Department of the Treasury Internal Revenue Service

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 trost or private foundation)

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

OMB No 1545-0047 2006 Open to Public Inspection

					3		
Α	For the	e 2006 calendar year, or tax year beginning , and ending			····		
В	Check if	applicable Please C Name of organization				D	Employer identification number
\sqcup	Address	change label or label or			Ĺ		33-0911677
$\overline{\Box}$	Name ch	I NARCONON SOUTHERN CALIFORN	AI			Ε	Telephone number
\vdash	Hame G	type. Number and street (or P O box if mail is not delivered to stree	t addres	ss)	Room/suite		949-675-8988
Ш	Initial ret	See 1810 W OCEANFRONT		,		F	Accounting method: Cash
П	Final reti	Specific					Accrual Other (specify)
\exists		THE PROPERTY OF A CO.	663	_15			Accidal Other (specify)
님	Amende	· · · · · · · · · · · · · · · · · · ·					
Ш	Applicati	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charita trusts must attach a completed Schedule A (Form 990 or 990-EZ). 			d are not applicable to section		
		·	•	H(a)	Is this a group return for a	iffiliate	es? Yes 🔼 No
<u>G</u>	Websit	e: WWW.USNODRUGS.COM		H(b)	If "Yes," enter number of	affiliat	. — —
J	Organi	zation type		H(c)	Are all affiliates included?		N/A Yes No
	(check	only one) ► X 501(c) (3) ◀ (insert no) 4947(a)(1) or	527		(If "No," attach a list. See instru	ctions)
ĸ	Check h	ere In the organization is not a 509(a)(3) supporting organization and its gross		H(d)	Is this a separate return fi	led by	
		are normally not more than \$25,000 A return is not required, but if the organization chooses	:		organization covered by a	grou	pruling? X Yes No
		return, be sure to file a complete return	•	1	Group Exemption Nun	nber	▶ 2595
	to me a i	eturn, be sure to file a complete return		М			nization is not required
L	Gross r	receipts Add lines 6b, 8b, 9b, and 10b to line 12 11,386,	585		to attach Sch B (Form	-	•
	art I	Revenue, Expenses, and Changes in Net Assets or Fund					
<u> </u>	1	Contributions, gifts, grants, and similar amounts received:	<u> </u>		7000 the metide	T	1
		Contributions to donor advised funds	1	1a			l
	a				328,387	-[
	b	Direct public support (not included on line 1a)		1b	320,301	-	
	C	Indirect public support (not included on line 1a)	<u> </u>	1c		-	
	d	Government contributions (grants) (not included on line 1a)	L	1d		ł	
	e	Total (add lines 1a through 1d) (cash \$ 328,387 noncash	h \$_)	16	
	2	Program service revenue including government fees and contracts (from Part V	/II, line	93)		_2	10,825,702
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	7,437
	5	Dividends and interest from securities	_			_ 5	
	6a	Gross rents	1	6a			
	Ь	Less rental expenses		6b		1	
	c	Net rental income or (loss) Subtract line 6b from line 6a	_	•		60	
	7	Other investment income (describe				7	
μ	8a	Gross amount from sales of assets other (A) Securities	Τ	····	(B) Other	广	
Revenue	""	than inventory	-	8a	(b) Other	1	
8	١ ـ	· · · · · · · · · · · · · · · · · · ·		8b		1	
	l b	Less: cost or other basis and sales expenses		-	 	1	
	ထို	Gain or (loss) (attach schedule)		8c		┨.	.
	300%	Net gain or (loss) Combine line 8c, columns (A) and (B)		. ,		80	<u> </u>
		Special events and activities (attach schedule) If any amount is from gaming,	check I	here I		ŧ	
	₽ a	Gross revenue (not including \$ of	1			Ē	
		contributions reported on line 1b)	-	9a		ł	
	N √/.c	Less: direct expenses other than fundraising expenses	L	9b		1	
		Net income of the form the carrier and but act line 9b from line 9a				90	:
	△ 0a	Gross sales of inventory gess குழும் and allowances	1	0a	225,059	4	
	Щь	Less: cost of goods sold		0ь	118,340	•	
	≸ c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10	b from	line 10	a STMT 1	100	c 106,719
•	ANNED OF S	Other revenue (from Part VII, line 103)				_11	1
9	\mathcal{L}_{12}	Total revenue: Add: has 1e, 273,44 5 6c, 7, 8d, 9c, 10c, and 11				12	44 060 045
—	13	Program services (from line 44, column (B))				13	0 475 500
98	14	Management and general (from line 44, column (C))				14	4 504 045
Expenses	15	Fundraising (from line 44, column (D))				15	44 505
ă	16	Payments to affiliates (attach schedule)	SEE	ST	ATEMENT 2	16	4 444
ш	17	•				17	10 550 000
<u></u>	<u> </u>	Total expenses. Add lines 16 and 44, column (A)				†	407 202
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12				18	1 74E CEO
As	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	
let.	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	2,243,041

)) are required for section	
Tunctional Expenses	ia secu	on 4947(a)(1) nonexem	ipt charitable trusts but	optional for others (Se	e the instructions)
Do not include amounts reported on line	1 1	(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)					
(cash \$ non-cash \$)	1				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule) STMT 3	1				
(cash \$ 3,050 non-cash \$)					
If this amount includes foreign grants, check here	22b	3,050	3,050		
23 Specific assistance to individuals (attach	1 1				
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors,					
key employees, etc. listed in Part V-A (attach	1 1				
schedule) SEE STATEMENT 4	25a	553,827	319,160	224,534	10,133
b Compensation of former officers, directors,					•
key employees, etc. listed in Part V-B (attach					
schedule)	25b				
c Compensation and other distributions, not included above, to					
disqualified persons (as defined under section 4958(f)(1)) and	1 1				
persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included			-		
on lines 25a, b, and c	26	3,010,129	2,600,768	409,361	
27 Pension plan contributions not included on		,			
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a – 27	28	119,074	102,710	16,364	
29 Payroll taxes	29	321,866	263,962	57,003	901
30 Professional fundraising fees	30			0.7000	
31 Accounting fees	31	79,669		79,669	-
32 Legal fees	32	144,928		144,928	
33 Supplies	33	247,273	202,787	43,794	692
34 Telephone	34	253,178	207,631	44,838	709
35 Postage and shipping	35	93,727	76,866	16,599	262
36 Occupancy	36	882,343	721,434	158,405	2,504
37 Equipment rental and maintenance	37	4,682	3,838	831	13
38 Printing and publications	38	43,749	35,878	7,749	122
39 Travel	39	107.10	33,070	.,	
40 Conferences, conventions, and meetings	40				
41 Interest	41	477,695	391,758	84,599	1,338
42 Depreciation, depletion, etc. (attach schedule)	42	222,529	182,496	39,410	623
43 Other expenses not covered above (itemize).	 				
a SEE STATEMENT 5	43a	3,283,336	3,063,165	192,931	27,240
b	43b	3,203,333	3,003,203	132,331	27,210
	43c				
c d	43d				
	43e				
e 4	43f			·	
	43g	-			
9 44 Total functional expenses. Add lines 22a	739				
·					
through 43g. (Organizations completing					
columns (B)-(D), carry these totals to lines	44	9 741 055	8,175,503	1 521 015	44,537
13-15) Joint Costs. Check ▶ If you are following SOP 98-2	44	J, (41,000)	0,110,000	1,321,013	
Are any joint costs from a combined educational campaign and f	undraia.	na calicitation recents d	in (B) Program con	ne?	Yes X No
			- · · · -		L Tes M NO
(ii) the amount allocated to Management and general \$			nt allocated to Program sei		 '
inj trie amount allocated to Management and general \$, and (IV) the amou	nt allocated to Fundraising	Ф	

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

F - 3			
What is the organization's primary exempt purpose? ▶ REHABILITATION AND PREVENTION OF	SIRSTANCE ARIISE		Program Service Expenses
			(Required for 501(c)(3) and
All organizations must describe their exempt purpose achievements in a coof of clients served, publications issued, etc. Discuss achievements that are			(4) orgs , and 4947(a)(1)
organizations and 4947(a)(1) nonexempt charitable trusts must also enter	, , , , , , ,		trusts, but optional for
	the amount of grants and anocations to others)		others)
(Grants and allocations \$) b ONE OF THE ORGANIZATION'S PURPOSE COMMUNITY BY IMPROVING PUBLIC KNOTHEIR HARMFUL EFFECTS. DURING TO DELIVERED NARCONON DRUG LECTURES	OWLEDGE ABOUT DRUGS AND HE YEAR THE ORGANIZATION	• 🗆	7,419,620
SCHOOL CHILDREN.			
(Grants and allocations \$	If this amount includes foreign grants, check here	\blacksquare	38,208
c SEE STATEMENT 7			
(Grants and allocations \$ 3,050)	If this amount includes foreign grants, check here	• 🗍	717,675
(Grants and allocations \$) e Other program services (attach schedule) (Grants and allocations \$) f Total of Program Service Expenses (should equal line 44, column (line))	If this amount includes foreign grants, check here If this amount includes foreign grants, check here B) Program services)		8,175,503
Total of Frogram Service Expenses (Should equal line 44, Column (I	DJ, I TOGISHI SCIVICES)		Form 990 (2006)
			FOITH 330 (2006)

	<u>art ιν</u>	Balance Sneets (See the instructions.)		•			
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only	in the des	scription	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			282,312	45	354,551
	46	Savings and temporary cash investments			694,960	46	423,363
					i		
	47a	Accounts receivable	47a	142,046			
	b	Less allowance for doubtful accounts	47b			47c	142,046
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49 50a	Grants receivable Receivables from current and former officers, directors,	tructooc	and		49	<u> </u>
	J04	key employees (attach schedule)	, uusiees	, allu		50a	
	ь	Receivables from other disqualified persons (as defined	d under s	ection 4958(f)(1)) and		_50a	
	~	persons described in section 4958(c)(3)(B) (att schedu		000011 4300(1)(17) and		50b	
	51a	Other notes and loans receivable (attach	,	<u> </u>		000	
		schedule)	51a				
Assets	ь	Less: allowance for doubtful accounts	51b			51c	
Ass	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges		[73,869	53	63,900
	54a	Investments—publicly-traded securities		Cost FMV		54a	
	b	Investments—other secunties (attach schedule)		Cost FMV		54b	
	55a	Investments-land, buildings, and equipment basis	55a				
	ь	Less. accumulated depreciation (attach	334				
		schedule)	55b			55c	
	56	Investments-other (attach schedule)	[000]			56	* *
	57a	Land, buildings, and equipment basis	57a	8,049,200			
	Ь	Less. accumulated depreciation (attach					
	,	schedule) SEE STATEMENT 8	57b	612,462	6,630,319	57c	7,436,738
	58	Other assets, including program-related investments					
		(describe ► SEE STATEMENT 9) [335,447	58	552,336
	59	Total assets (must equal line 74) Add lines 45 through	1.58		8,016,907	59	8,972,934
	60	Accounts payable and accrued expenses		-	219,172	60	363,238
	61	Grants payable	99 O	na menaena 10	00 500	61	70.000
	62			TATEMENT 10	88,500	62	78,000
ies	63	Loans from officers, directors, trustees, and key employ	yees (aπa	icn		_	
Liabilitie	64-	schedule) Tax-exempt bond liabilities (attach schedule)		<u> </u>		63 64a	
Lia	64a b	Mortgages and other notes payable (attach schedule)	SI	EE WORKSHEET	5,900,554	64b	6,199,949
	65	Other liabilities (describe SEE STATEMEN) -	63,023		88,706
	••			´ '			
	66	Total liabilities. Add lines 60 through 65			6,271,249	66	6,729,893
	Orga	nizations that follow SFAS 117, check here 🕨 🗶 a	and comp	lete lines			
		67 through 69 and lines 73 and 74					
es	67	Unrestricted		ļ	1,745,658	67	2,243,041
anc	68	Temporarily restricted				68	
Bal	69	Permanently restricted		1		69	
pu	Orga	nizations that do not follow SFAS 117, check here	▶ [_] a	nd			
Net Assets or Fund Balances		complete lines 70 through 74					
ō	70	Capital stock, trust principal, or current funds		-		70	
set	71	Paid-in or capital surplus, or land, building, and equipme				71	
t As	72	Retained earnings, endowment, accumulated income, or				72	
Se	73	Total net assets or fund balances (add lines 67 through 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 19 and col	-	1			
		equal line 21)	um (D) I	nust	1,745,658	73	2,243,041
	74	Total liabilities and net assets/fund balances. Add In	nes 66 ai	nd 73	8,016,907	74	8,972,934

