

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning and ending

B Check if applicable
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 NARCONON OF NORTHERN CALIFORNIA
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 262 GAFFEY ROAD
 City or town State or country ZIP + 4
 WATSONVILLE CA 95076-9731

D Employer identification number
77-0275827

E Telephone number
800-722-5570

F Accounting method
 Cash Accrual
 Other (specify) _____

G Web site ► ADDICTION-REHABILITATION.COM

J ORGANIZATION TYPE (check only one) ► 501(c)(3) ◀ (insert no) 4947(a)(1) OR 527

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.

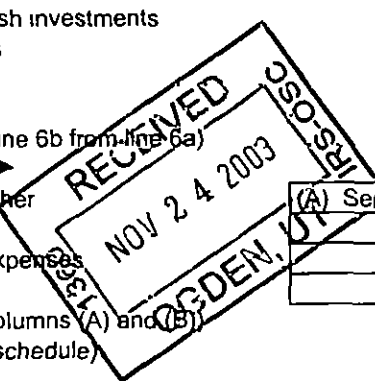
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 2,023,522

M Check if the organization is NOT required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

H and I are not applicable to section 527 organizations
 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? N/A Yes No (If "No," attach a list. See instructions.)
 H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 I Enter 4-digit GEN ► 2595

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)			
1	Contributions, gifts, grants, and similar amounts received		
a	Direct public support	1a	46,839
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	TOTAL (add lines 1a through 1c) (cash \$ 14,054 noncash \$ 32,785)	1d	46,839
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,918,932
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	546
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0
7	Other investment income (describe _____)	7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b	Less cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0
8d		8d	0
9	Special events and activities (attach schedule)		
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
b	Less direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0
10a	Gross sales of inventory, less returns and allowances	10a	51,148
b	Less cost of goods sold	10b	29,005
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	22,143
11	Other revenue (from Part VII, line 103)	11	6,057
12	TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,994,517
13	Program services (from line 44, column (B))	13	1,541,533
14	Management and general (from line 44, column (C))	14	337,170
15	Fundraising (from line 44, column (D))	15	0
16	Payments to affiliates (attach schedule)	16	
17	TOTAL EXPENSES (add lines 16 and 44, column (A))	17	1,878,703
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	115,814
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	147,466
20	Other changes in net assets or fund balances (attach explanation)	20	16,692
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	279,972

SCANNED DEC 17 '03



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 page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22	0			
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc	25	130,712	130,712		
26	Other salaries and wages	26	506,148	431,108	75,040	
27	Pension plan contributions	27	0			
28	Other employee benefits	28	0			
29	Payroll taxes	29	50,423	34,158	16,265	
30	Professional fundraising fees	30	0			
31	Accounting fees	31	0			
32	Legal fees	32	10,553		10,553	
33	Supplies	33	0			
34	Telephone	34	39,923	19,962	19,961	
35	Postage and shipping	35	10,872	10,872		
36	Occupancy	36	57,615	57,615		
37	Equipment rental and maintenance	37	15,235	15,235		
38	Printing and publications	38	2,951	2,951		
39	Travel	39	0			
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	106,329	106,329		
42	Depreciation, depletion, etc (attach schedule)	42	37,096	37,096		
43	Other expenses not covered above (itemize) a _____	43a	0			
	b SEE STM - OTHER EXPENSES PROG	43b	826,207	826,207		
	c SEE STM - OTHER EXPENSES MGNT & GEN	43c	84,639		84,639	
	d _____	43d	0			
	e _____	43e	0			
	f _____	43f	0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	44	1,878,703	1,541,533	337,170	0

JOINT COSTS Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 page 24 of the instructions.)

What is the organization's primary exempt purpose? DRUG REHABILITATION SERVICES	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.
a DRUG REHABILITATION SERVICES WERE PROVIDED TO INDIVIDUALS FOR A TOTAL OF 121,518 HOURS OF DRUG REHAB AND LIFE SKILLS. DRUG FREE LECTURES WERE DELIVERED TO 3200 STUDENTS AT PUBLIC SCHOOLS (Grants and allocations \$ _____)	1,541,533
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	1,541,533

Part IV Balance Sheets (See page 24 of the instructions)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45 Cash - non-interest-bearing		47,986	45	128,363
	46 Savings and temporary cash investments			46	15,544
	47 a Accounts receivable	47a	0		
	b Less allowance for doubtful accounts	47b	0	47c	0
	48 a Pledges receivable	48a	0		
	b Less allowance for doubtful accounts	48b	0	48c	0
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a	0		
	b Less allowance for doubtful accounts	51b	0	51c	0
	52 Inventories for sale or use		7,560	52	6,915
	53 Prepaid expenses and deferred charges			53	
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a Investments - land, buildings, and equipment basis	55a	0		
	b Less accumulated depreciation (attach schedule)	55b	0	55c	0
	56 Investments - other (attach schedule)		0	56	0
	57 a Land, buildings, and equipment basis	57a	1,629,393		
	b Less accumulated depreciation (attach schedule)	57b	131,270	57c	1,498,123
	58 Other assets (describe <input type="checkbox"/> See attached worksheet)		34,931	58	40,631
59 TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		1,541,259	59	1,689,576	
Liabilities	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)		0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b Mortgages and other notes payable (attach schedule)		1,392,573	64b	1,391,885
	65 Other liabilities (describe <input type="checkbox"/> See attached worksheet)		1,220	65	17,719
66 TOTAL LIABILITIES (add lines 60 through 65)		1,393,793	66	1,409,604	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		147,466	67	279,972
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input 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	
73 TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72, column (A) MUST equal line 19, column (B) MUST equal line 21)		147,466	73	279,972	
74 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		1,541,259	74	1,689,576	

