(Form 990

OMB No 1545-0047

2001

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

Open to Public

Inter	nai Reve	nue Service		The organization may	have to use a copy of this return t	o salisty s	i state reporting requirements	3	Inspection
	_	_	ar year, e	or tax year beginning	, and end				<u> </u>
_			lease C	Name of organization				D Er	mployer ID number
Ī		ee change us	se IR\$				ļ		5-4536141
Н		. " 14	bel or	FRIENDS OF NA	CONON		į.		elephone number
Н		1 4	rint of				Doom/suito		26-449-3082
Н	Initial		See	· · · · · · · · · · · · · · · · · ·	ox if mail is not delivered to street	address,	' 1 ' T		
Н	Final r	ls ₀	ecific	622 EAST VILL			201	<u></u>	counting method X Cash
Н		ded return Ins	struc-	City or town state or countr	=			^c	crual Unter (specify)
IJ	Applic pendir		ons.	<u> PASADENA</u>	<u>CA 9110</u>)1		<u> </u>	
			● Se	ection 501(c)(3) organizations a	nd 4947(a)(1) nonexempt char	itabiel ar	nd I are not applicable to se	ction 527	
			tr	usts must attach a completed S	chedule A (Form 990 or 990-E	Z). H(a) Is this a group return for	affihates	? Yes X No
<u>G_</u>	Web si	te DRU	GFREE	@EARTHLINK.NET		_) If "Yes" enter no of affill	ates	▶ 🔲 🔀 N/A
3	Organi	zation type				→ H(c) Are all affiliates included	ıs I	NIA Yes No
	(check	only one)	X 501	(c) (3) < (insert no)	4947(a)(1) or 527	1 -	(If "No " att a list See in		
	•			ganization's gross receipts are		_) Is this a separate return	-	ın 🔀 N/A
		_		ed not file a return with the IRS	•		organization covered by	•	
		_		in the mail it should file a retu	·	—	Enter 4-digit GEN		
			_		in without imancial data	<u>'</u>			
		states require			130 61		Check ▶ ∐ if the	-	·
				3b, 9b, and 10b to line 12	132,61		to attach Sch B (For		
	art I			enses, and Changes ir		<u> Balanc</u>	es (See Specific I	nstruc	ctions on page 16)
	1	Contributions	s, gifts, gr	ants, and similar amounts reco	eived				
	a	Direct public	support			1a	<u> 103,964</u>	<u>.</u>	
	b	Indirect publi	c support			1b		_	
	С	Government	contribut	ons (grants)		1c			
	d	Total (add lin	nes 1a thr	ough 1c) (cash \$	103,964 noncash \$)	1d	103,964
	2	Program sen	vice revei	nue including government fees	and contracts (from Part VII	line 93)	2	7,338
	3	Membership dues and assessments						3	
	4	-		d temporary cash investments				4	6
	5		_	from secunties				5	
	6a	Gross rents				6a		<u> </u>	
	b		veencec			6b		-	
		Less rental e			. (-)	00 1	·	┤╭╮╵	
-	C _			loss) (subtract line 6b from line	, ba)			6c	
R	7			me (describe	<u> </u>	, , .		7	
v e	8a			les of assets other	(A) Securities	1	(B) Other	4	
n		than inventor				8a		-	
u e	5			s and sales expenses		8b		4	
-	1 4	Gain or (lose) (attach :	sche ရာမျှ၍		8c		4	
	95	∱l∮et gain or (I	oss) (con	nbine	(B))			8d	
	9 8	\$ pagan	2s A n286	Pities Attach schedule)				1	
	a	Gross reveni	ie (not in	cluding \$	of			1	1
		con Trumping	Tegorted	on line (a)		9a		_	
	15			other than fundraising expens	es	9b		_}	
	С	Net income of	or (loss) fi	rom special events (subtract lii	ne 9b from line 9a)		_	9c	
	10a		•	ory, less returns and allowance	·	10a	21,309	∍[
	ь	Less cost of		•••		10b	10,490		
	С		•	rom sales of inventory (att. sch) (subtract line 10h from line		STMT 1	10c	10,819
	11	•	• •	Part VII line 103)	. , , , , , , , , , , , , , , , , , , ,	,		11	
22	12		•	nes 1d, 2, 3 4, 5, 6c, 7, 8d 9c	10c and 11)			12	122,127
	13			n line 44, column (B))	, roc and 11)		<u> </u>	_	66,895
Managadxm	1	-	•					13	
Tp ·	14	-	-	eral (from line 44, column (C))				14	7,582
֟֝֟֝֟֝֟֝ ֞	15	•	•	44 column (D))				15	28,555
CDS e	16			(attach schedule)				16	
5	17			lines 16 and 44, column (A))	**************************************			17	103,032
JE S	18	Excess or (de	eficit) for	the year (subtract line 17 from	line 12)			18	19,095
FILMEU	19	Net assets or	r fund bal	ances at beginning of year (fro	om line 73 column (A))			19	-6,677
5 8	20	Other change	es in net :	assets or fund balances (attac	h explanation)		SEE STMT 2	20	2,549
s	21	Net assets or	r fund bal	ances at end of year (combine	lines 18, 19, and 20)			21	14,967