Total expenses (Part I, line 17) Add lines c and d

Forn	n 990 (2006)	NARCONON	SOUTHERN	CAL	IFORNIA		33-091	11677				Page 5
P;	art IV-A	Reconciliation instructions.)	n of Revenue _l	per Au	difed Financial	Stater	nents With	n Revenue per	Return	(See		
a	Total revenue	e, gains, and other	support per audited	financia	I statements				а	11	1,386	, 585
b	Amounts incl	luded on line a but i	not on Part I, line 12	2								
1	Net unrealize	ed gains on investm	ents				b1					
2	Donated serv	vices and use of fac	cilities				b2	<u>-</u>	_			
3	Recoveries of	of prior year grants					b3		_			
4	Other (specif	fy) [.]										
				SEE	STATEMENT	12	b4	118,34	0			
	Add lines b1	through b4							b	L	118	
С	Subtract line	b from line a							С	11	L,268	, 245
d	Amounts incl	luded on Part I, line	12, but not on line	a:								
1	Investment e	expenses not include	ed on Part I, line 6b				d1	_				
2	Other (specif	fy)										
							d2					
	Add lines d1	and d2							d			
е	Total revenu	ue (Part I, line 12)	Add lines c and d					•	e	11	L,268,	, 245
P	art IV-B	Reconciliation	n of Expenses	per A	udited Financia	I State	ments Wit	h Expenses p	er Retu	ırn		
а	Total expens	es and losses per a	audited financial sta	tements					а	10	0,889	, 202
b	Amounts incl	luded on line a but i	not Part I, line 17									
1	Donated serv	vices and use of fac	cilities				b1					
2	Prior year ad	ljustments reported	on Part I, line 20				b2					
3	Losses repor	rted on Part I, line 2	0				b3					
4	Other (specif	fy)										
	SEE S	TATEMENT	13				b4	118,34	.0			
	Add lines b1	through b4							b_	,	118	, 340
С	Subtract line	b from line a							С	10	770	, 862
d	Amounts incl	luded on Part I, line	17, but not on line	a:								
1	Investment e	expenses not include	ed on Part I, line 6b				d1					
2	Other (specif	fy):						· · · · · · · · · · · · · · · · · · ·	1			
							d2					
	Add lines d1	and d2							٦,	l		

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

	loyee at any time during the ye	30, 0,01, 1, 1,10,	ore not compensate	(000 1110	instructions ;		
	(A) Name and address		Title and av week devo	(B) erage hours per oted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
LAWRENCE TRAHANT	NEW	PORT BEACH	CEO/	ED/DIR			
1810 W. OCEANFRONT	CA	92663	40		97,254	1,944	12,093
JULIE BRYANT	NEW	PORT BEACH	SECR	ETARY			
1810 W. OCEANFRONT	CA	92663	40		97,297	4,770	0
DAVID WORTHINGTON	NEW	PORT BEACH	CFO/	TREAS			
1810 W. OCEANFRONT	CA	92663	40		108,600	0	0
NICHOLAS KENT	NEW	PORT BEACH	ED/\	P/DEP ED			
1810 W. OCEANFRONT	CA CA	92663	40		125,850	2,892	. 0
MICHAEL KOBRIN	NEW	PORT BEACH	VP/D	EP ED			
1810 W. OCEANFRONT	CA	92663	40		87,707	15,420	0
PATRICIA SCHWARTZ	NEW	PORT BEACH	DIRE	CTOR			
1810 W. OCEANFRONT	CA	92663	1		0	0	0
JULIE BERK	NEW	PORT BEACH	DIRE	CTOR			
1810 W. OCEANFRONT	CA	92663	1		0	0	0
KAREN SEAGAL	NEW	PORT BEACH	TRUS	TEE			
1810 W. OCEANFRONT	CA	92663	1		0	0	0
CLARK CARR	NEW	PORT BEACH	TRUS	TEE			
1810 W. OCEANFRONT	CA	92663	1		0,	0	0
MICHAEL ST. ARMAND	NEW	PORT BEACH	TRUS	TEE			
1810 W. OCEANFRONT	CA	92663	1		0	0	0

10,770,862

F <u>orm</u>	990 (2006)			CALIFORNIA	33-091				_ F	age 6
Pa	rt V-A	Current Officer	s, Directors, T	rustees, and Key Em	iployees (continu	ed)			Yes	No
'5a	Enter the to	otal number of officers	s, directors, and true	stees permitted to vote on o	organization business at	board				
	meetings				▶ 3	3				1
b	Are any off	ficers, directors, truste	es, or key employe	ees listed in Form 990, Part	V-A, or highest compen	sated				İ
	employees	listed in Schedule A,	Part I, or highest co	compensated professional ar	nd other independent					ĺ
	contractors	s listed in Schedule A,	Part II-A or II-B, re	elated to each other through	family or business					ĺ
	relationship	os? If "Yes," attach a s	statement that iden	tifies the individuals and exp	plains the relationship(s)		75b	L	x
С	Do any offi	cers, directors, trustee	es, or key employe	es listed in Form 990, Part V	/-A, or highest		-			ŀ
	compensat	ted employees listed ii	n Schedule A, Part	I, or highest compensated p	professional and other					1
	ındependei	nt contractors listed in	Schedule A, Part I	II-A or II-B, receive compens	sation from any other					l
	organizatio	ns, whether tax exem	pt or taxable, that a	are related to the organization	on? See the instructions	for				ĺ
	the definition	on of "related organiza	ation "					75c	X	İ
	If "Yes," att	tach a statement that	includes the inform	ation described in the instru-	ctions.	SEE STAT	EMENT 14			
d	Does the o	rganization have a wr	itten conflict of inte	rest policy?				75d	x	ĺ
Pa	rt V-B	Former Officer	s, Directors, T	rustees, and Key Em	ployees That Rec	eived Com	ensation or Ot	her B	enef	ts
				or key employee received or		•				
		person below and e	nter the amount of	compensation or other bene	efits in the appropriate of	olumn See the	instructions.)			
							(D) Contributions to emplo		Е) Ехре	
		(A) N	Name and address		(B) Loans and Advances	(if not paid, enter -0-)	benefit plans & deferred compensation plans		ount and allowan	
NON	E		-							
					0	ا ،		اه		0
							-			
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73-		Other Informati	ion (Coo the in	otmustions \					. 1	
	rt VI	Other Informati			-1 4 - 0 16 19 4 1 1				Yes	No
' 6	_		-	or methods of conducting ac	ctivities? If "Yes," attacr	ıa				v
_		atement of each chang						76		$\frac{\mathbf{x}}{\mathbf{x}}$
7	-	-		ning documents but not repo	orted to the IRS?			77		<u> </u>
		ach a conformed copy								
'8a			ted business gross	income of \$1,000 or more of	during the year covered	by				
	this return?						37/3	78a		Х
b	If "Yes," ha	s it filed a tax return o	n Form 990-T for the	his year?			N/A	78b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9	Was there	a liquidation, dissolution	on, termination, or s	substantial contraction durin	ig the year? If "Yes," att	ach				
	a statemen	t						79		<u> </u>
0a	Is the organ	nization related (other	than by association	n with a statewide or nation	wide organization) throu	ıgh				
	common m	embership, governing	j bodies, trustees, c	officers, etc , to any other ex	empt or nonexempt					
	organizatio	n၇						80a	X	
b	If "Yes," en	ter the name of the or	ganization	NARCONON	WESTERN UNI	TED STA	TES			
				and che	ck whether it is X ex	kempt or	nonexempt			
1a	Enter direct	t and indirect political	expenditures (See		_	81a				
		anızatıon file Form 11	•	•				81b		X
									990	

	1990 (2006) NARCONON SOUTHERN CALIFORNIA	33-0911	.0//				Page 7
	art VI Other Information (continued)					Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facility	ities at no charg	je		_		
	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						1
	amount as revenue in Part I or as an expense in Part II		Last I				
00-	(See instructions in Part III)		82b		١ ا	•	
83a	Did the organization comply with the public inspection requirements for returns and exem		ns /		83a	X	├
b	Did the organization comply with the disclosure requirements relating to quid pro quo con	itributions?			83b		7.7
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			_	-64a-	-	X
b	If "Yes," did the organization include with every solicitation an express statement that suc	ch contributions	or	N/A			
0.5	gifts were not tax deductible?	2		N/A	84b		├
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by member 2014 the appropriate makes above behavior expensely as \$2,000 as less?	ers /		N/A	85a		├─
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			N/A	85b	:	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unle	ess the organiza	ition				
_	received a waiver for proxy tax owed for the prior year	N/A	امدا				
C	Dues, assessments, and similar amounts from members	N/A	85c	•	-		
d	Section 162(e) lobbying and political expenditures	N/A	85d		1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	85e		-		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	II/A	85f	N/A	1 1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	imaiint aa baa G	.E.	M/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the a		101				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expen- following tax year?	onures for the		N/A			l
00	• .	N/A	86a	N/A	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	86b		1 1		
87	Gross receipts, included on line 12, for public use of club facilities	N/A	87a		1 1		
_	501(c)(12) orgs Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other		6/a		1 1		
b		N/A	87b				
88a	sources against amounts due or received from them) At any time during the year, did the organization own a 50% or greater interest in a taxable	lo cornoration o			1 1		
00a	partnership, or an entity disregarded as separate from the organization under Regulations	•	1				
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	s sections			88a		x
b	At any time during the year, did the organization, directly or indirectly, own a controlled er	atitic within the			ooa		┢┻
D	meaning of section 512(b)(13)? If "Yes," complete Part XI	inty within the			88b		x
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year	ır under			800		 ^
osa		section 4955	•	0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess be		,	•			
	during the year or did it become aware of an excess benefit transaction from a prior year?						
	a statement explaining each transaction	iii ies, attaci	•		89ь	:	x
С	Enter: Amount of tax imposed on the organization managers or disqualified				000		
ŭ	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			
e	All organizations. At any time during the tax year, was the organization a party to a prohib	uted tax shelter					
•	transaction?	nios iax ononoi			89e		x
f	All organizations Did the organization acquire a direct or indirect interest in any applicable	e insurance cor	ntract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised fur		muor.		- J		
9	supporting organization, or a fund maintained by a sponsoring organization, have excess		nas				
	at any time during the year?	500,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.90	N/A	89g		
90a	List the states with which a copy of this return is filed CA			,	91		
b	Number of employees employed in the pay period that includes March 12, 2006 (See						
_	instructions)			90ь			110
91a	The books are in care of ▶ JESSICA LOWE		Telephone n	1 200	871	-86	44
	6161 SANTA MONICA BLVD SUITE 208		. s.ep.iono ii	- · - 			-
	Located at LOS ANGELES, CA		ZIP + 4 ▶	90038			
h	At any time during the calendar year, did the organization have an interest in or a signature	re or other auth					
	over a financial account in a foreign country (such as a bank account, securities account,		•		ſ	Yes	No
	account)?	S. Saloi anailu			91b		X
	If " Yes," enter the name of the foreign country				* 		 -
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Repor	t of Foreian Rai	nk				
	and Financial Accounts						
					Form	990	(2006)
_, •¬					. 5111		12000

