

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2003 calendar year, or tax year beginning , 2003, and ending

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.

NARCONON FLORIDA, INC.
22079 US HWY 19 NORTH
CLEARWATER, FL 33765-2364

D Employer Identification Number

59-3035096

E Telephone number

(727) 796-0111

F Accounting method:

☒ Cash ☐ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ NoH (b) If 'Yes,' enter number of affiliates ▶ ☐ Yes ☐ NoH (c) Are all affiliates included? **NA** ☐ 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 Group Exemption Number. ▶ 2595

M Check ☒ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ N/A

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 ▶ 119,415.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a 23,688.

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 23,688. noncash \$)

1d 23,688.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 95,727.

3 Membership dues and assessments.

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other
than inventory.

(A) Securities

(B) Other

8a

b Less: cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐a Gross revenue (not including \$ of contributions
reported on line 1a)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103).

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 119,415.

13 Program services (from line 44, column (B)).

13 79,740.

14 Management and general (from line 44, column (C))

14 15,739.

15 Fundraising (from line 44, column (D))

15 13,143.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 108,622.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 10,793.

19 Net assets or fund balances at beginning of year (from line 7a, column (A))

19 -30,322.

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

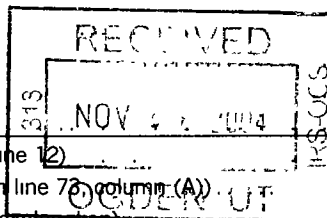
21 -19,529.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0107L 10/03/03

Form 990 (2003)

SCANNED DEC 10 2004



11P

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.

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 (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26	2,946.	2,946.	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	329.	329.	
30	Professional fundraising fees	30			
31	Accounting fees	31	1,160.	1,160.	
32	Legal fees	32	560.	560.	
33	Supplies	33	1,916.	1,916.	
34	Telephone	34	9,909.	9,909.	
35	Postage and shipping	35	932.	932.	
36	Occupancy	36	23,212.	23,212.	
37	Equipment rental and maintenance	37	2,076.	2,076.	
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	434.	434.	
42	Depreciation, depletion, etc (attach schedule)	42	4,333.	1,675.	2,658.
43	Other expenses not covered above (itemize):				
a	See Statement 1	43a	60,815.	37,677.	9,995.
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	108,622.	79,740.	15,739.

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 \$ _____.

Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ☐ See Statement 2

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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts, but
optional for others)

a	See Statement 3		
	(Grants and allocations \$ _____)		79,740.
b			
	(Grants and allocations \$ _____)		
c			
	(Grants and allocations \$ _____)		
d			
	(Grants and allocations \$ _____)		
e	Other program services		
	(Grants and allocations \$ _____)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		79,740.

Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	28,028.	45	8,897.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch.)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	26,859.			
b Less: accumulated depreciation (attach schedule)	5,290.	25,902.	57c	21,569.
58 Other assets (describe <input type="checkbox"/> See Statement 5)		200.	58	200.
59 Total assets (add lines 45 through 58) (must equal line 74)		54,130.	59	30,666.
LIABILITIES	60 Accounts payable and accrued expenses	20,118.	60	1,062.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> See Statement 6)	64,334.	65	49,133.
66 Total liabilities (add lines 60 through 65)	84,452.	66	50,195.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	-30,322.	72	-19,529.
	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)	-30,322.	73	-19,529.
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	54,130.	74	30,666.	

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.

BAA

Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)		Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	a	a Total expenses and losses per audited financial statements	a
	N/A		N/A
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):		(4) Other (specify):	
----- \$		----- \$	
Add amounts on lines (1) through (4)	b	Add amounts on lines (1) through (4)	b
c Line a minus line b	c	c Line a minus line b	c
d Amounts included on line 12, Form 990 but not on line a :		d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):		(2) Other (specify):	
----- \$		----- \$	
Add amounts on lines (1) and (2)	d	Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e	e Total expenses per line 17, Form 990 (line c plus line d)	e

List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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 and deferred compensation	(E) Expense account and other allowances
CHERYL A. ALDERMAN 2702 WHITNEY ROAD CLEARWATER, FL 33760	President 80	0.	0.	0.
WILLIAM P. WITTER 2041 LAKEWOOD DRIVE DUNEDIN, FL 34698	Vice President 0	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

... ☐ Yes ☒ No

If 'Yes,' attach schedule — see instructions.