		lete column (A). Column:			
Functional Expenses and section 4947	'(a)(1) none	xempt chantable trusts b	ut optional for others (Se	e Specific Instructions on	page 21)
Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I	\perp	(2) 1000	services	and general	(b) Tundraising
2 Grants and allocations (attach schedule)		1	ł		
(cash\$ non-cash \$	22				
3 Specific assistance to individuals	23	- -			
4 Benefits paid to or for members	24				-,
5 Compensation of officers, directors, etc	25				
6 Other salanes and wages	26				
7 Pension plan contributions	27	i			ļ
3 Other employee benefits	28				<u>-</u>
Payroll taxes	29				
Professional fundraising fees	30				
Accounting fees	_31	340		340	
2 Legal fees	32				
Supplies	33	1,306	63	1,243	
Telephone	34				
Postage and shipping	35	5,528	4,042	1,486	
Occupancy	36				
Equipment rental and maintenance	37		~ 		<u> </u>
Printing and publications	38	2,746	2,746		
Travel	39	3,807	3,807		
Conferences, conventions, and meetings	40			·····	
Interest	41				
Pepreciation, depletion, etc. (att. sch.)	42				
Other expenses not covered above (itemize) a	43a				
b SEE STATEMENT 3	43b	89,305	<u>56,237</u>	4,513	28,55
С	43c				
d	43d				
e	43e				
Total functional expenses (add lines 22 - 43) Organizations				-	
completing columns (B)-(D) carry these totals to lines 13-1	5 44	103,032	66,895	7,582	28,55
oint Costs Check ► ☐ if you are following SOP 98-2				_	
e any joint costs from a combined educational campaign and fundrais	sing solicitat	tion reported in (B) Progr	am services?	▶ ∐	Yes 🔀 No
Yes * enter (i) the aggregate amount of these joint costs \$		(II) the	amount allocated to Prog	ram services \$	
the amount allocated to Management and general			amount allocated to Fund		
Part III Statement of Program Service Acc	omplis	<u>hments (See Sp</u>	ecific Instructions	on page 24)	
/hat is the organization's primary exempt purpose? SEE STATEMENT 4 Il organizations must describe their exempt purpose achieve clients served, publications issued, etc. Discuss achieveme chanizations and 4947(a)(1) nonexempt chantable trusts must a SEE STATEMENT 5	ents that a	re not measurable 49	Section 501(c)(3) and ((4)	Program Service Expenses (Required for 501(c)(3) (4) orgs and 4947(a) trusts, but optional for others,)
	<u></u>	(Grants and alk	ocations \$,	66,89
			ocauons, s		
		(Grants and allo			
		(Grants and allo	ocations \$)	
d	<u>.</u>	(Grants and alk	ocations \$)	
d Other program services (attach schedule) Total of Program Service Expenses (should equal line		(Grants and alk (Grants and alk (Grants and alk	ocations \$ ocations \$ ocations \$ ocations \$)	66,895

Part IV Balance Sheets (See Specific Instructions on page 24)

Note	Where required attached schedules and amounts will column should be for end of-year amounts only	thin the description	(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	·	1,585	45	15,333
46	Savings and temporary cash investments		522		4,060
47a	Accounts receivable	47a			
ь	Less allowance for doubtful accounts	47b	<u> </u>	47c	
48a	Pledges receivable	48a			
Ь	Less allowance for doubtful accounts			48c	
49	Grants receivable		49		
50	Receivables from officers, directors, trustees, and ke				
51a	(attach schedule) Other notes and loans receivable (attach		50		
, , , , ,	schedule)	51a			
Ь	Less allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use			52	81
53	Prepaid expenses and deferred charges			53	
54	Investments securities	► Cost FMV		54	
55a	Investments land buildings, and		·		
	equipment basis	55a			
b	Less accumulated depreciation (attach]	
	schedule)	55b		55c	
56	Investments-other (attach schedule)			56	
57a	Land buildings, and equipment basis	57a 841			
þ					
	schedule) SEE STMT 6	57b 841		57c	
58	Other assets (describe	-)		58	
59	Total assets (add lines 45 through 58) (must equal li	2,107	59	19,474	
60	Accounts payable and accrued expenses	ļ		60	-
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors trustees, and key emp	loyees (attach			
	schedule)			63	
1 .	Tax-exempt bond liabilities (attach schedule)	、		64a	
65	Mortgages and other notes payable (attach schedule Other trabilities (describe SEE STMT		8,784	64b	4,507
. 63	Other habilities (describe SEE STMT	' '	0,704	65	4,507
66	Total liabilities (add lines 60 through 65)		8,784	66	4,507
Orga	anizations that follow SFAS 117, check here 🕨 📋	and complete lines		1	
	67 through 69 and lines 73 and 74				
IF 67	Unrestricted			67	
ռ 😘	Temporanly restricted			68	
d 69	Permanently restricted	KB .		69	
B Orga	anizations that do not follow SFAS 117, check here	▶ 🔀 and			
a 70	complete lines 70 through 74			70	
71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equip	ment fund	<u> '</u>	70	<u> </u>
a 7'	Retained earnings endowment accumulated income	t e e e e e e e e e e e e e e e e e e e	-6,677	72	14,967
c 73	Total net assets or fund balances (add lines 67 thr		3,077	 	
е .	70 through 72,				
s	column (A) must equal line 19 column (B) must equ	al line 21)	-6,677	73	14,967
74	Total liabilities and net assets / fund balances (ad		2,107	74	19,474