Form 990 (20	06) NARCONON SOUTH	ERN CALIFO	DRNIA	33-09	11677			Page 8
Part VI	Other Information (conf	tinued) '					Υ	es No
c At any t	time during the calendar year, did the	e organization mainta	ain an office outs	side of the United Sta	ates?		91c	X
If "Yes,	enter the name of the foreign count	ry 🕨						
92 Section	4947(a)(1) nonexempt charitable tru	ısts filing Form 990 ıı	n lieu of Form 1	041- Check here				▶ □
and_ent	er the amount of tax-exempt interest	received or accrued	I during the tax y	/ear		▶ 92	N/A	_
Part VII	Analysis of Income-Pro	ducing Activitie	es (See the	instructions.)				
Note: Enter g	ross amounts unless otherwise		Unrelated	business income	Excluded	by section 512, 513, or 514	(E)	
indicated.			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	Related	
93 Progran	m service revenue_		Business code	Amount	Exclusion - code -	Amount	exempt fu incon	
	JG REHABILITATION	SERVICES					10,82	
b								
с								
d			-1		1			
е								
f Medical	re/Medicaid payments							
	nd contracts from government agence	ies						
-	rship dues and assessments							
	on savings and temporary cash inve	estments			14	7,437		
	ds and interest from securities					. , , , , , , , , , , , , , , , , , , ,		
	tal income or (loss) from real estate:							
	anced property						***************************************	
	t-financed property			·	 			
	tal income or (loss) from personal pr	onerty						
	evestment income	оропу						
	(loss) from sales of assets other tha	in inventory			 			
	ome or (loss) from special events	in inventory			+			
	profit or (loss) from sales of inventory	,			 		106	5,719
			-		 			<i>,,,</i> , <u>, , , , , , , , , , , , , , , , </u>
⊾			 		+			
_			 					
			 					
d								
404 Subtata	I (add askimas (B) (D) and (E))				ol	7 427	10 02	2 421
	il (add columns (B), (D), and (E))	-,,	EL	· ··	<u> </u>	1,431	10,932	050
	add line 104, columns (B), (D), and (I		D-41			_	10,933	,,636
	5 plus line 1e, Part I, should equal th			f Evennt Durn	/S	as the instruction		
Part VIII	Relationship of Activitie							
Line No.	Explain how each activity for who of the organization's exempt pu					itly to the accomplishing	nent	
	RECEIPTS FOR DEL	<u>· · · · · · · · · · · · · · · · · · · </u>	· · ·			CERVICEC		
102	INCOME FROM SALE							
102	INCOME FROM SAME	OF MAILE	TALS US	ED IN ANII	-DRUG	PROGRAMS		
Part IX	Information Regarding	Tavabla Subaidi	iarias and D	iorogordod Enti	tion (Sc	a the instruction		
PartiA	Information Regarding (A)	(B)	iaries and D	(C)	illes (Se	ee the instructions (D)	S.) (E)	
Name, ad	dress, and ÉIN of corporation,	Percentage of		ature of activities		Total income	End-of-ye	
	rship, or disregarded entity	ownership interes					assets	<u>; </u>
N/2	3		%					
			<u>%</u>					
			%					
		<u> </u>	<u>%</u>					
Part X	Information Regarding							
	ne organization, during the year, rece					penefit contract?	Yes	
• •	ne organization, during the year, pay	•	•	personal benefit co	ntract?		Yes	X No
Note: If_"\	Yes" to (b), file Form 8870 and Form	4/20 (see instructio	ns)					90 (2006)
							⊢om M'	<i>3U (2</i> 006)

SCHEDULE A (Form 990 or 990-EZ)

'Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2006

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Employer identification number 33-0911677

Schedule A (Form 990 or 990-EZ) 2006

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees See page 2 of the instructions. List each one. If there are none, enter "None."	vame of the organization	NARCONON	SOUTHERN CALIFORN	a l	33-091167	
(See page 2 of the instructions. List each one. If there are none, enter "None.") - (s) Name and address of each amologen end more - (b) "Yell and accepta hours per week devoted to posson then \$50,000 has	Part I Compensation				d Trustees	
TOTAL NUMBER OF THE PROPERTY CA 32653 DEPARTMENT OF THE PROPERTY OF THE PROPERTY CA 32653 DEPARTMENT COMPONENT COMPO						
DEADNE ADMS NEWPORT BEACH FACILITY DIR 72,971 1,944 11 11 10 10 10 10 10					empl ben plans	(e) Expense - account & other allowances
ROBERT MARKHAM NEWPORT BEACH CA 92653 D 75,799 1,944 4 ACRESTSPREAR REGISTRAR REGISTRAR 77,255 REGISTRAR REGIST	JEANNE ADAMS	NEWPORT BEACH	FACILITY DIR			
ROBERT MARKUMH NEWFORT BEACH CA 92663 0 75,799 1,944 4 4 4 4 4 4 4 4 4 4 4 4	1810 W OCEANFRONT	CA 92663	0	72,971	1,944	11,768
CHRISTOPHER BAUGE NEWPORT BEACH CA 92663 NEWPORT BEACH FACILITY DIR 1810 W OCEANFRONT CA 92663 NEWPORT BEACH STATES MGR 71,433 1 PETER KENT NEWPORT BEACH SETATES MGR 70,478 0 Total number of other employees paid over \$50,000 CHAPMAN HOUSE CHAPMAN HOUSE CHAPMAN HOUSE CA 92663 ORANGE CHAPMAN HOUSE ORANGE CA 92665 ORANGE CHAPMAN HOUSE ORANGE CA 92666 TRANSITION CARE 424 COLLEGE HOSPITAL COSTA MESA COLLEGE HOSPITAL COLLEGE HOSPITAL COSTA MESA COLLEGE HOSPITAL COSTA MESA COLLEGE HO	ROBERT MARKHAM	NEWPORT BEACH	REGISTRAR			
1810 W OCEANFRONT CA 92663 0 77,255 1,693 2 LIDRIA K DION NEWPORT BEACH FACILITY DIR 1810 W OCEANFRONT CA 92663 0 71,433 1 PETER KENT NEWPORT BEACH ESTATES MGR 70,478 0 TOtal number of other employees paid over \$50,000 ▶ 9 Part III-A 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 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 of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services of ther than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor pad more than \$50,000 (b) Type of service (c) Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services of ther than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor pad more than \$50,000 (b) Type of service (c) Compensation of the Five Highest Paid Independent Contractors for Other Services. (b) Type of service (c) Compensation of the Five Highest Paid Independent Contractors for Other Services. (c) Compensation of the Five Highest Paid Independent Contractors for Other Services. (d) Name and address of each independent contractor pad more than \$50,000 (b) Type of service.	1810 W OCEANFRONT	CA 92663	0	75,799	1,944	4,015
LURIA K DION NEWPORT BEACH CA 92662 0 71,433 1 BIO W OCEANFRONT CA 92663 0 70,478 0 Total number of other employees paid over \$50,000 P Part II-A 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) Compens CRAPMAN HOUSE ORANGE TRANSITION CARE 424 COLLEGE ROSPITAL COSTA MESA OIL VICTORIA STREET CA 92667 MEDICAL SRVCS 103 INSTITUTE FOR PROGRESSIVE MEDICINE IRVINE 16100 SAND CANYON AVE \$240 CA 92618 MEDICAL SRVCS 51 Total number of others receiving over \$50,000 for professional services (List each contractor who performed services other than professional services, whether individuals or firms.) If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compens NONE Total number of other contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compens NONE	CHRISTOPHER BAUGE	NEWPORT BEACH	REGISTRAR			
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PETER KENT 1810 W OCEANFRONT CA 92663 CA 92663 DO TOJA 178 O TOTAL number of other employees paid over \$50,000 Part II-A 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) Compens CHAPMAN HOUSE ORANGE 1412 E. CHAPMAN AVE CA 92866 TRANSITION CARE 424 COLLEGE HOSPITAL COSTA MESA 301 VICTORIA STREET CA 92627 MEDICAL SRVCS 103 INSTITUTE FOR PROGRESSIVE MEDICINE IRVINE 16100 SAND CANYON AVE #240 CA 92618 MEDICAL SRVCS 51 Total number of others receiving over \$50,000 for professional services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)	LURIA K DION	NEWPORT BEACH	FACILITY DIR			
1010 W OCEANFRONT CA 92663 0 70,478 0	1810 W OCEANFRONT	CA 92663	0	71,433	1	o
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1412 E. CHAPMAN AVE COLLEGE HOSPITAL COSTA MESA 301 VICTORIA STREET CA 92627 MEDICAL SRVCS 103 INSTITUTE FOR PROGRESSIVE MEDICINE 16100 SAND CANYON AVE #240 CA 92618 Total number of others receiving over \$50,000 for professional services Part #-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compens. Total number of other contractors receiving over	(a) Name and addres	ss of each independent contractor paid more than	n \$50,000	(b) Type of se	rvice (c) Compensation
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INSTITUTE FOR PROGRESSIVE MEDICINE IRVINE 16100 SAND CANYON AVE #240 CA 92618 MEDICAL SRVCS 51 Total number of others receiving over \$50,000 for professional services Part 11-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensional Services of Compension	COLLEGE HOSPITAL	COSTA	MESA			
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Total number of others receiving over \$50,000 for professional services Part **I-B*** Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensional Contractor Service (c) Contractor Service (c) Contractor Service (c) Contractor Service (c) Contractor Service (c	INSTITUTE FOR PROGRESSIVE ME	EDICINE IRVINE	3		Î	
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Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compens. NONE Total number of other contractors receiving over						
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Total number of other contractors receiving over	(List each contra firms. If there ar	actor who performed services othe re none, enter "None." See page	ner than professional ser 2 of the instructions.)	vices, whether		
Total number of other contractors receiving over	(a) Name and addres	ss or each independent contractor paid more trian	1 \$00,000	(b) Type of se	rvice (c	Compensation
.	NONE					
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\$50,000 for other services		eiving over	.			
	\$50,000 for other services		P	· · · · · · · · · · · · · · · · · · ·		

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

Sche	edule A (Form 990 or 990-EZ) 2006 NARCONON SOUTHERN CALIFORNIA 33-0911677		F	age 2
P	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 \$	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 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)			
а	Sale, exchange, or leasing of property?	2a		х
b	Lending of money or other extension of credit?	2b	_	x
С	Furnishing of goods, services, or facilities?	2c	_	х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	<u>2d</u>	х	
е	Transfer of any part of its income or assets?	2e		х
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	_	х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete	4-		x
þ	lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4a 4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c_		
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0	ļ
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Schedule A (Form 990 or 990-EZ) 2006

