maintenance	8,478	8,009	462	7
Dissemination	36,894	36,894		
Bank service charges	8,684	7,106	1,578	
Staff training	8,136	6,511	1,602	23
Outside services	7,130	7,130		
Total - to Part II, Line 43	<u>\$ 176,739</u>	<u>\$ 171,717</u>	<u>\$ 4,984</u>	<u>\$ 38</u>



**SCHEDULE 5**

NARCONON SOUTHERN CALIFORNIA #33-0911677

Form 990

For the Year Ending December 31, 2000

**Schedule of Payments to Affiliates**

Licensing fees - drug rehabilitation program, paid to Narconon International  
- to Part I, Line 16

**\$ 75,728**

**SCHEDULE 6**

NARCONON SOUTHERN CALIFORNIA #33-0911677

Form 990

For the Year Ending December 31, 2000

Schedule of Other Changes in Net Assets or Fund Balances

Net assets contributed by Narconon International - to Part I, Line 20	<u>\$ 72,486</u>
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**SCHEDULE 7**

NARCONON SOUTHERN CALIFORNIA #33-0911677

Form 990

For the Year Ending December 31, 2000

Schedule of Other Liabilities

	(A) Beginning of Year	(B) End of Year
Sales tax payable		\$ 2,955
Payroll taxes payable		8,271
Garnishments payable		175
Installment contract payable		6,799
Total - to Part IV, Line 65		<u>\$ 18,200</u>

**SCHEDULE 8**

NARCONON SOUTHERN CALIFORNIA #33-0911677

Form 990

For the Year Ending December 31, 2000

## List of Officers, Directors, Trustees, and Key Employees

(A)	(B)	(C)	(D)	(E)
<u>Name and address</u>	<u>Title and average hours per week devoted to position</u>	<u>Compensation</u>	<u>Contributions to employee benefit plans &amp; deferred compensation</u>	<u>Expense account and other allowances</u>
Patricia Schwartz 622 E. Villa St. #201A Pasadena, CA 91101	Director 1 hour per week	\$ -	\$ -	\$ -
Jette McGregor 326 Via Colusa Redondo Beach, CA 90277	President and Director 1 hour per week	\$ -	\$ -	\$ -
Julie Bryant 1810 W. Ocean Front Newport Beach, CA 92663	Secretary and Director 40 hours per week	\$ 27,333	\$ -	\$ -
Dave Worthington 1810 W. Ocean Front Newport Beach, CA 92663	Treasurer 40 hours per week	\$ 13,397	\$ -	\$ -
Larry Trahant 1810 W. Ocean Front Newport Beach, CA 92663	Executive Director 40 hours per week	\$ 30,222	\$ -	\$ -
Karen Seagal 7065 Hollywood Blvd. #800 Los Angeles, CA 90028	Trustee 1 hour per week	\$ -	\$ -	\$ -
Clark Carr 7060 Hollywood Blvd. #220 Los Angeles, CA 90028	Trustee 1 hour per week	\$ -	\$ -	\$ -
Michael St. Amand HC 67 Box 5 Canadian, OK 74425	Trustee 1 hour per week	\$ -	\$ -	\$ -

OFFICERS, DIRECTORS AND TRUSTEES WHO ARE ALSO EMPLOYEES ARE COMPENSATED ONLY FOR THEIR EMPLOYMENT DUTIES AND NOT FOR THEIR DUTIES AS OFFICERS, DIRECTORS AND TRUSTEES.

NARCONON SOUTHERN CALIFORNIA #33-0911677

Form 990

For the Year Ending December 31, 2000

Statement of Program Service Accomplishments

**a. DRUG REHABILITATION.**

Narconon Southern California operates a drug rehabilitation facility in Newport Beach, California, delivering the Narconon drug rehabilitation program under a trademark license from Narconon International. The facility had been operated for several years by Narconon International itself. As of July 1, 2000, Narconon International contributed the net assets of the Newport Beach operation to Narconon Southern California.

The unique Narconon drug rehabilitation program includes a detoxification procedure and life skills courses as part of the 3 to 5 month drug rehabilitation program. During the short year which ended December 31, 2000, 27 persons completed the program, enabling them not only to lead drug free lives but to live a clean and ethical life, help others, and contribute to their families, friends and society as a whole.

**b. DRUG EDUCATION.**

One of Narconon Southern California's purposes is to service the community by improving public knowledge about drugs and their harmful effects. Between July 1 and December 31, 2000, the organization delivered Narconon drug education lectures to 910 school children.

**c. PUBLIC AWARENESS.**

Another of Narconon Southern California's purposes is to conduct broad public drug prevention campaigns which raise public awareness of the extent and effects of substance abuse and the need for effective substance abuse prevention and rehabilitation. Narconon Southern California sponsored several Public Service Announcements on this topic. Additionally over 130,000 brochures and promotional fliers were sent to the general public.

THE RECIPIENTS OF NARCONON SOUTHERN CALIFORNIA'S GRANTS WERE QUALIFIED EXEMPT ORGANIZATIONS. PROJECTS ARE DETERMINED TO BE QUALIFIED ON AN INDIVIDUAL BASIS. THE ORGANIZATION ENSURES THAT EACH SO QUALIFIES AT ALL TIMES.