Form 990 is available for public inspection and, for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

Form 990 (2001)	FRIENDS OF NAI	RCONON		95-4	536141			Page 4
Part IV-A	Reconciliation of Rev	enue per Audited	F	Part IV-B R	econciliation	of Exp	enses p	er Audited
	Financial Statements	with Revenue per		F	inancial State	ments	with Ex	penses per
N/A	Return (See Specific	Instructions, page 26	<u>(i) N</u>	I/A R	leturn			<u> </u>
a Total revenue	e, gains, and other support		а	Total expenses	and losses per			
per audited f	inancial statements	a		audited financia	I statements	•	a	
b Amounts inc	luded on line a but not on		ь	Amounts include	ed on line a but no	t		
line 12, Form	990			on line 17 Form	990			
(1) Net unrealize			10	Donated service				
investments	-		`	of facilities \$				
(2) Donated sen		1	- 1 c	2) Pnor year adjus			1	
of facilities	\$		``	reported on line				
(3) Recovenes of		1		Form 990 \$				
year grants			- 1	3) Losses reported	on line 20		1	
(4) Other (specif		1	'`	Form 990 \$	1 OIT III C 20,		1 1	
(4) Other (appeal	,,			s) Other (specify)			1	
	•		1 "	of Caler (specify)			{	
Add amounts	on lines (1) through (4)			•				
Add amound	s on lines (1) through (4)	b	\dashv	Add amounts or	n lines (1) through ((4)		
c Line a minus	line b				• • •	(~)	c	
	luded on line 12,	<u>c</u>		Line a minus lin Amounts include			 	
	t not on line a		d				1 1	
			1	Form 990 but no			1	
(1) Investment e	•		15	I) Investment expe				
not included				not included on	line 60,		i	
Form 990	<u>\$</u>		1	Form 990 <u>\$</u>			1 1	
(2) Other (specif	у)		16	2) Other (specify)				
	•		Ì				1 1	
Add consuste	3		ļ	<u>)</u>	- L (4) and (2)		ا ا	
	s on lines (1) and (2)	_d	-		n lines (1) and (2)	200	4	
	e per line 12 Form 990		0		per line 17, Form 9	99U •		
(line c plus li	st of Officers, Director	c Tructons and Ka	Émn	(line c plus line			1 61	
		s, Trustees, and Ne	Cinb	ioyees (List each	one even in not a	mpens	aleu, see s	specific
	structions on page 26)	······································	(B)	Title and average	(C) Compensation	(D) C	Contrib to	(E) Expense
	(A) Name and address		i in	ours per week	(If not paid, enter	einploy plans	ee benefit 3 deferred pensation	account and other allowances
ROBERT H	EDNANDEZ			SIDENT	0.)	com	pensation	anowances
	ILLA ST #201, 1	PASADENA, CA	40	SSIDENI	o		0	۸ ا
DAPHNA H		PASADENA, CA		EASURER				
		PASADENA, CA	40	NANUCAE	О		0	۰ ا
PATTY SC		PASADENA, CA		CRETARY				
		ANGELES, CA	40	REIAKI	О		0	o
_2013 NOR	MAUK AVE., 105	ANGELES, CA	40					
-		•						
								
	<u> </u>							
				_ _				
								<u> </u>
								ı
								<u> </u>
#E D.1: 22					l			
	er, director trustee, or key em							п., в.
	and all related organizations		u was p	provided by the rela	ited organizations?	•	•	Yes 🔀 No
it "Yes," attac	ch schedule-see Specific Insti	ructions on page 27						