Pa	art l'	V Reason for Non-Private Founda	ation Status (See p	pages 4 through 7	of the instr	uctions.)	
l cer	tify th	hat the organization is not a private foundation be A church, convention of churches, or association			ox)		
6		A school Section 170(b)(1)(A)(II) (Also complete	te Part V)				
7		A hospital or a cooperative hospital service orga	anization. Section 170(b)(1)(A)(III)			
8		A federal, state, or local government or government	nental unit Section 170(b	e)(1)(A)(v).			-
9		A medical research organization operated in col	njunction with a hospital	Section 170(b)(1)(A)(iii)	Enter the ho	spital's name,	city,
		and state ▶					
10		An organization operated for the benefit of a col (Also complete the Support Schedule in Part IV		or operated by a goverr	nmental unit S	ection 170(b)(1)(A)(ıv)
11a		An organization that normally receives a substa 170(b)(1)(A)(vi) (Also complete the Support So		om a governmental unit	or from the ge	neral public Se	ction
11b		A community trust Section 170(b)(1)(A)(vi) (Als	so complete the Support	Schedule in Part IV-A)		
12	X	An organization that normally receives. (1) more from activities related to its charitable, etc., function gross investment income and unrelated but organization after June 30, 1975. See section 56	tions-subject to certain existings taxable income (le	cceptions, and (2) no mess section 511 tax) from	ore than 33 1	/3% of its suppo	•
13		An organization that is not controlled by any discrequirements of section 509(a)(3) Check the bo		of supporting organizat	•	ise meets the	
_		Provide the following inform	nation about the suppor	ted organizations. (Se	e page 7 of the	e instructions)	
		(a)	(b)	(c)		d)	
		Name(s) of supported organization(s)	Employer		Is the su		(e)
				Type of		pported	(e) Amount of
			identification	organization		upported on listed in	• •
			1	organization (described in lines	organizati the sup	on listed in oporting	Amount of
			identification	organization	organization the support	on listed in	Amount of
			identification	organization (described in lines 5 through 12 above or IRC	organization the support	on listed in oporting zation's	Amount of
			identification	organization (described in lines 5 through 12 above or IRC	organizati the sup organia governing (on listed in opporting zation's documents?	Amount of
			identification	organization (described in lines 5 through 12 above or IRC	organizati the sup organia governing (on listed in opporting zation's documents?	Amount of
-			identification	organization (described in lines 5 through 12 above or IRC	organizati the sup organia governing (on listed in opporting zation's documents?	Amount of
			identification	organization (described in lines 5 through 12 above or IRC	organizati the sup organia governing (on listed in opporting zation's documents?	Amount of
-			identification	organization (described in lines 5 through 12 above or IRC	organizati the sup organia governing (on listed in opporting zation's documents?	Amount of
			identification	organization (described in lines 5 through 12 above or IRC	organizati the sup organia governing (on listed in opporting zation's documents?	Amount of
			identification	organization (described in lines 5 through 12 above or IRC	organizati the sup organia governing (on listed in opporting zation's documents?	Amount of
Γota 14		An organization organized and operated to test	Identification number (EIN)	organization (described in lines 5 through 12 above or IRC section)	organization the support of the supp	on listed in opporting zation's documents?	Amount of

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 (d) 2002 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2004 (c) 2003 (e) Total Gifts, grants, and contributions received (Do 139,647 9,325 23,860 15,514 188,346 not include unusual grants. See line 28.) 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 9,461,213 6,428,990 5,008,014 3,647,468 24,545,685 organization's chantable, etc., purpose 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 2,861 90 97 210 3,258 by the organization after June 30, 1975 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 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 0 public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 9,603,721 6,438,405 971 663,192 Total of lines 15 through 22 142,508 9,415 957 15,724 Line 23 minus line 17 96,037 64,384 320 36,632 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a 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 2002 through 2005 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 d Add Amounts from column (e) for lines 18 22 26d e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 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 53,000 2,500 0 (2005)(2004)(2003)(2002)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 11b, 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 0 0 (2005)(2002)c Add Amounts from column (e) for lines 17 24,545,685 20 24,734,031 55,500 55,500 27d d Add Line 27a total 678,531 e Public support (line 27c total minus line 27d total) 27e 24.737,289 Total support for section 509(a)(2) test Enter amount from line 23, column (e) 99.7625% Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 0.0132% h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

F	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
 29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	N/A	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a-way-		 	"
	that makes the policy known to all parts of the general community it serves?	31	ļ	ļ
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	-	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	-		ĺ
	with student admissions, programs, and scholarships?	32c	4	<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	-	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a	ļ	
b	Admissions policies?	33b	-	
С	Employment of faculty or administrative staff?	33c	-	
d	Scholarships or other financial assistance?	33d	-	
е	Educational policies?	33e		
f	Use of facilities?	33f	<u> </u>	
g	Athletic programs?	33g	—	
h	Other extracurricular activities?	33h	ļ	
	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?	<u>34a</u>		
.	Has the organization's right to such aid ever been revoked or suspended?	941		
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	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No " attach an explanation	35	1	Ì

Sch	edule A (Form 990 or 990-EZ) 2006 🛚 🕽	NARCONON SOU	THERN CALI	ORNIA		33-09	1167	7 Page (6
P		ditures by Electing ONLY by an elig	_		_		,		_
Che		ngs to an affiliated grou					ited cont	rol" provisions apply	_
		n Lobbying Exper				(a) Affiliated grou totals	p	(b) To be completed for all electing organizations	_
		itures" means amounts			+				_
	Total lobbying expenditures to influence				36				_
	Total lobbying expenditures to influence		ect lobbying)		37				_
	Total lobbying expenditures (add lines 3	36 and 37)			-38				_
	Other exempt purpose expenditures	41 00 100			39				_
	Total exempt purpose expenditures (ad	•			40				_
41	Lobbying nontaxable amount Enter the		_						
	If the amount on line 40 is-		ontaxable amount is-	٦					
	Not over \$500,000	20% of the amount							
	Over \$500,000 but not over \$1,000,000	•	of the excess over \$500,0	L	ا بر ا				
	Over \$1,000,000 but not over \$1,500,000	·	of the excess over \$1,000		41	····			-
	Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,500,	.000					
42	Over \$17,000,000 Grassroots nontaxable amount (enter 2	\$1,000,000			1,2				
	Subtract line 42 from line 36. Enter -0- i	•	26		42				-
	Subtract line 41 from line 38 Enter -0-1				44			· - · · · · · · · · · · · · · · · · · ·	-
	Cubitact line 47 from line 30 Enter -0-1	Time 41 is more than in	16 30					7	-
	Caution: If there is an amount on either	r line 43 or line 44 you	must file Form 4720						
_	Oudition. If there is all allount off chare.		aging Period Unc	ler Sectio	n 501(h)			-
	(Some organization	ons that made a section	-		•	•	ns below	•	
	(Some organization	See the instructions for	• •		•		IIS DEIOW	•	
			. moo to anough oo o	ii page 10 oi	410 11100	<u>uonons.j</u>			-
_			Lobbying Expe	enditures Du	uring 4-1	rear Averaging F	Period		_
	Calendar year (or	(a)	(b)	(c)	(d)		(e)	
	fiscal year beginning in)	2006	2005	200	04	2003		<u>Total</u>	_
_	Lobbying nontaxable amount								_
	Lobbying ceiling amount (150% of								
	line 45(e))			ļ					_
<u>47</u>	Total lobbying expenditures								_
48	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150% of								_
	line 48(e))								
							_		_
	Grassroots lobbying expenditures								
P	art VI-B Lobbying Activity	y by Nonelecting	Public Charities						
	(For reporting onl	y by organizations	s that did not com	plete Part	VI-A)	(See page 13	of the	instructions.)	_
Dur	ing the year, did the organization attemp	t to influence national,	state or local legislation	n, including a	ny	Yes	, No	Amount	
atte	mpt to influence public opinion on a legis	slative matter or referen	dum, through the use	of		16.	\perp	Amount	
а	Volunteers						X		
b	Paid staff or management (Include co	mpensation in expense	s reported on lines c tl	nrough h.)			Х		
С	Media advertisements					<u> </u>	X	<u>C</u>	
d	Mailings to members, legislators, or the	ne public				<u> </u>	X	C	
е	Publications, or published or broadcast	st statements					X	C	
f	Grants to other organizations for lobb	ying purposes					X	C	
g	Direct contact with legislators, their st	affs, government officia	ils, or a legislative body	/			X	C	
h	Rallies, demonstrations, seminars, co	nventions, speeches, le	ectures, or any other m	eans			X	C	
i	Total lobbying expenditures (Add lines	s c through h.)						0	<u>)</u>
	If "Yes" to any of the above, also attac	ch a statement giving a	detailed description of	the lobbying	activities	S			_
						Cabas	A (E	orm 990 or 990 E7) 2006	_

P€					s and Relationships With Noncharitab	е		
				ee page 13 of the instruction				
51			•		th any other organization described in section			
_				organizations) or in section 527, re			<u> </u>	·
а		om the reporting organiz	zation to a ne	oncharitable exempt organization of		E4=(1)	Yes	No X
	(i) Cash	assets				51a(ı)		X
	(ii) Other Other transa					a(ii)		_
b			s with a name	charitable exempt organization			_	- X -
	<u> </u>	ases of assets from a n		• •	· · ·	b(i) -	 	X
				, ,		b(ii)		X
		l of facilities, equipment oursement arrangement		sets		b(iii)	_	X
	` '	or loan guarantees	เร			b(iv) b(v)	-	X
		•	amharshin (or fundraising solicitations		b(vi)		X
С			•	ner assets, or paid employees		C C		X
d	_		_	• • •	n (b) should always show the fair market value of the			
_		•			tion received less than fair market value in any	•		
	=	-	-	umn (d) the value of the goods, oth	•			
	(a)	(b)		(c)	(d)			
	Line no	Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and sharin	g arrangem	ents	
			1					
N	/A							
						_		
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
					<u> </u>			
52a				with, or related to, one or more tax-		_		_
		• •		nan section 501(c)(3)) or in section	527?	► ∐ Y	es X	No
b	If "Yes," com	plete the following sche	edule	T				
		(a) Name of organization		(b) Type of organization	(c) Description of relationship			
	N/A			Type of Organization	Description of relationship			
	N/A							
						-		
	_							
			_					
	_							
							_	
	 .						_	_
•							-	_
								_
						_		<u> </u>
_								
					 			

Forms	Mortgages and Other No	otes Payable	
990 / 990-PF		-	2006
	For calendar year 2006, or tax year beginning	, and ending	
Name			Employer Identification Number
NARCONON SOU	THERN CALIFORNIA		33-0911677

				, .,	
NARCONON SOUTHE	RN CALIFORNIA	A		33-091167	7
FORM 990, PART	IV. LINE 64B	- ADDITIONAL	INFORMATION		
	ame of lender		Relationship to disc	drained betson	
(1) 325 EAST FOUR		C			
(2) HOME BANK OF (3) 325 EAST FOUR					
	TH SIKEEL LL	<u> </u>			
					
(5) (6)				-	·····························
(7)					
(8)					
(9)					
(10)					
					