Other Information (See 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		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80b	If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	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
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
84b	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
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
85c	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.	85c	N/A
85d	Dues, assessments, and similar amounts from members	85d	N/A
85e	Section 162(e) lobbying and political expenditures	85e	N/A
85f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	N/A
85g	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	N/A
85h	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h	N/A
86	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?	86	N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
87b	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
89a	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>	89a	
89b	501(c)(3) and 501(c)(4) organizations. 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
89c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	0.
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d	0.
90a	List the states with which a copy of this return is filed <u>FLORIDA</u>	90a	
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions).	90b	0
91	The books are in care of <u>CHERYL A. ALDERMAN</u> Telephone number <u>(727) 796-1011</u> Located at <u>22079 U.S. HIGHWAY 19 N. CLEARWATER, FL.</u> ZIP + 4 <u>33765-2364</u>	91	
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 <u>92</u>	92	N/A

Part VII Analysis of Income-Producing Activities (See 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 MISC REVENUE					11,825.
b PROGRAM FEES					83,902.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & 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 pers prop					
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					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					95,727.
105 Total (add line 104, columns (B), (D), and (E))					95,727.

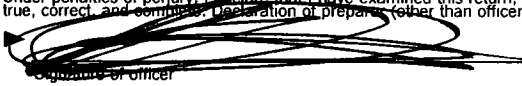
Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

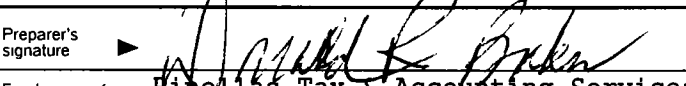
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a b	ALCOHOL & SUBSTANCE ABUSE FACILITY FOR WITHDRAWAL & DETOXIFICATION. FACILITY DOES NOT USE DRUGS IN PROGRAM.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 instructions.)a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ Nob Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	 _____ Type or print name and title	Date <u>11-12-04</u>

Paid Preparer's Use Only	Preparer's signature 	Date <u>11-12-04</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (see General Instruction W)
	Firm's name (or yours if self-employed) address, and ZIP + 4	Pinellas Tax & Accounting Services, Inc 6925 112TH Circle N., Suite 102 Largo, FL 33773		
		EIN	59-3341353	
		Phone no	(727) 548-4400	

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.)

OMB No 1545-0047

2003

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

Name of the organization

NARCONON FLORIDA, INC.

Employer identification number

59-3035096

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

(See 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 and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶

0

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

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶

0

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	79,915.	412,560.			492,475.
16 Membership fees received					
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	20,574.				20,574.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	100,489.	412,560.			513,049.
24 Line 23 minus line 17	79,915.	412,560.			492,475.
25 Enter 1% of line 23	1,005.	4,126.			

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	9,850.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	492,475.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____		26d	
e Public support (line 26c minus line 26d total)		26e	492,475.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	100.00 %

27 Organizations described on line 12: N/A	
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: (2002) _____ (2001) _____ (2000) _____ (1999) _____	
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: (2002) _____ (2001) _____ (2000) _____ (1999) _____	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c _____
d Add: Line 27a total _____ and line 27b total _____	27d _____
e Public support (line 27c total minus line 27d total)	27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.

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

N/A

- 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.)

	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

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.)

34a 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

N/A

(b)
To be completed
for ALL electing
organizations

(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.)

N/A

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

NARCONON FLORIDA, INC.

59-3035096

Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADVERTISING	7,615.			7,615.
BANK CHARGES	68.		68.	
CENTER GROCERIES	101.			101.
COMMISSIONS	4,911.			4,911.
CONSULTING FEES	8,050.	8,050.		
CONTINUING ED.	337.	337.		
CONTRIBUTIONS	125.		125.	
CREDIT CARD FEES	471.			471.
DUES & SUBSCRIPTIONS	1,967.		1,967.	
ENTERTAINMENT	45.			45.
FEDERAL PENALTIES	8.		8.	
INSURANCE	3,546.		3,546.	
LICENSES	11,194.	11,194.		
MAINT & REPAIRS	1,097.	1,097.		
OFFICE EXP	4,281.		4,281.	
OUTSIDE SERVICES	536.	536.		
PROGRAM EXPENSES	7,503.	7,503.		
ROUNDING	-2.	-2.		
STUDENT SERVICES	4,085.	4,085.		
SUBCONTRACTOR	1,225.	1,225.		
UTILITIES	3,652.	3,652.		
Total	<u>\$ 60,815.</u>	<u>\$ 37,677.</u>	<u>\$ 9,995.</u>	<u>\$ 13,143.</u>

Statement 2
Form 990, Part III
Organization's Primary Exempt Purpose

DRUG ABUSE REHABILITATION AND PREVENTION.