Form	990 (2001) FRIENDS OF NARCONON 95-4536141		Pa	<u> ge 5</u>
_Pa	art VI Other Information (See Specific Instructions on page 27.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of		ľ	
	each activity SEE STMT 8	76	X	
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		<u> </u>
78a	If "Yes," attach a conformed copy of the changes	70-		v
	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return? If "Yes" has it filed a tax return on Form 990-T for this year?	78a 78b		X
79	Was there a liquidation dissolution termination or substantial contraction during the year? If "Yes," attach a	/80		
,,	statement	79		х
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common	- <u>`</u>		
	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 direct or indirect political expenditures. See line 81 instr.			
b	Did the organization file Form 1120-POL for this year?	81ь		х
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		<u> </u>
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 in Part III.)			
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?	B4a		<u> </u>
ь	if "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible? N/A	84b		
85	501(c)(4) (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
р	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization	1 1		
_	received a waiver for proxy tax owed for the prior year	} '		
C	Dues, assessments and similar amounts from members Section 162(e) lobbying and political expenditures 85d	1		
d e	Section 162(e) lobbying and political expenditures Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85d 85e	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
9	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	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	039		
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	-55		
b	Gross receipts, included on line 12, for public use of club facilities 86b	1		
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a	1		
b	Gross income from other sources. (Do not net amounts due or paid to other] !		
	sources against amounts due or received from them)	1		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1		
	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		<u> </u>
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under	Ì '		
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0	ľ		
Ь	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		<u> </u>
·	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			^
d	sections 4912, 4955, and 4958			_ _ 0
90a	Enter Amount of tax on line 89c, above reimbursed by the organization List the states with which a copy of this return is filed CA			
b	Number of employees employed in the pay penod that includes March 12, 2001 (See instructions)		0	
91	The books are in care of DAPHNA HERNANDEZ Telephone no C26-			82
	Located at ▶ 622 E. VILLA ST. #201, PASADENA, CA ZIP+4 ▶ 91101		50	J 2
92	Section 4947(a)(1) nonexempt chantable 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			
		Form	990	(2001)

Form 990 (200	on) FRIENDS OF NAI			<u>95-453</u>				Page (
Part VII_	Analysis of Income-Pro	oducing Activitie	s (See Sp	ecific Instructions	s on pa	ge 32)		
Note Enter	gross amounts unless otherwise		Unrelate	d business income	Exclude	d by sec 5	12 513 or 51	
indicated			(A) Business code	(B) Amount	(C) Exclusion		(D) hount	Related or exempt function
93 Program	n service revenue		Business code	Amount	_code_	Ar _	nount	income
a DRU	G INTERVENTION &	REFERRAL						5,394
ь СОМ	MISSIONS							1,94
с					, 			<u> </u>
							=	
е					 	_	_	
f Medicar	e/Medicaid payments							
	d contracts from government ager	ncies				-		
	ship dues and assessments							
	on savings and temporary cash in	vestments			14		6	;
	ds and interest from securities				 	_	<u>_</u>	
	al income or (loss) from real estate				 	_		
	anced property	Ť			 			
	financed property				 			
	al income or (loss) from personal p	property			 			1
	vestment income	-	-		 			
	(loss) from sales of assets other th	nan inventory			 			
	ome or (loss) from special events	lan inventory			 			
	rofit or (loss) from sales of invento	n,		-	 			10,819
	evenue a				 			10/01
_					 		•	
					 			
_		·——			 			
e					 			· · · ·
	I (add columns (B) (D), and (E))		·	0	 		6	18,15
	dd line 104, columns (B) (D), and	(E))	· - -				<u></u>	18,16
	5 plus line 1d, Part I, should equal		Dort I				_	10,10.
Part VIII	Relationship of Activiti			of Exempt Purp	0505 (See Snea	fic Instruction	ne on nage 32 l
Line No	Explain how each activity for wh							
•	of the organization's exempt pur				eu mpoi	control to a	ie accompii	Similen
93A	DRUG INTERVENTION				CES	ARE		
93A	FOR ADDICTS NEED							
	PROBLEMS.			<u> </u>				
	SEE STATEMENT 9							
Part IX	Information Regarding 7	axable Subsidia	ries and D	isregarded Entit	ies (Se	Specific	Instructions	on nage 33.)
	(A)	(B)		(C)	1	(D)		(E)
Name, ad partner	dress, and EIN of corporation ship, or disregarded entity	Percentage of ownership interest		Nature of activities		Total inc	come	End-of-year assets
	I/A		%					
			%	•				
			%					
			%					-
Part X	Information Regarding T	ransfers Associ	ated with	Personal Benefit	Contr	acts (Se	e Specific In	estructions on pg. 33)
(a) Did t	he organization during the year, receive							Yes X No
	the organization, during the year p							Yes X No
	es" to (b), file Form 8870 and For	•	_					
	Under penalties of perjury. I declare the			accompanying schedule	s and state	ements an	to the best of	of my knowledge
Diagon	and belief it is true, correct and population	plete Declaration of prep	arer (other than	officer) is based on all in	formation	of which pri	parer has an	y knowledge
Please	Janes /	~	1				1	
Sign	Signature of officer	/	71,				Date	./ /
Here	Keant H	RENAURZ	-PL	ESOEN			11	1/13/07
	Type or print name and title		<u> </u>					
	Preparer's W.	721 · U	T Da	ate Check	if	Pres	arer's SSN or	PTIN (See Gen Instr W
Paid	signature	Than		1/13/02 self-		_ '	00615	•
Preparer's		ENBERG AND						95-338733
Use Only	if self-employed) 295			VARD SUITE	103		Phone	