Original amount borrowed	Date of loan	Maturity date	Repayment terms		Interest rate
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				 	
(7)					
(9)			· · ·		
(10)					
Securit	y provided by borrower		Purpose of	loan	
(1)					
(2)					
(3)					
(4)					
(5)		 -			
(6)					
(7)					
(8)					
(9) (10)				<u></u>	
(10)				-	*
Consideration	n furnished by lender		Balance due at beginning of year	Balance end of	
(1)			2,053,770	2,0	10,106
(2)			741,784	6	09,911
(3)			3,105,000	3,1	05,000
(4)				4	74,932
(5)					
(6)					
(7)	<u>.</u>				
(8)					
(9)		-			
(10) Totals			5,900,554	6 1	99,949
1 Old15					<u> </u>

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

NARCONON SOUTHERN CALIFORNIA

Identifying number 33-0911677

	ness or activity to which this form relates NDIRECT DEPRECIAT	ON		•				
Pa	art I Election To Expen Note: If you have a				complete F	Part I		
1	Maximum amount. See the instruct				-complete-i-	art i.	1	108,000
2	Total cost of section 179 property p	-		303		-	2	
3	, , , , , , , , , , , , , , , , , , , ,							430,000
4	Reduction in limitation Subtract line	}	3 4	150,000				
5	Dollar limitation for tax year Subtract lin		· ·	ried filing senarately, se	e instructions	<u> </u>	5	
	(a) Description		riode, entar e il mai	(b) Cost (business us	1	Elected cost	-	······································
6	(a) Decompute	, or proporty		(a) cos (acomos as	(5)	Clocked Cook		
	<u>.</u>					-		
7	Listed property Enter the amount f	rom line 29			7			
8	Total elected cost of section 179 pr		in column (c), lines	6 and 7			8	
9	Tentative deduction Enter the sma		• • •			Ī	9	
10	Carryover of disallowed deduction	from line 13 of your 2	005 Form 4562			Ī	10	
11	Business income limitation Enter the	•		than zero) or line 5 (s	ee instructions) [11	
12	Section 179 expense deduction Ad	ld lines 9 and 10, but	do not enter more	than line 11			12	
13	Carryover of disallowed deduction is	o 2007. Add lines 9 a	and 10, less line 12	. •	13			
Note	e: Do not use Part II or Part III below	for listed property Ins	stead, use Part V					
P	art II Special Depreciati	on Allowance ai	nd Other Depre	eciation (Do not	include lis	ted proper	ty.) (See instructions.)
14	Special allowance for qualified New	York Liberty or Gulf	Opportunity Zone p	property (other than i	sted			
	property) placed in service during the	ne tax year (see instr	uctions)			L	14	
15 Property subject to section 168(f)(1) election								
16	Other depreciation (including ACRS						16	222,529
Pa	art III MACRS Depreciati	<u>on (Do not inclu</u>	ude listed prope	erty.) (See instru	ıctions.)			<u></u>
			Secti	· - · · · · · · · · · · · · · · · · · · ·		γ	. ,	
17	MACRS deductions for assets plac	ed in service in tax ye	ears beginning befo	re 2006			17	0
18	If you are electing to group any assets pl							
	Section B-As	sets Placed in Serv		ì	Y	<u>:iation Syste</u>	m	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investme only-see instruct	ent use	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							<u>.</u>
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs		S/L		
h	Residential rental	ļ		27.5 yrs.	MM	S/L		
	property			27 5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property MM S/L							
		ets Placed in Servic	e During 2006 Tax	Year Using the Alt	ernative Depre		em T	
	Class life			-		S/L		
	12-year		 	12 yrs.		S/L		
******	40-year		L	40 yrs	MM	S/L		
	art IV Summary (see inst					— т	<u> </u>	
21	Listed property Enter amount from		40 - 100			-	21	
22	Total. Add amounts from line 12, line Enter here and on the appropriate line.	<u>-</u>		107			22	222,529
23	For assets shown above and place	_	•					
	anter the nortion of the basic attribut	4-bl- 4 4 000 A	4 .					

NNSOCAL NARCONON SOUTHERN CALIFORNIA
33-0911677 Federal Statements

FYE: 12/31/2006

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

Description		Gross Sales	_	cogs	_	Gross Profit
BOOKSTORE SALES	_	\$ -225, 05	9 - \$	-11-6 ,34 -0	-\$_	106,719
TOTAL		\$ 225,05	9 \$	118,340	\$_	106,719

11/15/2007 11:05 AM

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NNSOCAL NARCONON SOUTHERN CALIFORNIA

Federal Statements

33-0911677 FYE: 12/31/2006

Statement 2 - Form 990, Part I, Line 16 - Payments to Affiliates

Bus Name Address

TRADEMARK LIC. FEE Purpose

\$ 1,029,807 Amount

\$ 1,029,807

TOTAL

NARCONON INTERNATIONAL 7060 HOLLYWOOD BLVD. LOS ANGELES CA 90028

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NNSOCAL NARCONON SOUTHERN CALIFORNIA Federal Statements

33-0911677 FYE: 12/31/2006

	Staten	Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations	art II, Line 22b -	Other Grants a	ind Allocations		
	Name Address	Relati to	Relationship to Org	Class of Activity			
	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantin	FMV Explntn
WARNER SPRINGS	RESOURCE CENTER		-	COMMUNITY RELATIONS	ATIONS		
30951 HIGHWAY 79	7.9		& 000 T	ሱ	ሱ	-	
WARNER SPRINGS	CA 92086					-	
WARNER FOOTBALL ASB	L ASB		Ö	COMMUNITY RELATIONS	ATIONS		
30951 HIGHWAY 79	79		000				•
WARNER SPRINGS	SPRINGS CA 92086						•
NATIONAL POLICE RODEO ASSN	E RODEO ASSN		, C	COMMUNITY RELATIONS	ATIONS		
PO BOX 755			067				
GARDEN GROVE CA	A 92842						
WARNER SPRINGS	SPRINGS COMM RESOURCE BOAR	AR	Ö	COMMUNITY RELATIONS	ATIONS		
30240 HIGHWAY 78	7.8		400				
SANTA YSABEL CA 92070	A 92070						
TRUE VALUE			Ö	COMMUNITY RELATIONS	ATIONS		
169 CLOVER ST			002			-	
CALIENTE NV 89008	800					-	

NNSOCAL NARCONON SOUTHERN CALIFORNIA 33-0911677 FYE: 12/31/2006

AC	Name Address	Rela to	elationship to Org	Class of Activity			
	Date of Gift	Description of Property	Cash	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
TOTAL			\$ 3,050 \$	0 \$	\$		
	Stater	Statement 4 - Form 990, Pa	Part II, Line 25a - Compensation of Current Officers	mpensation of	Current Officers		
Name		Program Services	Management & General		Fundraising		
EXPENSES		w-	w	 			
DAVID WORTHINGTON COMPENSATION	-		108,600	00			
JULIE BRYANT COMPENSATION BENEFIT PLAN CC	CONTRIBUTION	87,567 4,367			9,730 403	-	
LAWRENCE TRAHANT COMPENSATION BENEFIT PLAN CONTRIBUTION EXPENSE ACCOUNT	NTRIBUTION	97,254 1,944 12,093				-	
MICHAEL KOBRIN COMPENSATION		51,564	51,563	63			
NICHOLAS KENT COMPENSATION		64,371	64,371	71			
TOTAL		\$ 319,160	\$ 224,5	534 \$	10,133		

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NNSOCAL NARCONON SOUTHERN CALIFORNIA
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Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	-\$	\$	\$;
EXPENSES				
REFERRAL COMMISSIONS	271,758	247,305		24,453
INSURANCE	85,764	70,335	15,189	240
TAXES, DUES & FEES	21,784	17,868	3,855	61
LICENSES & PERMITS	3,466	3,466		
UTILITIES	209,193	171,559	37,048	586
REPAIRS & MAINTENANCE	144,402	118,424	25,574	404
DISSEMINATION	215,367	215,367		
TRAVEL AND TRANSPORTATION	338,342	277,474	59,921	947
BANK & CREDIT CARD FEES	111,667	95,053	16,614	
PROFESSIONAL FEES	41,514	41,514		
STAFF ENHANCEMENT	192,892	158,191	34,161	540
FOOD	986,269	986,269		
CLIENT MEDICAL	539,905	539,905		
VITAMINS	43,920	43,920		
OTHER PROGRAM COSTS	73,882	73,882		
AMORTIZATION	3,211	2,633	569	9
TOTAL	\$ 3,283,336	\$ 3,063,165	\$ 192,931 \$	27,240

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Statement 6 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

Description

THE ORGANIZATION OPERATES THREE DRUG REHABILITATION FACILITIES DELIVERING THE NARCONON—DRUG-REHABILITATION PROGRAM UNDER A TRADEMARK LICENSE FROM NARCONON INTERNATIONAL. THIS UNIQUE 3-TO-5 MONTH PROGRAM INCLUDES THE DETOXIFICATION PROCEDURE AND COURSES IN LIFE SKILLS. DURING THE YEAR APPROXIMATELY 300 PERSONS COMPLETED THE PROGRAM, ENABLING THEM TO LEAD MORE ETHICAL AND DRUG-FREE LIVES.

Statement 7 - Form 990, Part III, Line c - Statement of Program Service Accomplishments

Description

ANOTHER OF THE ORGANIZATION'S PURPOSES IS TO CONDUCT BROAD PUBLIC CAMPAIGNS TO RAISE PUBLIC AWARENESS TO THE EXTENT AND EFFECTS OF SUBSTANCE ABUSE AND THE NEED FOR PREVENTION AND REHABILITATION. DURING THE YEAR OVER 350,000 INFORMATIONAL BROCHURES AND PROMOTIONAL FLIERS WERE SENT TO THE GENERAL PUBLIC. EXTENSIVE INTERNET SITES DESCRIBING THE PROBLEMS OF AND SOLUTIONS FOR DRUG AND ALCOHOL ABUSE ARE MAINTAINED AND THESE RECEIVED APPROXIMATELY 5,000,000 VISITS DURING THE YEAR.