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 page 26 of the instructions)	
a Total revenue, gains, and other support per audited financial statements	1,994,517
b Amounts included on line a but not on line 12, Form 990	
(1) Net unrealized gains on investments \$	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify)	
\$	
Add amounts on lines (1) through (4)	0
c Line a minus line b	1,994,517
d Amounts included on line 12, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)	
\$	
Add amounts on lines (1) and (2)	0
e Total revenue per line 12, Form 990 (line c plus line d)	1,994,517

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total expenses and losses per audited financial statements	1,878,703
b Amounts included on line a but not on line 17, Form 990	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)	
\$	
Add amounts on lines (1) through (4)	0
c Line a minus line b	1,878,703
d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)	
\$	
Add amounts on lines (1) and (2)	0
e Total expenses per line 17, Form 990 (line c plus line d)	1,878,703

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (IF NOT PAID, ENTER -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
FRANCISCO MONTERO 262 GAFFEY ROAD, WATSONVILLE, CA	EXEC DIR 60 HRS	130,712		
CHUCK KOCH 18327 CHRISTEPH DR, MORGAN HILL,	DIRECTOR 1 HRS	0		
JERRY NEMIER 2789 TAFT AVE, SANTA CLARA, CA	DIRECTOR 0 HRS	0		
MARC TORRES 18889 W CAVENDASH DRIVE, CASTRO	DIRECTOR 0 HRS	0		
DAVID PULIAFICO 1630 TENNANT AVE, MORGAN HILL, CA	DIRECTOR 0 HRS	0		
RICH PRESCOTT 1475 CRYSTAL DRIVE, HIGHLAND PAR	DIRECTOR 0 HRS	0		
STEVE RYMAN 4833 SHAFTER AVE, OAKLAND, CA	DIRECTOR 0 HRS	0		
PEGGY ROVENSKI 1373 YOSEMITE WAY, HAYWARD, CA	DIRECTOR 0 HRS	0		
JOHN BERRYMAN 5716 LA SEYNE PLACE, SAN JOSE, CA	DIRECTOR 0 HRS	0		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule-see page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)		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	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on FORM 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
b	Did the organization file FORM 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a	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
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	N/A
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 on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter		
a	Initiation fees and capital contributions included on line 12	86a	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	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
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	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	18
91	The books are in care of <u>CHUCK KOCH</u> Telephone no <u>800-722-5570</u> Located at <u>262 GAFFEY ROAD, WATONVILLE, CA</u> ZIP + 4 <u>95076-9731</u>		
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	92	N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	DRUG REHABILITATION SERVICES					1,918,932
b						
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	546	
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					
102	Gross profit or (loss) from sales of inventory					22,143
103	Other revenue					
a	COMMISSIONS			01	6,057	
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		6,603	1,941,075
105	TOTAL (add line 104, columns (B), (D), and (E))					1,947,678

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 page 32 of the instructions)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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 page 33 of the instructions)

(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)

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

Please Sign Here: *Chuck Koch* Signature of officer Date: 1/17/2003

CHUCK KOCH, CHAIRMAN Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *David Puliafico* Date: 11/4/2003 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst W): P00217398

Firm's name (or yours if self-employed) address and ZIP + 4: DAVID PULIAFICO, INC 1630 TENNANT AVE, MORGAN HILL, CA 95037 EIN: 77-0301943 Phone no: 408-778-1345

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions)

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

OMB No 1545-0047

2002

Name of the organization NARCONON OF NORTHERN CALIFORNIA	Employer identification number 77-0275827
---	--

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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
ANGIE MANSON 262 GAFFEY ROAD WASTSONVILLE, CA 95076	FINANCIAL SUPERVISOR 40	75,040		
DANIEL MANSON 262 GAFFEY ROAD WASTSONVILLE, CA 95076	SUPERVISOR 40	67,148		
JOHN BURNS 262 GAFFEY RD WATSONVILLE, CA 95076	ETHICS SUPERVISOR 40	61,330		
Total number of other employees paid over \$50,000	3			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 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
JP&C, INC SANTA CRUZ CA	OUTSIDE CASE SUPERVISION	79,772
Total number of others receiving over \$50,000 for professional services	1	

Part III Statements About Activities (See page 2 of the instructions)	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 \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property? SEE STATEMENT 1	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000) SEE PART V FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See NOTE below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note 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		

Part IV Reason for Non-Private Foundation Status (See pages 3 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)

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)

11 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)