LOS ANGELES, CA

90039

no ▶ 323-666-7700

Form 990 (2001)

address and ZIP + 4

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

2001

Department of the Treasury Internal Revenue Scrvice Name of the organization

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

FRIEND	S OF NARCONON			95-453614	
Part I	Compensation of the Five Highest (See page 1 of the instructions List				tees
(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 ben plans & deferred compensation	(e) Expense account and other allowances
NONE					
					
otal number	of other employees paid over	>			
Part II	Compensation of the Five Highest (See page 2 of the instr. List each or				lone ")
	(a) Name and address of each independent contractor	or paid more than \$ 50 000	(b) Type	e of service	(c) Compensation
NONE					
		_			
					 ·
otal number o	of others receiving over \$50 000 for	>			
	k Reduction Act Notice, see the Instructions	for Form 990 and Form 990-EZ		Schedule A (Form 990	or 990-EZ) 2001

Sche	dule A	(Form 990 or 990-EZ) 2001 FRIENDS OF NARCONON 95-4536141	<u> </u>	Pa	age 2
Pa	art III	Statements About Activities (See page 2 of the instructions)		Yes	No
2	or incorporate or organishe loop During substantial and a substant	g the year, has the organization attempted to influence national, state, or local legislation, including any opt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid curred in connection with the lobbying activities [Must equal amount on line 38, VI-A or line i of Part VI-B) Inizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other inizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of obbying activities In give year, has the organization, either directly or indirectly engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer director, trustee, majority or principal beneficiary? (If the answer to any question is "Yes" attach a detailed statement explaining the	1		х
а		exchange, or leasing of property?	2a		х
b	Leng	ing of money or other extension of credit?	_2b		X
С	Furni	shing of goods services, or facilities?	2c		X_
d	Рауп	nent of compensation (or payment or reimbursement of exp. if more than \$1 000)? SEE STMT 10	2d	Х	
8	Trans	sfer of any part of its income or assets?	2e		х
3		the organization make grants for scholarships fellowships, student loans, etc ? (See Note below)	3		х
4 lote		ou have a section 403(b) annuity plan for your employees? th a statement to explain how the organization determines that individuals or organizations receiving grants	4		X
		m it in furtherance of its charitable programs "qualify" to receive payments			
Pa	irt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)			
5 6 7 8 9		ration is not a private foundation because it is. (Please check only ONE applicable box.) a church, convention of churches or association of churches. Section 170(b)(1)(A)(ii) a school. Section 170(b)(1)(A)(ii). (Also complete Part V.) b hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v) a medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, or medical research organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(a) Complete the Support Schedule in Part IV-A.) an organization that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) a community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) an organization that normality receives. (1) more than 33 1/3% of its support from contributions, membership fees and gross eceipts from activities related to its chantable, etc., functions subject to certain exceptions, and (2) no more than 33 1/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquir by the organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations escribed 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 ection 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)	A)(iv) ed		
	_	(a) Name(s) of supported organization(s)	from a		
	_			_ <u>_</u>	
	_		_	_	
4	ПА	in organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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