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Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description				
	Beginning	Accum	End of	Accum
	<u>-of-Year</u> -	- Deprec -	- Year	Deprec
LAND IMPROVEMENTS	\$ 103,021 \$	15,742	\$ 141,716 \$	23,899
BUILDINGS	7 103,021 7	13,742	\$ 141,710 \$	23,099
	2,604,950	134,931	3,012,105	207,294
BUILDING IMPROVEMENTS	100 460	10 262	214 175	15 (15
LEASEHOLD IMPROVEMENTS	180,468	10,363	214,175	15,615
	41,416	9,296	75,827	22,059
COMPUTER & OFFICE EQUIP	F1 (0)(20 411	76 220	40 277
FURNITURE & FIXTURES	51,626	29,411	76,339	42,377
	182,055	65,348	210,212	92,943
MOTOR VEHICLES	0.10 1.00	100 004	004.055	100 504
PLANT & TECHNICAL EQUIP	210,128	109,324	384,255	182,534
THANT & TECHNICAL EQUIT	53,992	15,518	82,146	25,741
LAND		•	·	·
	3,592,596		3,852,425	
TOTAL	\$ 7,020,252 \$	389,933	\$ 8,049,200 \$	612,462

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of <u>Year</u>
SECURITY DEPOSIT CONSTRUCTION IN PROGESS UNAMORTIZED LOAN COSTS	\$ 13,700 303,116 18,631	\$ 27,008 486,658 15,419
REFUNDABLE PAYROLL TAXES TOTAL	\$ 335,447	23,251 \$ 552,336

Statement 10 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	E	Beginning of Year	 End of Year
DEFERRED REVENUE	\$	88,500	\$ 78,000
TOTAL	\$	88,500	\$ 78,000

Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities

Description	E	Beginning of Year	 End of Year
INSTALLMENT CONTRACTS PAYABLE	\$	63,023	\$ 88,706
TOTAL	\$	63,023	\$ 88,706

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Statement 12 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	_	Amount
COST OF PROGRAM MATERIALS SOLD	\$	118,340
TOTAL	\$	118,340

Statement 13 - Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	Amount
COST OF PROGRAM MATERIALS SOLD	\$ 118,340
TOTAL	\$ 118,340

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NNSOCAL NARCONON SOUTHERN CALIFORNIA Federal Statements

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	ion	Compensation Description				_	
1 Organizations	Related Organization Name2	Expenses					
om Related		Benefits					
Sompensation fr	ion	Compensation	STATES 17,900	STATES 24,850	STATES		
Statement 14 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations	Related Organization Name1	Relationship	NARCONON WESTERN UNITED STATES 65-1238009 MANAGEMENT ORG	65-1238009 MANAGEMENT ORG 24	NARCONON WESTERN UNITED STATES 55-1238009 MANAGEMENT ORG	ABLE INTERNATIONAL	93-4188814 UMBRELLA ORG NARCONON INTERNATIONAL 95-2769582 INTERNATIONAL ORG
tement 14 - Form		Organization EIN	NARC 65-1238009 M	NARC 65-1238009 M	NARC 65-1238009 M	ABLE INTERNATION	93-4168814 U NARC 95-2769582 I
Sta	Payee Name		DAVID WORTHINGTON	NICHOLAS KENT	MICHAEL KOBRIN	KAREN SEAGAL	CLARKE CARR

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NNSOCAL NARCONON SOUTHERN CALIFORNIA 33-0911677 FYE: 12/31/2006	ets and □	Depreci	ation	nd Depreciation - Form 990	066		11/15/2007 10:56 AM Page 1	10:56 AM Page 1
Asset Service Property Description *	Tax	Tax-Meth Conv	Tax Period	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	•
Group: Building - Bouquet 124 3/17/06 Trailer Building - Bouquet	5,000	S/L-MO	70	0	536	536	4,464	
Group: Building - Rainbow 31 10/15/04 Buildings - Rainbow Building - Rainbow	1,884,763	S/L-MO	40 0	58,898	47,119	106,017	1,778,746	·
Group: Building - Warner 4 12/31/01 Building - Warner Building - Warner	642,266	S/L-MO	40.0	68,241	16,057	84,298	557,968	
Group: Building - Warner House 6 1/01/02 Housing Structure Building - Warner House	77,921	S/L-MO	400	7,792	1,948	9,740	68,181	
Group: Building - Wrnr Staff Hou 125 4/20/06 Warner Staff House - Structure Building - Wrnr Staff Hou	402,155	S/L-MO	40 0	0	6,703	6,703	395,452	
Group: Building Imp - Rainbow 48 10/15/04 Building Additions - Rainbow 49 3/23/05 Kitchen Wiring 50 8/18/05 Sprinkler system Building Imp - Rainbow	6,834 7,480 1,200 15,514	S/L-MO S/L-MO S/L-MO	40 0 40 0 40 0	214 94 15 323	171 187 30 388	385 281 45 711	6,449 7,199 1,155	
Group: Building Imp - Warner 5 12/31/02 Bldg Additions - Warner 7 12/31/03 Bldg Additions - Warner 41 7/01/05 Renovations Wood/Tile/Bathrooms 127 7/31/06 Electrical Improvements 126 8/31/06 AC Condenser Building Imp - Warner Group: Computer & Office Equip	75,018 47,014 42,921 3,633 27,474 2,600	S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO	0 0 4 40 0 0 4 40 0 0 15 0 0 15 0 15 0 1	6,564 2,939 537 0 0 0	1,875 1,175 1,073 1,073 101 611 29 4,864	8,439 4,114 1,610 101 611 611 14,904	66,579 42,900 41,311 3,532 26,863 2.571	

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Fixed Assets and Depreciation - Form 990

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Tax Net Book Value	0 0 0 175 5,655 4,874 4,874 1,060 1,060 1,060 1,244 613 855 855 1,799 1,391 1,	1,947 2,606 5,896 12,038 32,402 3,402 1,462 1,867 3,867 891
Tax End Depr	6,652 1,414 7,652 13,196 4,874 4,874 4,874 4,874 6,22 307 307 307 307 307 307 307 307 307 307	25,304 15,632 10,612 12,039 18,001 96 126 64 1,055 243
Tax Current Depreciation	12,966 13,771 1,950 202 202 153 153 165 165 171 171 171 173 174 174 175 175 175 175 175 175 175 175	3,893 2,605 2,358 3,440 7,200 64 84 43 70
Tax Prior Depreciation	6,652 1,414 1,7215 1,225 2,924 2,924 101 101 151 151 0 0 0 0 0 0 0 0 0 0 0 0	21,411 13,027 8,254 8,599 10,801 32 42 42 21 352 352 81
Tax Period		7 7 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Tax-Meth Conv	%% % % % % % % % % % % % % % % % % % %	S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO
Tax Cost	6,652 1,414 7,652 1,552 1,011 766 748 1,011 1,521 1,521 1,521 1,521 1,521 1,521 1,521 1,521 1,024 1,02	27,251 18,238 16,508 24,077 50,403 450 588 300 4,922 491 1,134
Date In Asset Service Property Description Group: Computer & Office Equip (continued)	Computer & Office Equip Comuter & Office Equip Computer Equip - Comp Central Computer Equip - Dell Computer Equip - Best Buy Computer Equip - Best Buy Computer Equip - Fry's Treasury Computer Averatec Notebook PC New Computer - Best Buy Computer SDA HP Computer Treasury Laptop Computer DED Computer DED Computer DED Computer DED Computer DED Computer DED Computer DED Computer DED Computer DED Computer DED Computer DED Computer DED Computer DED Computer DED Computer DED Computer Canon Copier	13 7/01/00 Furniture & Flatures 14 12/31/01 Furniture 15 12/31/02 Furniture 25 12/31/03 Furniture & Fatures 26 3/14/05 Curtains 27 3/15/05 Office Furn - A B E Corp 28 3/31/05 Bunk Bed 29 4/08/05 Furniture 60 4/14/05 Assist Table 61 5/03/05 Dressers
Date In Service	7/01/00 12/31/00 12/31/01 12/31/02 12/31/03 1/22/05 6/27/05 9/23/05 1/22/05 1/22/05 1/22/05 1/22/05 1/22/05 1/22/05 1/22/05 1/22/05 1/22/05 1/22/05 1/22/05 1/22/05 1/22/05 1/22/05 1/22/06 1/10/06	7/01/00 12/31/01 12/31/02 12/31/03 6/30/04 3/14/05 3/15/05 3/15/05 4/14/05 5/03/05
Asset Group	252 242 21 1 0 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	13 14 15 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16

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Tax Net Book Value	1,233 379 379 1,640 1,640 1,640 1,058 1,059 1,059 1,059 1,1328 1,1328 1,1328 1,192 1,097 1,192 1,097 1,097 1,097 1,097 1,097
Tax End Depr	336 103 103 103 103 103 103 103 103 103 103
Tax Current Depreciation	224 499 138 107 107 108 110 110 110 113 111 113 113 113 113 113
Tax Prior Depreciation	234 244 255 269 311 274 274 366 367 376 377 377 378 379 379 379 379 379 379 379 379 379 379
Tax Period	V V
Tax-Meth Conv	S.L-MO S.
Tax Cost	1,308 1,
*	
Property Description	Lighting Fixtures Dressers - Ikea TV/DVD Player - Best Buy Dressers - Ikea Dressers - Ikea Dressers - Ikea 2 TV - Best Buy 2 Sectionals TV - Best Buy 2 Sectionals TV - Best Buy 2 Sectionals TV - Best Buy 2 Sectionals TV - Best Buy 2 Sectionals TV - Best Buy 2 Sectionals TV - Best Buy 2 Sectionals TV - Best Buy 2 Sectionals TV - Best Buy 2 Sectionals TV - Best Buy 2 Sectionals TV - Best Buy 2 Sectionals TV - Best Buy 2 Sectionals TV - Best Buy 8 Bed 8 Bed 8 Bed 8 Bed 9 Bed 9 Bed 9 Bed 9 Dressers - Ikea 9 Dressers - Ikea 9 Dressers - Ikea 9 Dressers - Ikea 9 Dressers - Ikea 9 Dressers - Ikea 9 Bedroom Furniture - New House Set-up TVs for Staff Houses 9 Bunk Beds T Rigerators for Office 8 Bedroom Furniture - New House Set-up TV sfor Staff Houses 9 Bunk Beds Furniture 9 Dressers - Ikea 9 Dressers
Date In Service Furniture	5/03/05 5/31/05 5/31/05 5/31/05 7/06/05 7/06/05 7/06/05 7/06/05 8/11/05 8/11/05 8/11/05 8/11/05 8/11/05 8/11/05 8/11/05 8/11/05 8/11/05 8/11/05 8/11/05 9/15/06 9/15/0
Asset Group:	6694886611664666666666666666666666666666

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Page 4	Fixed Assets and Depreciation - I	33-0911677
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Date In Asset Service Property Description	Tax Cost	Tax-Meth Conv	Tax Period	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	
Group: Furniture & Fixtures (continued)								
163 8/23/06 Artwork	1,620	S/L-MO	7.0	0	77	77	1,543	
	2,000		7 0 0	000	46 95	46 95	917	
10/27/06	552		7 0	00	13	19 13	520 539	
168 11/10/06 Furniture 169 11/15/06 Furniture	1,187		7 0 7	00	28	28	1,159	•
170 11/15/06 4 Dressers, 3 Wardrobes	901	S/L-MO	100	00	21	21	880	
11/30/06	947 969 926	S/L-MO S/L-MO S/L-MO	7.0	000	12 &		634 957	•
Furniture & Fixtures	210,212) : : :	?	65,348	27,595	92,943	117,269	
Group: Land								
12/31/01 10/15/04	270,331	: :	000	0	0	00	270,331 218,095	•
38 8/31/02 230 Acres - Kainbow 176 5/09/06 Land - Warner Staff House	3,104,170 259,828	1 1		00	00	0 0	3,104,170 259,828	
Land	3,852,424			0	0	0	3,852,424	
Group: Land Improvements								
12/31/03 11/04/05	92,309			15,385	6,154	21,	70,770	
98 12/31/05 Septic System 175 6/16/06 Fencing	6,265		15 0	209	418		5,638 2,130	-
12/31/00 Septic/Water System	36,492	S/L-MO		0	1,216		35.276	
Land Improvements	141,716			15,742	8,157	23,899	117,817	
Group: LH Improvements - Newport								
	2,010 8,365 3,018	S/L-MO S/L-MO S/L-MO	8 8 8 0 0 0 0	2,010 4,182 302	1,673	2,010 5,855 906	2.510	
101 9/30/05 Remodeling 177 3/19/06 Tile 178 5/25/06 Blinds	28,023 10,673			2,802	5,605	8,407 2,287	2,112 19.616 8,386	
	3,911 8,126 7,700	S/L-MO S/L-MO S/L-MO		000	985 774 550	985 774 550	4,926 7.352 7.150	
12/28/06 Sauna Floor	2,000			0	285	285	1.715	
LH Improvements - Newport	75,826			9.296	12,763	22,059	53,767	
Group: Motor Vehicles								