11 b 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	21,328	27,748	60,960	14,588	124,624
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,524,267	1,289,170	775,764	591,032	4,180,233
18 Gross income from interest dividends, amounts received from payments on securities loans (section 512(a)(5)) rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,339	157	4,318	176	5,990
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	1,546,934	1,317,075	841,042	605,796	4,310,847
24 Line 23 minus line 17	22,667	27,905	65,278	14,764	130,614
25 Enter 1% of line 23	15,469	13,171	8,410	6,058	
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 a Enter 2% of amount in column (e), line 24					26a 2,612
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a DO NOT FILE THIS LIST WITH YOUR RETURN Enter the total of all these excess amounts					26b 36,207
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 130,614
d Add Amounts from column (e) for lines	18 5,990	19 0			26d 42,197
	22 0	26b 36,207			26e 88,417
e Public support (line 26c minus line 26d total)					26e 88,417
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					26f 67.69%
27 ORGANIZATIONS DESCRIBED ON LINE 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person" prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" DO NOT FILE THIS LIST WITH YOUR RETURN Enter the sum of such amounts for each year					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) DO NOT FILE THIS LIST WITH YOUR RETURN 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					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add Amounts from column (e) for lines	15 0	16 0			27c 0
	17 0	20 0	21 0		
d Add Line 27a total _____ and line 27b total _____					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f 0
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27g 0.00%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h 0.00%
28 UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant DO NOT FILE THIS LIST WITH YOUR RETURN Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		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)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a)	(b)
(The term "expenditures" means amounts paid or incurred)		Affiliated group totals	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	0 0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0 0
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	0 0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0 0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0 0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0 0

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total	
45	Lobbying nontaxable amount					0
46	Lobbying ceiling amount (150% of line 45(e))					0
47	Total lobbying expenditures					0
48	Grassroots nontaxable amount					0
49	Grassroots ceiling amount (150% of line 48(e))					0
50	Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 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

- 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)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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 12 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?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

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

52 a 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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

File a separate application for each return

If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II (on page 2 of this form)

NOTE DO NOT COMPLETE PART II UNLESS YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868

PART I AUTOMATIC 3-MONTH EXTENSION OF TIME - Only submit original (no copies needed)

NOTE FORM 990-T CORPORATIONS requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax

returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

TYPE OR PRINT	Name of Exempt Organization NARCONON OF NORTHERN CALIFORNIA	EMPLOYER IDENTIFICATION NUMBER 77-0275827
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions 262 GAFFEY ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WATSONVILLE, CA 95076	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

* If the organization does NOT have an office or place of business in the United States, check this box

* If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the WHOLE group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 8/15/2003 to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year 2002 or tax year beginning _____, and ending _____

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

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____ 0

c BALANCE DUE Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) \$ _____ 0

See instructions

SIGNATURE AND VERIFICATION

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

Signature *Don Phillips* Title Director/Treasurer Date 5/5/03
 For Paperwork Reduction Act Notice, see instruction (HTA) Form 8868 (12-2000)

If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II and check this box
NOTE ONLY COMPLETE PART II IF YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868

If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I (on page 1)

ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION OF TIME - MUST FILE ORIGINAL AND ONE COPY

Form with fields: TYPE OR PRINT, Name of Exempt Organization (NARCONON OF NORTHERN CALIFORNIA), EMPLOYER IDENTIFICATION NUMBER (77-0275827), Number, street, and room or suite no (262 GAFFEY ROAD), City, town or post office, state, and ZIP code (WATSONVILLE, CA 95076)

CHECK TYPE OF RETURN TO BE FILED (File a separate application for each return)

- Form 990, Form 990-EZ, Form 990-T (SIC 401(E) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

DO NOT COMPLETE PART II IF YOU WERE NOT ALREADY GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868

If the organization does NOT have an office or place of business in the United States, check this box
If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) 2595
For the WHOLE group, check this box
If it is for PART of the group, check this box and attach a list with the names and EINs of all members the extension is for

I request an additional 3-month extension of time until 11/15/2003
For calendar year 2002, or other tax year beginning and ending
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: AWAITING FINANCIAL INFORMATION SO RETURN CAN BE COMPLETED

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0
c BALANCE DUE Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

SIGNATURE AND VERIFICATION

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

Signature: [Handwritten Signature] Title: Director Date: 8/11/03

NOTICE TO APPLICANT TO BE COMPLETED BY THE IRS

- We HAVE approved this application Please attach this form to the organization's return
We HAVE NOT approved this application However, we have granted a 10-day grace period from the date of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
We HAVE NOT approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
We CANNOT CONSIDER this application because it was filed after the due date of the return for which an extension was requested
Other

Director By Date

ALTERNATE MAILING ADDRESS - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Form with fields: NAME, NUMBER AND STREET (INCLUDE SUITE, ROOM, OR APT NO) OR A P.O. BOX NUMBER, CITY OR TOWN, PROVINCE OR STATE, AND COUNTRY (INCLUDING POSTAL OR ZIP CODE)

Line 20 FORM 990 (2002) OTHER CHANGES IN NET ASSETS OR FUND BALANCE		Total:	16,692
1	A TRUST FUND EXPENSED IN A PRIOR YEAR WAS NO LONGER NEEDED AND WAS RETURNED	1	20,000
2	CERTIFIED AUDIT NET ADJUSTMENTS BY CPA FIRM OF PRIOR YEAR FINANCIAL STATEMENTS	2	-3,308
3	3
4	4
5	5

STATEMENT OTHER EXPENSES - FORM 990 (2002) LINE 43 PROGRAM SERV		Total	826,207
1	ADVERTISING AND PROMOTION	1	85,610
2	CLEANING AND LAUNDRY	2	3,271
3	COMMISSIONS	3	12,584
4	COURSE MATERIALS	4	3,647
5	PROGRAM FOOD EXPENSE	5	175,885
6	INSURNACE EXPENSE	6	31,875
7	LOSS ON ABONDONED ASSETS	7	16,679
8	MEDICAL SERVICES	8	49,117
9	MERCHANT AND BANK FEES	9	22,550
10	PROFESSIONAL FEES	10	171,612
11	REPAIRS AND MAINTENANCE	11	25,270
12	VITAMINS EXPENSE	12	18,012
13	TRADEMARK FEES	13	162,832
14	TRAVEL EXPENSE	14	30,972
15	UTILITIES EXPENSE	15	16,291
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	