Page 3

MOLE	You may use the worksheet in the instruc	tions for converting in	om the accrual to the t	asn method of accoun	ung		
Cale	ndar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997		(e) Total
15	Gifts grants, and contributions	:					
	received (Do not include unusual					1	
	grants See line 28)	1,767	6,638	6,750	21,	518	<u>36,673</u>
<u>16</u>	Membership fees received						<u></u> _
17	Gross receipts from admissions, merchandise					- 1	
	sold or services performed or furnishing of			Ì			
	facilities in any activity that is related to					1	
	the organization's charitable etc. purpose						
18	Gross incl from intil dividends amounts						
	received from pymt on securities	-					
	loans (section 512(a)(5)) rents royalties & unrelated bush taxable inc (less						
	sec 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 revn levied for the organization's ben						
	& either paid to it or expended on its behalf		 -				
21	The value of serv or fact furnished to the						
	org by a governmental unit without charge Do not incl. the value of serv. or fac. gen-]			
	erally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss)						
	from sale of cap assets		5 500	6 550			26.652
23	Total of lines 15 through 22	1,767	6,638			518	36,673
24	Line 23 minus line 17	1,767	6,638		21,	518	<u>36,673</u>
25 26	Enter 1% of line 23 Organizations described on lines 10 or	18	66 of amount in column (e	68		215 _{26a}	733
c	governmental unit or publicly supported o amount shown in line 26a Do not file thi Total support for section 509(a)(1) test E	s list with your retur	n Enter the total of all	-	. .	26b	4,544 36,673
d	Add Amounts from column (e) for lines	18	. 19			\Box	
		22	26b	4,544	>	26d	4,544
0	Public support (line 26c minus line 26d to	tal)			>	26e	32,129
f	Public support percentage (line 26e (ni	umerator) divided by	line 26c (denominat	or))	•	26f	87.6094%
27	Organizations described on line 12	a For amounts includ	led in lines 15, 16, and	d 17 that were received	from a *disqua	alified	
	person," prepare a list for your records to	show the name of, an	d total amounts receiv	red in each year from e	each "disqualifi	ed persor	
	Do not file this list with your return En	ter the sum of such ar	nounts for each year				N/A
	•	99)	(1998)		(19	-	
þ	For any amount included in line 17 that w	as received from each	person (other than "d	isqualified persons"), p	repare a list foi	r your rec	ords to
	show the name of and amount received f	-	-	, ,			
	(Include in the list organizations described	•		•	•		. •
	the difference between the amount receiv	ed and the larger amo	unt described in (1) or	r (2), enter the sum of t	hese difference	s (the ex	
	amounts) for each year						N/A
		99)	(1998))	(19	97)	
C	(0)	15			_	1 1	
	17	20	21		.	27c	<u> </u>
d		and line 27	b total		•	27d	
e	Public support (line 27c total minus line 2	•		N [a=-]	•	27e	
f	Total support for section 509(a)(2) test E			▶ <u>27f</u>	<u> </u>	∤	
9	Public support percentage (line 27e (m					27g	
h 28	···			•	1007 through	27h 2000	<u>%</u>
	Unusual Grants For an organization des prepare a list for your records to show, for				-		
	description of the nature of the grant Do	•			•	J. 161	
	or	mill	, <u></u>	oraco moso grants in il			

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, N/I		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		ļ
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	1		l
	programs, and scholarships?	30		<u> </u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			İ
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	١		1
	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)			ľ
			Ì	
			,	
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
С	Copies of all catalogues brochures, announcements, and other written communications to the public dealing	20-		l
-1	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its hebalf to solicit contabultors?	32c 32d		\vdash
u	Copies of all material used by the organization or on its behalf to solicit contributions?	320		\vdash
	If you answered "No" to any of the above please explain (if you need more space attach a separate statement)	l		i
	The second of the second process of the second of the seco]		•
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
			1	
D	Admissions policies?	33b		
_	Employment of faculty or administrative staff?	33c		
·	Employment of locally of duministrative state.	330		\vdash
d	Scholarships or other financial assistance?	33d		
0	Educational policies?	33e		<u> </u>
				•
f	Use of facilities?	33f		<u> </u>
				ŀ
9	Athletic programs?	33g		
b	Other extracumcular activities?	33h		ŀ
	Card Cardon Maria Bourness	33		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
		1		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
h	Has the organization's right to such aid over hoor revolved or such aid of	246]
J	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	34b		\vdash
	you another to the other of a product explaint using an attachment			
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		<u> </u>

FRIENDSNN 11/13/2002 4 20 PM Schedule A (Form 990 or 990-EZ) 2001	FRIENDS OF	NARCONON		95-	45361	. 41 Page
Part VI-A Lobbying Expendit			s (See page			raye_
(To be completed C			hat filed Forn	n 5768) N /	'A	
Check aif the organization belong	s to an affiliated gro	up Check 🕨	b If you c	hecked "a" and "lii	mited cont	rol* provisions apply
Limits on L	obbying Expen			(a) Affiliated group	totals	(b) To be completed for ALL electing organizations
16 Total lobbying expenditures to influence p			36	 		0.0-1
7 Total lobbying expenditures to influence a		,	37			
18 Total lobbying expenditures (add lines 36	=	rear labbying,	38	 	-	<u>-</u>
9 Other exempt purpose expenditures			39			
10 Total exempt purpose expenditures (add	ines 38 and 39)		40			
11 Lobbying nontaxable amount. Enter the a	=	wing table-				
If the amount on line 40 is-		ontaxable amount is-		1		
Not over \$500 000	20% of the amou	int on line 40		i		
Over \$500,000 but not over \$1 000,000	\$100,000 plus 15	5% of the excess over	\$500,000			
Over \$1,000,000 but not over \$1 500,000	\$175 000 plus 10	0% of the excess over	\$1,000,000 41			
Over \$1 500 000 but not over \$17,000,00	0 \$225,000 plus 59	% of the excess over \$	1,500,000			
Over \$17,000,000	\$1 000,000		الـ	ļ		
Grassroots nontaxable amount (enter 259	•		42			
13 Subtract line 42 from line 36 Enter -0- if 1	•		43	 		
14 Subtract line 41 from line 38 Enter -0- if I	ine 41 is more than	line 38	44	1		
Caution If there is an amount on either I	ne 43 or line 44, voi	u must file Form 4720		1		
Caution in there is an amount on either i		ging Period Unde	r Section 50	1(h)		
(Some organizations th		- •			nns below	
		hrough 50 on page 11	•			
		Lobbying Exp	enditures Durin	g 4-Year Averagıı	ng Period	
Calendar year (or	(a)	(b)	(c)	(d)		(e)
fiscal year beginning in)	2001	2000	1999	1998	3	Total
15 Lobbying nontaxable amount						
16 Lobbying ceiling amount (150% of				ł		
line 45(e))						
17 Total lobbying expenditures						
18 Grassroots nontaxable amount	-					
9 Grassroots ceiling amount (150% of						
line 48(e))		•				
60 Grassroots lobbying expenditures						
Part VI-B Lobbying Activity t			-l-4- D-4-VI	A) (Can anna	40 -646	
(For reporting only					12 OT THE	einstr) N/
During the year, did the organization attempt		_		′ Ye	s No	Amount
attempt to influence public opinion on a legisl	auve matter or refer	endum inrough the us	e or	<u> </u>	- 	