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	Tax Net Book Value	0 0 0 0 0 0 0 2,222 1,333 16,993 16,993 16,991 17,371 17,371 18,844 33,834 33,834 33,834 201,721	298 1,526 4,583 4,583 4,583 4,162 8,162 8,162 8,163 8,13 1,110 1,10 1,
	Tax End Depr	3,864 8,000 11,100 2,450 1,700 12,672 7,722 14,294 7,722 14,294 17,738 6,667 16,992 16,993 16	3,868 4,503 2,800 4,584 2,313 640 641 85 85 85 85 85 85 85 85 85 85 85 85 85
	Tax Current Depreciation	0 0 0 0 0 0 1,250 1,839 6,667 2,667 11,328 11,274 11,274 8,685 10,602 1,990 1,990 1,990 1,990 1,990	595 819 819 622 1,310 925 43 43 43 43 43 43 43 43 43 43 43 43 43
	Tax Prior Depreciation	3,864 8,000 11,100 2,450 1,700 12,672 7,722 14,294 6,250 9,195 11,111 4,000 5,664 5,664 5,664 5,664 5,664 5,664 0 0 0 0 0 0 0 0	3,273 3,684 2,178 3,274 1,388 1,388 1,388 20 20 89 218 329 78 214 101 51 51 51
	Tax Period		77777777777777777777777777777777777777
	Tax-Meth Conv	S/L-MO S/	8 S/L-MO 8 S/L-MO 8 S/L-MO 8 S/L-MO 8 S/L-MO 8 S/L-MO 8 S/L-MO 7 S/L-MO 7 S/L-MO 8 S/L-MO 7 S/L-MO 8 S/L-MO 7 S/L-MO 8 S/L-MO 7 S/L-MO 8 S/L-MO 8 S/L-MO 7 S/L-MO 8 S/L-MO
	Tax Cost	3,864 8,000 11,100 2,450 1,700 12,672 7,722 14,294 7,500 11,034 20,000 8,000 8,000 33,985 33,985 33,985 33,823 33,83 33,8	4,166 5,731 4,356 9,167 300 1,076 1,874 2,874 1,094 1,094 1,413 721 396 425 425 427 1,413 721 396 425 425
	*	Motor Vehicles	
	Property Description ed)	ectibles	
	Asset Service Pro Group: Motor Vehicles (continued)	Vehicles Car - LH Van Vehicles Chevy Pickup DH Toyota Corolla MK 1992 Acura SH 2002 Saturn DW Auto - Southern Collectibles 1999 Ford Tempo 1998 Chevrolet Van 1992 Acura Vigor 2006 Econoline 2006 Econoline 2006 Ford Freestar 2006 Ford Econoline 2006 Ford Econoline 2006 Ford Econoline 2006 Ford Econoline 2006 Ford Econoline 2006 Ford Econoline 2006 Ford Econoline 2006 Ford Econoline 2006 Ford Econoline 2007 Ford Fusion	Group: Plant & Technical Equip 16 7/01/00 Equipment 17 12/31/01 Equipment 26 12/31/02 Equipment 32 6/30/04 Equipment 109 3/14/05 Washer/Dryer 110 5/23/05 BBQ Grill 12 6/06/05 Bug Zappers 113 6/10/05 Tools 114 6/13/05 Dishwasher 115 7/06/05 Lawn Tractor 116 7/06/05 Lawn Tractor 117 7/06/05 Lawn Tractor 116 7/06/05 Washers 117 7/06/05 Washers 119 9/08/05 Washer 120 9/08/05 Washer 121 10/05/05 Washer 122 10/05/05 Washer 123 11/02/05 Dryer 189 1/31/06 Sauna Scale 190 1/31/06 Sauna Scale 190
	Date In Service Motor Ve	7/01/00 7/28/01 8/06/01 12/31/02 12/31/02 12/31/02 12/31/02 12/31/02 12/31/03 4/22/04 6/23/04 10/27/05 10/27/05 10/16/06 11/18/06	7/01/00 12/31/01 12/31/02 12/31/03 6/30/04 3/14/05 5/33/05 5/33/05 5/33/05 5/33/05 5/33/05 5/33/05 5/33/05 5/33/05 5/33/05 5/33/05 1/06/05 1/06/05 11/02/05 11/17/06 11/31/06 1/31/06
	Asset Group:	19 106 107 20 103 103 104 105 210 211 212 213 214 183 183 184 185 186	Group: 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18

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Asset	Date In Service	Property Description *	Tax Cost	Tax-Meth Conv	Tax Period	Tax Prior Depreciation	Tax Current	Tax Fnd Denr	Tax Net	
Group:	Plant &	Group: Plant & Technical Equip (continued)						1000	מסע אמותב	
161	2/16/06		464	S/L-MO	7 0	0	55	55	409	
801	3/11/05	Oven	3,857	S/L-MO	7 0	276	551	827	3.030	
761	3/23/06		7,844	S/L-MO	7.0	0	840	840	7,004	
193	3/31/06	Fitness Equipment	4,134	S/L-MO	70	0	443	443	3,691	
56	4/15/06		79/	S/L-MO	70	0	. 82	. 82	089	
209	4/17/06		(16,1	S/L-MO	7 0		791	791	1,353	•
196	2/16/06	Water Heater	1.115	S/L-MO	0.7		93	03	520	
199	7/23/06	Dryer	320	S/L-MO	7.0		61	01	301	
200	7/25/06	Upright Freezer	836	S/L-MO	7.0	0	50	50	786	•
201	7/25/06		751	S/L-MO	7 0	0	45	45	706	
707	8/31/06		269	S/L-MO	7.0	0	33	33	664	
703 203	10/04/06	•	579	S/L-MO	7.0	0	21	21	558	
204	11/04/06		352	S/L-Mo	7.0	0	∞	∞	344	•
202	11/13/06	Dryer	911	S/L-MO	7 0	0	22	22	888	
207	12/08/06		2,000	S/L-MO	7.0	0	24	24	1,976	
208	12/11/06		655	S/L-MO	7 0		∞ ∞	∞ ∞	469	
		Plant & Technical Equip	82.145			15 518	10 223	147.20	26 404	
						17,71	10,220	141,02	20,404	
		Grand Total	8,049,194			389,933	222,529	612,462	7,436,732	



NARCONON SOUTHERN CALIFORNIA

DECEMBER 31, 2006 and 2005

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9454 Wilshire Blvd , 4th floor, Beverly Hills, CA 90212-2907 310/273-2501 telephone 310/859-0374 fax

www.nsbn.com e-mail.op@nsbn.com

September 13, 2007

INDEPENDENT AUDITORS' REPORT

Board of Directors Narconon Southern California Los Angeles, California

We have audited the accompanying statement of financial position of Narconon Southern California (a nonprofit organization) as of December 31, 2006, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Organization's 2005 financial statements and, in our report dated August 31, 2006, we expressed an unqualified opinion of those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Narconon Southern California as of December 31, 2006 and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

NSBN LLP



NARCONON SOUTHERN CALIFORNIA STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2006 and 2005

		2006		2005
ASSETS	Unrestricted	Temporarily Restricted	Total	Total
Cash and cash equivalents Accounts receivable Deposits and other assets Property and equipment, net	\$ 777,914 142,046 129,578 7,923,396	\$ - - - -	\$ 777,914 142,046 129,578 7,923,396	\$ 977,272 - 106,200 6,933,435
TOTAL ASSETS	\$ 8,972,934	\$	\$_8,972,934	\$8,016,907
LIABILITIES				
Accounts payable and accrued liabilities Loans payable Mortgages payable	\$ 441,238 88,706 6,199,949	\$ - - -	\$ 441,238 88,706 6,199,949	\$ 307,672 63,023 5,900,554
TOTAL LIABILITIES	6,729,893	-	6,729,893	6,271,249
NET ASSETS	2,243,041		2,243,041	1,745,658
TOTAL LIABILITIES AND NET ASSETS	\$ 8,972,934	\$	\$ 8,972,934	\$ 8,016,907

NARCONON SOUTHERN CALIFORNIA STATEMENT OF ACTIVITIES YEAR ENDED DECEMBER 31, 2006 and 2005

	_			2006				2005
				Temporarily				
		Unrestricted		Restricted		Total		Total
REVENUE AND SUPPORT								
Donations	\$	58,682	\$	269,705	\$	328,387	\$	139,647
Narconon program material sales		225,059		-		225,059		204,939
Program service revenue		10,825,702		-		10,825,702		9,501,172
Other revenue		7,437		-		7,437		2,861
Net assets released from restriction								
Purposes accomplished	_	269,705	-	(269,705)		-	-	-
TOTAL REVENUE AND SUPPORT	_	11,386,585	_	-		11,386,585	_	9,848,619
EXPENSES								
Program services								
Drug rehabilitation services		8,567,767		-		8,567,767		5,900,857
Drug Education		38,208		-		38,208		, , , <u>-</u>
Public awareness and information		717,675		-		717,675		1,393,471
campaigns		,				•		, ,
Supporting services								
Management and General		1,521,015		-		1,521,015		1,097,070
Fundraising	_	44,537	_	<u> </u>		44,537	_	18,114
TOTAL EXPENSES		10,889,202	_	<u>-</u>		10,889,202	_	8,409,512
CHANGE IN NET ASSETS		497,383		-		497,383		1,439,107
NET ASSETS, January 1	_	1,745,658	_	<u>-</u>	_	1,745,658	_	306,551
NET ASSETS, December 31	\$_	2,243,041	\$_	<u>-</u>	\$	2,243,041	\$_	1,745,658

NARCONON SOUTHERN CALIFORNIA STATEMENT OF CASH FLOWS YEAR ENDED DECEMBER 31, 2006 and 2005

CASU ELOVAC EDOM ODEDATINO ACTIVITIES		2006		2005
CASH FLOWS FROM OPERATING ACTIVITIES				
Change in net assets	\$	497,383	\$	1,439,107
Adjustments to reconcile change in net assets to net cash provided by operating activities:				
Depreciation and amortization		225,740		172,880
(Increase) decrease in assets: Accounts receivable Deposits and other assets		(142,046) (26,590)		14,247 (1,882)
Increase (decrease) in liabilities [.] Accounts payable and accrued liabilities	-	133,566		(341,182)
NET CASH PROVIDED BY OPERATING ACTIVITIES	-	688,053		1,283,170
CASH FLOWS FROM INVESTING ACTIVITIES				
Acquisition of land Acquisition of building and improvements Acquisition of equipment Construction in progress costs	_	(259,829) (513,968) (255,151) (183,542)	_	(3,104,171) (93,354) (177,027) (280,744)
NET CASH (USED IN) INVESTING ACTIVITES	_	(1,212,490)	_	(3,655,296)
CASH FLOWS FROM FINANCING ACTIVITIES				
Proceeds from loans payable Repayments of loans payable Proceeds from refinanced mortgage payable Repayments of mortgage payable Proceeds from mortgage payable Principal payments on mortgages Costs incurred for loan refinance	_	146,108 (120,424) - - 477,750 (178,355)	_	83,142 (20,119) 774,000 (376,959) 3,105,000 (123,239) (14,807)
NET CASH PROVIDED BY FINANCING ACTIVITIES	_	325,079	_	3,427,018
NET CHANGE IN CASH AND CASH EQUIVALENTS		(199,358)		1,054,892
CASH AND CASH EQUIVALENTS, January 1	_	977,272	_	(77,620)
CASH AND CASH EQUIVALENTS, December 31	\$ =	777,914	\$_	977,272
SUPPLEMENTAL CASH FLOW DISCLOSURE Interest paid	œ	501 495	e	200 406
interest paid	\$ _	501,485	\$ =	289,486