STATEMENT OTHER EXPENSES - FORM 990 (2002) LINE 43 MGMT & GEN		Total	84,639
1	CONTRIBUTIONS	1	11,006
2	MERCHANT AND BANK FEES	2	1,909
3	PROFESSIONAL FEES	3	27,610
4	STAFF TRAINING	4	6,594
5	OFFICE SUPPLIES	5	16,481
6	TAXES AND LICENSE	6	4,747
7	UTILITIES EXPENSE	7	16,292
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	

Line 57 FORM 990 (2002) - Land, buildings, and equipment

Land Only (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	LAND	577,752	577,752
2	-----		
3	-----		
4	-----		
5	-----		
6	-----		
7	-----		
8	-----		
9	-----		
10	Total land (net of any amortization)	577,752	577,752

Buildings and equipment Only		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
1	BUILDING AND IMPROVEMENTS	902,766	938,898		
2	EQUIPMENT	38,754	42,566		
3	FURNITURE & FIXTURES	20,831	44,418		
4	VEHICLES	20,610	25,759		
5	-----				
6	TOTAL OF ALL ABOVE			109,931	131,270
7	-----				
8	-----				
9	-----				
10	Total buildings and equipment	982,961	1,051,641	109,931	131,270

Buildings and equipment (less accumulated depreciation)	873,030	920,371
	Beginning of Year	End of Year
Total land, buildings and equipment	1,450,782	1,498,123

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2002

Attachment Seq No 67

See separate instructions Attach to your tax return

Form 4562
(Rév March 2002)
Department of the Treasury
Internal Revenue Service (99)

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: NARCONON OF NORTHERN CALIFORNIA, 77-0275827

Part I Election To Expense Certain Tangible Property Under Section 179

Note If you have any listed property, complete Part V before you complete Part I

Table with 2 columns: Line number, Amount. Lines 1-5 for Section 179 election details.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Lines 6-13 for listed property and carryover.

Note Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 2 columns: Line number, Amount. Lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

Section A

Table with 2 columns: Line number, Amount. Lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i for various property types.

Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Basis for depreciation, (c) Recovery period, (d) Convention, (e) Method, (f) Depreciation deduction. Rows 20a-c for alternative depreciation system.

Part IV Summary (see page 6 of the instructions)

Table with 2 columns: Line number, Amount. Lines 21-23 for summary totals.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution See page 8 of the instructions for limits for passenger automobiles)

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25, 26, 27, 28, 29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

Table with columns Yes, No. Includes rows 37-41 regarding written policies and requirements for qualified automobile demonstration use.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Line 58 FORM 990 (2002) - Other Assets

		Beginning	End
1 WORKERS COMPENSATION INSURANCE DEPOSIT	1	1,615	1,660
2 PERSONAL PROPERTY	2	2,009	2,564
3 SECURITY DEPOSIT	3		5,100
4 DEPOSIT - REAL ESTATE	4	31,307	31,307
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other assets		34,931	40,631

Line 64b FORM 990 (2002) - Mortgages and other notes payable

		Beginning		End
1	MORTGAGE COAST COMMERCIAL BANK 2ND ON NARCONON'S PROPERTY	832,573		
2	MORTGAGE INDIVIDUAL MAYR 1ST ON NARCONON'S PROPERTY	560,000		
3	WELLS FARGO BANK			1,390,000
4	VEHICLE NOTE PAYABLE			1,885
5				
6				
7				
8				
9				
10				
11	Total mortgages and other notes payable	1,392,573		1,391,885

Line 65 FORM 990 (2002) - Other Liabilities

		Beginning	End
1 SALES TAX PAYABLE	1	1,220	1,168
2 CREDIT LINE PAYABLE	2		16,551
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other liabilities		1,220	17,719

NARCONON OF NORTHERN CALIFORNIA

77-0275827

STATEMENT 1

REF SCH A FORM 990 (2002) PART III 2a

NARCONON OF NORTHERN CALIFORNIA PAID RENT OF \$38466 TO
ANDY MOORE, FORMER EXECUTIVE DIRECTOR FOR USE OF PROPERTY

NARCONON OF NORTHERN CALIFORNIA

77-0275827

STATEMENT 2

REF FORM 990 (2002) PART I LINE 10A, B & C

GROSS SALES OF BOOKS & PUBLICATIONS	51148
LESS COST OF BOOKS & PUBLICATIONS SOLD	<u>29005</u>
GROSS PROFIT FROM SALE OF INVENTORY	22143
	=====