Statement 3
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>Narconon Florida Inc. is a non-profit agency that provides substance abuse out-patient detoxification and treatment services for individuals. The Narconon Florida program provides drug-free withdrawal using education as a fundamental component of the rehabilitation process in order for alcohol and other substance abuse users to stably recover and live ethical and productive lives. The Narconon protocol uses nutrition and nutritional supplements as an important component of its delivery. The program is neither psychiatric nor medical, but a social educational model of rehabilitation. Narconon clients are not considered or treated as patients but as students who are learning to regain control of their lives. A Narconon student does not</p>		

NARCONON FLORIDA, INC.

59-3035096

Statement 3 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
enroll to recover from an illness, he enrolls to learn something that he doesn't already know. He addresses the disability caused by drug use with new abilities, new skills for life. The Narconon program is composed of eight program steps for complete recovery.		79,740.
	<u>\$ 0.</u>	<u>\$ 79,740.</u>

Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 14,547.	\$ 4,908.	\$ 9,639.
Improvements	12,312.	382.	11,930.
Total	<u>\$ 26,859.</u>	<u>\$ 5,290.</u>	<u>\$ 21,569.</u>

Statement 5
Form 990, Part IV, Line 58
Other Assets

Deposits	\$ 200.
Total	<u>\$ 200.</u>

Statement 6
Form 990, Part IV, Line 65
Other Liabilities

Credit card - Capital One	\$ 36,331.
Credit card - Home Depot	1,300.
Credit card - Sunlight Sauna	1,500.
Merchant's credit - W&WLLC	10,000.
Rounding	2.
Total	<u>\$ 49,133.</u>

NARCONON FLORIDA, INC.

59-3035096

	2003	2002	Diff
REVENUE			
Contributions, gifts, and grants	23,688	79,915	-56,227
Program service revenue	95,727	20,574	75,153
Total revenue.	119,415	100,489	18,926
EXPENSES			
Program services	79,740	88,819	-9,079
Management and general.	15,739	20,907	-5,168
Fundraising	13,143	22,287	-9,144
Total expenses	108,622	132,013	-23,391
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year	10,793	-31,524	42,317
Net assets/fund bal. at beg. of year	-30,322	1,202	-31,524
Net assets/fund bal. at end of year	-19,529	-30,322	10,793

ENVELOPE
POSTMARK DATE AUG 12 2004

- 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).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization NARCONON FLORIDA, INC.	Employer identification number 59:303 5096
	Number, street, and room or suite no. If a P.O. box, see instructions 22079 US HWY 19 NORTH	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CLEARWATER, FL. 33765	

Check type of return to be filed (File a separate application for each return):

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

STOP: 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) _____. 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 is for.

- 4 I request an additional 3-month extension of time until November 15, 2004
- 5 For calendar year 2003, or other tax year beginning _____, 20____ and ending _____, 20____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension Additional Time Needed to file in order to complete an accurate & proper return.

- 8a 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 Allen O. Frazer EA Title _____ Date 8-12-04

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 later 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 we
- ☐ Other _____

EXTENSION APPROVED

AUG 26 2004

Director _____ By _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an returned to an address different than the one entered above.

FIELD DIRECTOR, SUBMISSION PROCESSING CENTER

Type or print	Name PINELLAS TAX & ACCOUNTING SERVICE,
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 152 8TH AVE. SW - Second Floor - Suite 18
	City or town, province or state, and country (including postal or ZIP code) Largo, FL 33770

**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 **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- 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.**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 File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	NARCONON FLORIDA, INC.		59-3035096	
	Number, street, and room or suite number If a P O box, see instructions			
	22079 US HWY 19 NORTH			
	City, town or post office. For a foreign address, see instructions		state	ZIP code
	CLEARWATER, FL 33765-2364			

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 (Section 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 11/15, 20 04, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 03 or▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a 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) See instructions \$ _____ 0.

Signature and Verification

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, and that I am authorized to prepare this form

Signature ▶

Title ▶ **President**

Date ▶

BAA For Paperwork Reduction Act Notice, see instructions.Form **8868** (12-2000)