	mpt to influence public opinion on a legislative matter or referendum, through the use of	Yes	
а	Volunteers		Γ
b	Paid staff or management (include compensation in expenses reported on lines c through h)		I
c	Media advertisements		
d	Mailings to members, legislators, or the public		
е	Publications or published or broadcast statements		

Grants to other organizations for lobbying purposes Direct contact with legislators their staffs government officials or a legislative body Rallies, demonstrations seminars, conventions, speeches lectures, or any other means

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

	ı

Schedule A (Form 990 or 990-EZ) 2001

Schedule A (Form 990 or 990-EZ) 2001

501(c) of th	e Code (other than sec	tion 501(c)(3	3) organizations) or in section 527,	relating to political organizations?		
• •			nonchantable exempt organization		Yes	No
(i) Cash	l			51a() [X
(ii) Othe	r assets			a(n)	7_	x
b Other trans	actions				T^{-}	T
(ı) Sales	s or exchanges of asset	ts with a non	charitable exempt organization	b(ı)		х
• •	hases of assets from a		· •	b(ii		х
, ,	al of facilities, equipmen			D(n		X
• •	bursement arrangemer			b(iv	$\overline{}$	X
, ,	s or loan guarantees			p(v)	7	X
		membershin	or fundraising solicitations	b(v)	1	X
• •		-	ther assets or paid employees	- - 2/ -	+	X
-		=		mn (b) should always show the fair market value of the		
			-	zation received less than fair market value in any		
			blumn (d) the value of the goods, o			
	(b)	SHOW III CL		(d)		
(a)		N	(c)	1	omante.	
N/A	Amount involved	Name 0	f nonchantable exempt organization	Description of transfers transactions and sharing arran	ements	
N/A		 				
		 				
	-	<u> </u>				
						
	 	ļ				
						
						
		<u> </u>	· <u>-</u>			
··						
		}				
		<u> </u>				
		<u></u>	· -			
 -						
	<u> </u>					
52a Is the orga:	nization directly or indire	ectly affiliate	d with or related to one or more to			_
described i	n section 501(c) of the	Code (other	than section 501(c)(3)) or in section	on 527? ▶ 📗	Yes 2	X No
b If "Yes," co	emplete the following sc	hedule		<u> </u>		
	(a)		(b)	(c)		
	Name of organization		Type of organization	Description of relationship		
N/A						
			<u> </u>			
· <u> </u>						
						
-						
DAA	<u></u>		-	Schedule A (Form 990 or	90-EZ	2001

FRIENDS OF NARCONON

Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section

Exempt Organizations (See page 12 of the instructions)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

95-4536141

Page 6

FRIENDS OF NARCONON

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Schedule of Contributors

OMB No 1545-0047

2001

Name of organization

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

Employer identification number

95-4536141

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Organization type (check one)				
Filers of	Section			
Form 990 or 990	-EZ			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	ganization is covered by the General rule or a Special rule (Note Only a section 501(c)(7) (8), or (10) check box(es) for both the General rule and a Special rule-see instructions.)			
-	nizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or) from any one contributor. (Complete Parts I and II.)			
Special Rules-				
under se	ction 501(c)(3) organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of the regulations ections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the of \$5 000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)			
during th	ction 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ that received from any one contributor, ne year, aggregate contributions or bequests of more than \$1 000 for use exclusively for religious, chantable, titerary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and			
during the not aggreated the year applies to	ction 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contribution, he year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did egate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more see year.)			
990-EZ, or 990-I	zations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form y that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2001) Page 1 to 1 of Part I Employer identification number Name of organization 95-4536141 FRIENDS OF NARCONON Contributors (See Specific Instructions) Part I (a) (b) (d) No Name, address and ZIP + 4 Aggregate contributions Type of contribution Person Payroli 40,000 \$ Noncash (Complete Part II if there is a noncash contribution) (a) Type of contribution No Name, address and ZIP + 4 Aggregate contributions Person Payroll S Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No Name, address and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No Name, address and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No Name, address and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No Type of contribution Name, address and ZIP + 4 Aggregate contributions Person Payroll Noncash \$ (Complete Part II if there is

a noncash contribution)