Item No	Description of Property	Date Placed in Service	Cost or Other Basis	Code	Bus Use %	Less Sec 179 Deduction	Less 30% Special Allowance	Recovery Basis	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec. 179, 30%	2002 Current Deprec	2002 Accum Deprec
GDS nonresidential real property (Line 19i)														
	REMODELING VARIOUS	7/1/2002	1,963	H	100 00%		0	1,963	39	S/L	MM		25	25
	ELECTRICAL/PLUMBING	10/10/2002	11,930	H	100 00%		0	11,930	39	S/L	MM		64	64
	HEATING SYSTEMS	10/28/2002	2,043	H	100 00%		0	2,043	39	S/L	MM		12	12
			<u>15,936</u>				0	<u>15,936</u>					<u>101</u>	<u>101</u>
ADS class life (Line 20a)														
	FENCING DONATED	2/2/2002	3,985	F	100 00%		0	3,985	15	S/L	FM		244	244
	COMPUTER	6/12/2002	756	C	100 00%		0	756	5	S/L	MM		82	82
	FAX MACHINE	6/25/2002	200	C	100 00%		0	200	5	S/L	HY		20	20
	FURNITURE VARIOUS	7/1/2002	18,198	D	100 00%		0	18,198	7	S/L	HY		1,300	1,300
	WATER HEATER	7/1/2002	2,137	C	100 00%		0	2,137	5	S/L	HY		214	214
	REFRIGERATOR	7/3/2002	216	C	100 00%		0	216	5	S/L	HY		22	22
	LABEL MACHINE	8/28/2002	1,285	C	100 00%		0	1,285	5	S/L	MM		86	86
	WASHER/DRYER	9/3/2002	1,633	C	100 00%		0	1,633	5	S/L	FM		109	109
	WATER SYSTEM	9/9/2002	4,000	F	100 00%		0	4,000	15	S/L	MM		78	78
	ICE MACHINE	9/26/2002	995	C	100 00%		0	995	5	S/L	MM		58	58
	LAPTOP	10/2/2002	2,332	C	100 00%		0	2,332	5	S/L	FM		117	117
	PAVING	10/22/2002	4,250	F	100 00%		0	4,250	15	S/L	MM		47	47
	2 VACUUMS	11/4/2002	612	D	100 00%		0	612	5	S/L	MM		20	20
	GENERATOR	12/16/2002	699	C	100 00%		0	699	5	S/L	MM		6	6
			<u>41,298</u>				0	<u>41,298</u>					<u>2,403</u>	<u>2,403</u>
MACRS deductions for prior years (Line 17)														
	BED & FRAME	3/3/1997	127	D	100 00%		0	127	7	S/L	HY	81	18	99
	BED & FRAMES	3/5/1997	154	D	100 00%		0	154	7	S/L	HY	98	22	120
	2 BEDS & FRAMES	4/29/1997	268	D	100 00%		0	268	7	S/L	HY	171	38	209
	CHAIR	5/30/1997	173	C	100 00%		0	173	7	S/L	HY	112	25	137
	SAFE	6/24/1997	175	C	100 00%		0	175	5	S/L	HY	142	18	160
	MATERIALS FOR NEW COURSE	6/28/1997	1,622	C	100 00%		0	1,622	5	S/L	HY	1,458	162	1,620
	BEDS	6/30/1997	167	D	100 00%		0	167	7	S/L	HY	108	24	132
	FRAMES FOR BEDS	6/30/1997	108	D	100 00%		0	108	7	S/L	HY	68	15	83
	LIGHTS FOR COURSE	7/1/1997	128	C	100 00%		0	128	5	S/L	HY	112	13	125
	FURNITURE NEW COURSE	7/10/1997	683	D	100 00%		0	683	7	S/L	HY	440	98	538
	USED JEMINI COMPUTER	1/10/1998	800	C	100 00%		0	800	5	S/L	HY	747	53	800
	OFFICE FURNITURE	1/28/1998	3,500	D	100 00%		0	3,500	7	S/L	HY	1,958	500	2,458
	MEMORY UPGRADES	2/16/1998	173	C	100 00%		0	173	5	S/L	HY	134	35	169
	LASERJET PRINTER	2/18/1998	452	C	100 00%		0	452	5	S/L	HY	345	90	435
	PAPER FOLDER	4/3/1998	540	C	100 00%		0	540	5	S/L	HY	405	108	513
	ZIP DRIVE	4/30/1998	162	C	100 00%		0	162	5	S/L	HY	118	32	150
	TELEPHONE	10/26/1998	480	C	100 00%		0	480	5	S/L	HY	304	96	400
	BUILDING FACILITIES	12/30/1998	847,388	H	100 00%		0	847,388	39	S/L	MM	65,183	21,727	86,910
	SAUNA	2/28/1999	4,524	C	100 00%		0	4,524	7	S/L	HY	1,858	646	2,504
	SAUNA HEATER	2/28/1999	1,392	C	100 00%		0	1,392	7	S/L	HY	572	199	771
	PAPER FOLDER	3/11/1999	714	C	100 00%		0	714	7	S/L	HY	293	102	395
	MODEM	4/12/1999	108	C	100 00%		0	108	5	S/L	HY	72	22	94
	OFFICE FURNITURE	6/2/1999	2,639	D	100 00%		0	2,639	7	S/L	HY	990	377	1,367

Item No	Description of Property	Date Placed in Service	Cost or Other Basis	Code	Bus Use %	Less Sec 179 Deduction	Less 30% Special Allowance	Recovery Basis	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec 179, 30%	2002 Current Deprec	2002 Accum Deprec
3	COMPUTERS	8/2/1999	3,075	C	100 00%		0	3,075	7	S/L	HY	1,043	439	1,482
	PHONE LINES	9/5/1999	3,292	C	100 00%		0	3,292	7	S/L	HY	1,116	470	1,566
	DRIVEWAY	10/15/1999	19,300	F	100 00%		0	19,300	15	S/L	HY	2,735	1,287	4,022
	SEPTIC TANK	4/5/2000	4,500	F	100 00%		0	4,500	15	S/L	HY	450	300	750
	MISC FURNITURE	7/1/2000	3,946	D	100 00%		0	3,946	7	S/L	HY	846	564	1,410
	LAPTOP	9/19/2000	1,080	C	100 00%		0	1,080	5	S/L	HY	324	216	540
	FREEZER	9/22/2000	620	C	100 00%		0	620	5	S/L	HY	186	124	310
	PAVING	10/17/2000	5,200	F	100 00%		0	5,200	15	S/L	HY	520	347	867
	ROOFING	10/25/2000	603	F	100 00%		0	603	15	S/L	HY	60	40	100
	CABINET	11/2/2000	502	D	100 00%		0	502	5	S/L	HY	150	100	250
	3 MATTRESS SETS	1/5/2001	324	D	100 00%		0	324	7	S/L	HY	46	46	92
	TOILET & HEATER	1/30/2001	685	C	100 00%		0	685	7	S/L	HY	98	98	196
	MIXER FOR KITCHEN	2/21/2001	245	C	100 00%		0	245	7	S/L	HY	35	35	70
	TOILET	2/23/2001	290	C	100 00%		0	290	7	S/L	HY	41	41	82
	FURNACE REPAIR	3/15/2001	1,038	C	100 00%		0	1,038	7	S/L	HY	148	148	296
	PATIO FURNITURE	3/22/2001	1,159	D	100 00%		0	1,159	7	S/L	HY	166	166	332
	ROCK FOR SEPTIC SYSTEM	3/27/2001	2,575	F	100 00%		0	2,575	15	S/L	HY	129	172	301
	BUNK BEDS	4/4/2001	1,026	D	100 00%		0	1,026	7	S/L	HY	147	147	294
	2 BOX STRINGS/MATTRESS	5/9/2001	203	D	100 00%		0	203	7	S/L	HY	29	29	58
	BUILDING SHED	5/17/2001	1,293	H	100 00%		0	1,293	39	S/L	MM	21	33	54
	COMPUTER/MONITOR/PRINT	5/30/2001	1,030	C	100 00%		0	1,030	5	S/L	HY	147	206	353
	OFFICE CHAIR	5/30/2001	149	D	100 00%		0	149	7	S/L	HY	21	21	42
	COMPUTER	7/25/2001	1,418	C	100 00%		0	1,418	5	S/L	HY	203	284	487
	LASER PRINTER	7/27/2001	1,469	C	100 00%		0	1,469	5	S/L	HY	210	294	504
	OFFICE CHAIR	8/1/2001	249	D	100 00%		0	249	7	S/L	HY	36	36	72
	PARTITIONS	8/1/2001	1,054	C	100 00%		0	1,054	7	S/L	HY	151	151	302
	FURNISHINGS FOR BEDS	8/14/2001	288	D	100 00%		0	288	7	S/L	HY	41	41	82
	DRIER	8/15/2001	592	D	100 00%		0	592	7	S/L	HY	85	85	170
	TREASURY OFFICE IMPROVE	8/23/2001	6,520	H	100 00%		0	6,520	39	S/L	MM	63	167	230
	BEDS	8/27/2001	1,054	D	100 00%		0	1,054	7	S/L	HY	151	151	302
	LATERAL FILE CABINETS	10/3/2001	240	C	100 00%		0	240	5	S/L	HY	34	48	82
	SAFE	10/3/2001	119	D	100 00%		0	119	7	S/L	HY	17	17	34
	COMPUTER/MONITOR	10/11/2001	1,378	C	100 00%		0	1,378	5	S/L	HY	197	276	473
	DESKS	10/17/2001	592	D	100 00%		0	592	7	S/L	HY	85	85	170
	BEDS	10/19/2001	398	D	100 00%		0	398	7	S/L	HY	57	57	114
	DRESSERS	10/31/2001	347	D	100 00%		0	347	7	S/L	HY	50	50	100
	BEDS	11/7/2001	1,032	D	100 00%		0	1,032	7	S/L	HY	147	147	294
	OFFICE CHAIR	11/8/2001	130	D	100 00%		0	130	7	S/L	HY	19	19	38
	LATERAL FILE CAB, BOOKCA	12/5/2001	372	D	100 00%		0	372	7	S/L	HY	53	53	106
	DRILL, SCRAPER BLINDS	12/20/2001	136	C	100 00%		0	136	7	S/L	HY	19	19	38
	VACUUM CLEANER	12/20/2001	200	C	100 00%		0	200	7	S/L	HY	29	29	58
	WATER HEATER	12/20/2001	180	C	100 00%		0	180	7	S/L	HY	26	26	52
			936,380				0	936,380				85,900	31,484	117,384
	ACRS and other depreciation (Line 16)													
	SOFTWARE	4/29/2002	349	E	100 00%		0	349	3	S/L	MM		78	78
	SOFTWARE DONATED	6/26/2002	500	E	100 00%		0	500	3	S/L	MM		83	83

Item No	Description of Property	Date Placed in Service	Cost or Other Basis	Code	Bus Use %	Less Sec 179 Deduction	Less 30% Special Allowance	Recovery Basis	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec. 179, 30%	2002 Current Deprec	2002 Accum Deprec
			849			0	0	849					161	161
Listed property with more than 50% business use (Line 26)														
	98 FORD ARROWSTAR	8/14/1999	12,000	L	100 00%		0	12,000	5	S/L	HY	2,830	1,571	4,401
	VEHICLE-VAN	7/8/2002	13,759	L	100 00%		0	13,759	5	S/L	HY	2,830	1,376	1,376
			25,759			0	0	25,759				2,830	2,947	5,777
Totals			1,020,222				0	1,020,222				88,730	37,096	125,826