FRIENDSNN FRIENDS OF NARCONON
95-4536141 Federal Statements

FYE 12/31/2001

11/13/2002 4 20 PM

Statement 1 - Form 990, Line 10c - Sales of Inventory

Description	 Gross Sales	 cogs	 Gross Profit
SALES - DRUG ED BOOKS/TAPES	\$ 21,309	\$ 10,490	\$ 10,819
TOTAL	\$ 21,309	\$ 10,490	\$ 10,819

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

	_	Amount
PRIOR PERIOD EXPENSE ADJUSTMENT	\$_	2,549
TOTAL	\$_	2,549

95-4536141

Federal Statements

FYE 12/31/2001

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
FILM PRODUCTION EXPENSES	43,355	43,355		
BANK CHARGES	2,437		167	2,270
COMMISSIONS	23,993			23,993
DISSEMINATION EXPENSES	5,768	5,768		
JANITORIAL	193		193	
LEGAL & PROFESSIONAL	2,841	707	2,134	
REPAIR & MAINTENANCE	888		888	,
TELEPHONE & PAGERS	4,535	1,479	764	2,292
TRADEMARK LICENSING FEES	4,928	4,928		
UTILITIES	367		367	
TOTAL	\$ 89,305	\$56,237	\$ 4,513	\$ 28,555

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

PREVENTION OF SUBSTANCE ABUSE THROUGH PUBLIC AWARENESS OF THE HARMFUL EFFECT OF DRUGS AND ALCOHOL

Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

CONDUCTED NATIONWIDE CAMPAIGN TO EDUCATE CHILDREN ABOUT THE TRUTH ABOUT DRUGS. THIS WAS ACCOMPLISHED BY PRODUCING AND DISTRIBUTING DRUG EDUCATION MATERIALS (VIDEOS AND BOOKLETS) TO SCHOOLS FOR USE IN THEIR DRUG EDUCATION PROGRAMS, AND ALSO TO THE PUBLIC FUNDS WERE RAISED IN THE FIRST PART OF THE YEAR TO PRODUCE VIDEOS. IN OCTOBER 2001 1252 SCHOOLS RECEIVED DONATED COPIES OF "MARIJUANA - THE MYTH", THE LATEST DRUG EDUCTION VIDEO PRODUCED BY FRIENDS OF NARCONON. APPROXIMATELY 16,000 STUDENTS VIEWED THE VIDEOS BETWEEN OCTOBER 2001 AND DECEMBER 31, 2001. PROVIDED INTERVENTION AND REFERRAL SERVICES TO ADDICTS AND ENROLLED THEM IN THE NARCONON DRUG REHABILITATION PROGRAM, PROVIDING A SOLUTION FOR PEOPLE WITH A SUBSTANCE ABUSE PROGRAM

11/13/2002 4 20 PM

95-4536141

Federal Statements

FYE 12/31/2001

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description					
	ginning f Year	Accum Deprec	End of Year	<u></u>	Accum Deprec
FURNITURE & FIXTURES					
	\$ <u>841</u> \$_	841	\$841	\$	841
TOTAL	\$ 841 \$	841	\$ 841	\$	841

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	B	eginning of Year	 End of Year
PRIVATE LOAN SALES TAX PAYABLE ROUNDING	\$	8,690 89 5	\$ 4,271 236
TOTAL	\$	8,784	\$ 4,507

- — —		
FRIENDSNN FF 95-4536141 FYE 12/31/2001	RIENDS OF NARCONON Federal Statements	11/13/2002 4 20 PM
		
<u>Statemen</u>	nt 8 - Form 990, Part VI, Line 76 - Description of Not Previo	ously Reported Activity
BEGAN DRUG IN	TERVENTION AND REFERRAL SERVICE	

FRIENDSNN FRIENDS OF NARCONON
95-4536141 Federal Statements

FYE 12/31/2001

11/13/2002 4 20 PM

Statement 9 - Form 990, Part VIII - Relationship of Activities

Line No	Description
93A	COMMISSIONS ARE FOR REFERRALS TO DRUG ABUSE PROGRAMS
102	BOOKS AND TAPES ARE DRUG EDUCATION RELATED.

FRIENDSNN FRIENDS OF NARCONON
95-4536141 Federal Statements
FYE 12/31/2001

11/13/2002 4 20 PM

Statement 10 - Schedule A, Part III, Question 2d - Payment of Compensation

COMMISSION PAYMENTS WERE PAID TO PERSONS WHO SOLD BOOKS AND OBTAINED DONATIONS