12/31/2002 1,629,393 0 0 1,629,393 94,174 37,096 131,270

Assets Detail

Item No	Description of Property	Date Placed in Service	Cost or Other Basis	Code	Bus Use %	Less Sec 179 Deduction	Less 30% Special Allowance	Recovery Basis	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec, 179, 30%	2002 Current Deprec	2002 Accum Deprec
	FURNITURE & EQUIPMENT	1/1/1995	1,027	D	100 00%		0	1,027	5	S/L	HY	1,027	0	1,027
	FURNITURE & EQUIPMENT	1/1/1995	1,845	D	100 00%		0	1,845	5	S/L	HY	1,845	0	1,845
	KIRBY VACUUM CLEANER	1/1/1996	1,700	D	100 00%		0	1,700	5	S/L	HY	1,700	0	1,700
	FAX PHONE	2/1/1996	272	C	100 00%		0	272	5	S/L	HY	272	0	272
	BED & FRAME	3/3/1997	127	D	100 00%		0	127	7	S/L	HY	81	18	99
	BED & FRAMES	3/5/1997	154	D	100 00%		0	154	7	S/L	HY	98	22	120
	2 BEDS & FRAMES	4/29/1997	268	D	100 00%		0	268	7	S/L	HY	171	38	209
	STAIR STEPPERS	4/27/1996	200	C	100 00%		0	200	5	S/L	HY	200	0	200
	CHAIR	5/30/1997	173	C	100 00%		0	173	7	S/L	HY	112	25	137
	STAIR STEPPERS	5/20/1996	400	D	100 00%		0	400	5	S/L	HY	400	0	400
	MATERIALS FOR NEW COURSE	6/28/1997	1,622	C	100 00%		0	1,622	5	S/L	HY	1,458	162	1,620
	FRAMES FOR BEDS	6/30/1997	108	D	100 00%		0	108	7	S/L	HY	68	15	83
	BEDS	6/30/1997	167	D	100 00%		0	167	7	S/L	HY	108	24	132
	FURNITURE NEW COURSE	7/10/1997	683	D	100 00%		0	683	7	S/L	HY	440	98	538
	LIGHTS FOR COURSE	7/1/1997	128	C	100 00%		0	128	5	S/L	HY	112	13	125
	SAFE	6/24/1997	175	C	100 00%		0	175	5	S/L	HY	142	18	160
	LASERJET PRINTER	2/18/1998	452	C	100 00%		0	452	5	S/L	HY	345	90	435
	MEMORY UPGRADES	2/16/1998	173	C	100 00%		0	173	5	S/L	HY	134	35	169
	MODEM	4/12/1999	108	C	100 00%		0	108	5	S/L	HY	72	22	94
	ZIP DRIVE	4/30/1998	162	C	100 00%		0	162	5	S/L	HY	118	32	150
	TELEPHONE	10/26/1998	480	C	100 00%		0	480	5	S/L	HY	304	96	400
	PAPER FOLDER	4/3/1998	540	C	100 00%		0	540	5	S/L	HY	405	108	513
	USED JEMINI COMPUTER	1/10/1998	800	C	100 00%		0	800	5	S/L	HY	747	53	800
	OFFICE FURNITURE	1/28/1998	3,500	D	100 00%		0	3,500	7	S/L	HY	1,958	500	2,458
	BUILDING FACILITIES	12/30/1998	847,388	H	100 00%		0	847,388	39	S/L	MM	65,183	21,727	86,910
	LAND FACILITIES	12/30/1998	577,752	Y	100 00%		0	577,752	0	S/L	HY	0	0	0
	SAUNA	2/28/1999	4,524	C	100 00%		0	4,524	7	S/L	HY	1,858	646	2,504
	DRIVEWAY	10/15/1999	19,300	F	100 00%		0	19,300	15	S/L	HY	2,735	1,287	4,022
	PHONE LINES	9/5/1999	3,292	C	100 00%		0	3,292	7	S/L	HY	1,116	470	1,586
	SAUNA HEATER	2/28/1999	1,392	C	100 00%		0	1,392	7	S/L	HY	572	199	771
	OFFICE FURNITURE	6/2/1999	2,639	D	100 00%		0	2,639	7	S/L	HY	990	377	1,367
	3 COMPUTERS	8/2/1999	3,075	C	100 00%		0	3,075	7	S/L	HY	1,043	439	1,482
	PAPER FOLDER	3/11/1999	714	C	100 00%		0	714	7	S/L	HY	293	102	395
	98 FORD ARROWSTAR	8/14/1999	12,000	L	100 00%		0	12,000	5	S/L	HY	2,830	1,571	4,401
	LAPTOP	9/19/2000	1,080	C	100 00%		0	1,080	5	S/L	HY	324	216	540
	CABINET	11/2/2000	502	D	100 00%		0	502	5	S/L	HY	150	100	250
	FREEZER	9/22/2000	620	C	100 00%		0	620	5	S/L	HY	186	124	310
	SEPTIC TANK	4/5/2000	4,500	F	100 00%		0	4,500	15	S/L	HY	450	300	750
	PAVING	10/17/2000	5,200	F	100 00%		0	5,200	15	S/L	HY	520	347	867
	ROOFING	10/25/2000	603	F	100 00%		0	603	15	S/L	HY	60	40	100

12/31/2002 1,629,393 0 0 1,629,393 94,174 37,096 131,270

Assets Detail

Item No	Description of Property	Date Placed in Service	Cost or Other Basis	Code	Bus Use %	Less Sec 179 Deduction	Less 30% Special Allowance	Recovery Basis	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec, 179, 30%	2002 Current Deprec	2002 Accum Deprec
	MISC FURNITURE	7/1/2000	3,946	D	100 00%		0	3,946	7	S/L	HY	846	564	1,410
	TREASURY OFFICE IMPROVE	8/23/2001	6,520	H	100 00%		0	6,520	39	S/L	MM	63	167	230
	ROCK FOR SEPTIC SYSTEM	3/27/2001	2,575	F	100 00%		0	2,575	15	S/L	HY	129	172	301
	TOILET & HEATER	1/30/2001	685	C	100 00%		0	685	7	S/L	HY	98	98	196
	MIXER FOR KITCHEN	2/21/2001	245	C	100 00%		0	245	7	S/L	HY	35	35	70
	TOILET	2/23/2001	290	C	100 00%		0	290	7	S/L	HY	41	41	82
	FURNACE REPAIR	3/15/2001	1,038	C	100 00%		0	1,038	7	S/L	HY	148	148	296
	BUILDING SHED	5/17/2001	1,293	H	100 00%		0	1,293	39	S/L	MM	21	33	54
	VACCUUM CLEANER	12/20/2001	200	C	100 00%		0	200	7	S/L	HY	29	29	58
	WATER HEATER	12/20/2001	180	C	100 00%		0	180	7	S/L	HY	26	26	52
	DRILL, SCRAPER BLINDS	12/20/2001	136	C	100 00%		0	136	7	S/L	HY	19	19	38
	3 MATTRESS SETS	1/5/2001	324	D	100 00%		0	324	7	S/L	HY	46	46	92
	PATIO FURNITURE	3/22/2001	1,159	D	100 00%		0	1,159	7	S/L	HY	166	166	332
	BUNK BEDS	4/4/2001	1,026	D	100 00%		0	1,026	7	S/L	HY	147	147	294
	2 BOX STRINGS/MATTRESS	5/9/2001	203	D	100 00%		0	203	7	S/L	HY	29	29	58
	OFFICE CHAIR	5/30/2001	149	D	100 00%		0	149	7	S/L	HY	21	21	42
	PARTITIONS	8/1/2001	1,054	C	100 00%		0	1,054	7	S/L	HY	151	151	302
	OFFICE CHAIR	8/1/2001	249	D	100 00%		0	249	7	S/L	HY	36	36	72
	FURNISHINGS FOR BEDS	8/14/2001	288	D	100 00%		0	288	7	S/L	HY	41	41	82
	DRIER	8/15/2001	592	D	100 00%		0	592	7	S/L	HY	85	85	170
	BEDS	8/27/2001	1,054	D	100 00%		0	1,054	7	S/L	HY	151	151	302
	LATERAL FILE CABINETS	10/3/2001	240	C	100 00%		0	240	5	S/L	HY	34	48	82
	SAFE	10/3/2001	119	D	100 00%		0	119	7	S/L	HY	17	17	34
	DESKS	10/17/2001	592	D	100 00%		0	592	7	S/L	HY	85	85	170
	BEDS	10/19/2001	398	D	100 00%		0	398	7	S/L	HY	57	57	114
	DRESSERS	10/31/2001	347	D	100 00%		0	347	7	S/L	HY	50	50	100
	BEDS	11/7/2001	1,032	D	100 00%		0	1,032	7	S/L	HY	147	147	294
	OFFICE CHAIR	11/8/2001	130	D	100 00%		0	130	7	S/L	HY	19	19	38
	LATERAL FILE CAB, BOOKCA	12/5/2001	372	D	100 00%		0	372	7	S/L	HY	53	53	106
	LASER PRINTER	7/27/2001	1,469	C	100 00%		0	1,469	5	S/L	HY	210	294	504
	COMPUTER/MONITOR	10/11/2001	1,378	C	100 00%		0	1,378	5	S/L	HY	197	276	473
	COMPUTER/MONITOR/PRINT	5/30/2001	1,030	C	100 00%		0	1,030	5	S/L	HY	147	206	353
	COMPUTER	7/25/2001	1,418	C	100 00%		0	1,418	5	S/L	HY	203	284	487
	FENCING DONATED	2/2/2002	3,985	F	100 00%		0	3,985	15	S/L	FM	244	244	244
	ELECTRICAL/PLUMBING	10/10/2002	11,930	H	100 00%		0	11,930	39	S/L	MM	64	64	64
	PAVING	10/22/2002	4,250	F	100 00%		0	4,250	15	S/L	MM	47	47	47
	WATER SYSTEM	9/9/2002	4,000	F	100 00%		0	4,000	15	S/L	MM	78	78	78
	REMODELING VARIOUSE	7/1/2002	1,963	H	100 00%		0	1,963	39	S/L	MM	25	25	25
	HEATING SYSTEMS	10/28/2002	2,043	H	100 00%		0	2,043	39	S/L	MM	12	12	12