See accompanying auditors' report
The notes are an integral part of these financial statements

NARCONON SOUTHERN CALIFORNIA STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2006 and 2005

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	1				2006				2005
	ı		Progra	Program Services		Supporting	Supporting Services		
		gia	C	o Glaria	Total	***************************************		ŀ	
	-1	Rehabilitation	Education	Awareness	Services	and General	Fundraising	Expenses	Fxpenses .
Salaries and employee benefits	69	2,739,239 \$	-	€ 9			_	\$ 3,670,937 \$	2,
י מליטו ומאכט	1	2,979,415	19,224	275.868	3 274 507	57,003	11 034	321,866	256,923
Contributions to other nonprofit organizations		•		3.050	3 050			500,300,0	2,040,023
Cost of Narconon program materials sold		118 340		30'	118 340	•	•	3,030	3,895
Insurance		63,997	412	5,926	70.335	15 189	- 240	118,340	104,033
Interest		356,456	2,293	33,009	391,758	84,599	1.338	477,695	289.486
Maintenance		107,752	694	9,978	118,424	25,574	404	144.402	134.911
Narconon program license		1,029,807	3,466	•	1,033,273	•		1.033.273	842.042
Office and administrative		279,567	1,187	17,086	297,840	60,408	692	358,940	319,680
Postage and shipping		66,939	450	6,477	998'92	16,599	262	93,727	68.461
Printing and promotion		32,645	210	218,390	251,245	7,749	122	259,116	144,682
Professional fees		41,514	•	•	41,514	224,597	•	266,111	65,329
Program delivery costs		1,643,976	1	•	1,643,976			1,643,976	1,481,985
Kelerral rees		247,305	1	•	247,305	•	24,453	271,758	113,729
Kent		670,921	4,315	62,129	737,365	159,236	2,517	899,118	715,740
Staff training		143,936	926	13,329	158,191	34,161	540	192,892	69,569
faxes, dues and rees		16,258	105	1,505	17,868	3,855	61	21,784	1,562
l elephone		188,921	1,215	17,495	207,631	44,838	402	253,178	207,866
Iravel		252,471	1,624	23,379	277,474	59,921	947	338,342	318,664
Utilities	!	156,100	1,004	14,455	171,559	37,048	586	209,193	169,162
Total expenses before depreciation and amortization		8,399,320	37,125	702,076	9,138,521	1,481,036	43,905	10,663,462	8,236,632
Amortization		2,396	15	222	2,633	569	თ	3.211	16.556
Depreciation	J	166,051	1,068	15,377	182,496	39,410	623	222,529	156,324
Total Expenses	ده	8,567,767 \$	38,208	\$ 717,675	\$ 9,323,650	\$ 1,521,015	\$ 44,537	10,889,202 \$	8,409,512

Note 1 NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES -

Description of Reporting Entity-

Narconon Southern California (NN South CA) is a tax-exempt nonprofit organization dedicated to rehabilitating people from the harmful effects of drugs and eliminating drug abuse and drug addiction by providing drug awareness campaigns and information, drug education and drug rehabilitation services. NN South CA is organized to operate exclusively for charitable purposes.

The Narconon drug and alcohol rehabilitation program offers a unique approach to rehabilitation through the use of methodologies researched and developed by author and humanitarian, L. Ron Hubbard This includes safe, drug-free withdrawal, detoxification to cleanse the body of residues of drugs and other chemicals and a carefully designed program of courses that enables students to develop essential life skills. Graduates of the Narconon drug rehabilitation program are able to break out of the trap of addiction and rejoin society as stable, ethical, contributing citizens

NN South CA also conducts public awareness and education campaigns through the different mediums of the Internet, radio, television, and print media. The information provided informs listeners and readers about the mechanics of drug and alcohol addiction and the harmful effects of drug use. Narconon drug education and prevention programs take a comprehensive approach to preventing drug use through effective educational programs with school children, parents and educators.

Tax Exempt Status-

NN South CA is recognized by the Internal Revenue Service as exempt from Federal income tax under Section 501(c)(3). NN South CA is also recognized by the California Franchise Tax Board as exempt from California Corporation Franchise Tax under Section 23772(a)(2)(A)(i) of the California Revenue and Taxation Code and exempt from income tax under Section 2370(1)(d) NN South CA qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

Basis of Accounting-

The financial statements of NN South CA have been prepared on the accrual basis of accounting and conform to accounting principles generally accepted in the United States of America as applicable to nonprofit organizations.

Certain 2005 amounts are reclassified to conform to the 2006 presentation

Basis of Presentation-

The financial statements of NN South CA have been presented in accordance with the AICPA's Audit and Accounting Guide, "Not-For-Profit Organizations " The accounting policies followed are described below

Note 1 NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

Net Asset Classes-

The accompanying financial statements present information regarding NN South CA's financial position and activities according to three classes of net assets unrestricted, temporarily restricted and permanently restricted. The three classes are differentiated by donor restrictions:

a- Unrestricted

Net assets that are not subject to donor-imposed restrictions, or donor-restricted contributions whose restrictions are met within the same reporting period

b- Temporarily Restricted

Net assets that are subject to donor-imposed time or use restrictions that have not been met as of year-end. Temporarily restricted net assets are restricted for time (e.g., multi-year pledges) or specific programs. There were no temporarily restricted net assets at December 31, 2006 and 2005

c- Permanently Restricted

Net assets subject to donor-imposed restrictions that are maintained permanently. There were no permanently restricted net assets at December 31, 2006 and 2005.

Summarized Comparative Financial Information-

The financial statements include certain prior-year summarized comparative information in total, but not by net asset category. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2005 from which the summarized information was derived

Use of Estimates in the Preparation of Financial Statements-

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates

Cash and Cash Equivalents-

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Cash and cash equivalents include all funds in banks and highly liquid investments in other financial institutions, with initial maturity of three months or less. The carrying value approximates fair value.

Note 1 NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

Property and equipment-

Property and equipment are carried at cost. Depreciation is computed using primarily the straight-line method, with the following estimated useful lives:

	YEARS
Buildings and building improvements	15-40
Land improvements	15
Furniture and equipment	3-7
Leasehold improvements	3-5
Vehicles	3

Expenditures for maintenance, repairs, and renewals of minor items are charged to expense as incurred. Major renewals and improvements are capitalized. Upon disposition, the cost and related accumulated depreciation are removed from the accounts and the resulting gain or loss is reflected in operations for the period.

Accounts Receivable

Accounts receivable represents amounts owed to NN South CA by students on the Narconon drug rehabilitation program and on program material sales and is stated at fair value Management believes no provision for allowance is necessary at December 31, 2006

Note 2 PROPERTY AND EQUIPMENT

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	_	2006		2005
Land Buildings and building improvements	\$	3,852,425 3,226,280	\$	3,592,596 2,785,418
Land improvements		141,716		103,021
Furniture and equipment		368,697		287,673
Leasehold improvements		75,827		41,416
Vehicles	_	384,255	_	210,128
		8,049,200		7,020,252
Less ⁻ accumulated depreciation	_	(612,462)		(389,933)
		7,436,738		6,630,319
Construction in progress	_	486,658	_	303,116
	\$_	7,923,396	\$_	6,933,435

Land and buildings with original combined purchase prices of approximately \$7,220,000 are pledged as collateral for the mortgages payable (Note 3)

Vehicles with original combined purchase prices of approximately \$175,000 are pledged as collateral for the loans payable (Note 4)

Note 3 MORTGAGES PAY	YABLE
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.0.0	MOTO CONSTRUCTION OF THE PROPERTY OF THE PROPE	_	2006		2005
	Mortgage payable due on or before August 22, 2010 secured by a first deed of trust; the agreement provides for the first sixteen monthly payments to be interest only. The initial six interest only payments will be paid at 5 00%. The subsequent ten interest only payments will be paid at 7 00%. Principal and interest at 8.00%, made in monthly installments of \$22,000 for the next twelve months based on a twenty-year amortization. Principal and interest at 9 00%, in monthly installments of \$25,000 to be made thereafter, until fully paid. Prepayment penalties apply	\$	3,105,000	\$	3,105,000
	Mortgage payable due on or before October 10, 2024, secured by a first and second deed of trust, with monthly payments of \$18,894 or more, including interest at 9 00% per annum. There is no prepayment penalty		2,010,106		2,053,770
	Mortgage payable due on or before October 10, 2010, secured by a first deed of trust, with monthly payments of \$15,509 or more, at initial rate of 1% over prime at 7 50% per annum. Interest rate is scheduled to increase no more frequently than every quarter, not to exceed 15.5% per annum. Prepayment penalties apply.		609,911		741,784
	Mortgage payable due on or before May 10, 2016, secured by a first deed of trust, with monthly payments of \$3,589, including interest at 8.25% per annum, and a final balloon payment for all the principal and accrued interest not yet paid. Prepayment penalties apply.		474,932	_	-
		\$_	6,199,949	\$_	5,900,554
	Five year maturities are as follows:				
	2007 2008 2009 2010 2011 Thereafter	\$	197,521 234,701 257,105 3,262,686 73,899 2,174,037		
		\$=	6,199,949		

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Note 4	LOANS	PAYABLE
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vote 4	LOANS PAYABLE	 2006	2005
	Loan payable to finance company due on November 11, 2008, secured by a vehicle, with monthly payments of \$874, including interest at 8 49% per annum. Prepayments are subject to penalty finance charges.	\$ - \$	20,899
	Loan payable to finance company due on November 11, 2008, secured by a vehicle, with monthly payments of \$880, including interest at 8.49% per annum. Prepayments are subject to penalty finance charges	-	21,062
	Loan payable to finance company due on November 11, 2008, secured by a vehicle, with monthly payments of \$880, including interest at 8.49% per annum. Prepayments are subject to penalty finance charges.	-	21,062
	Loan payable to finance company due on January 27, 2009, secured by a vehicle, with monthly payments of \$744, including interest at 8 99% per annum Prepayments are subject to penalty finance charges.	703	-
	Loan payable to finance company due on February 4, 2009, secured by a vehicle, with monthly payments of \$791, Prepayments are subject to penalty finance charges	9,380	-
	Loan payable to finance company due on August 25, 2009, secured by a vehicle, with monthly payments of \$516, Prepayments are subject to penalty finance charges.	10,579	-
	Loan payable to finance company due on October 30, 2009, secured by a vehicle, with monthly payments of \$823, Prepayments are subject to penalty finance charges	25,967	-
	Loan payable to finance company due on October 30, 2009, secured by a vehicle, with monthly payments of \$823, Prepayments are subject to penalty finance charges.	25,967	_
	onargoo,	20,001	=

Note 4 LOANS PAYABLE (Continued)

	_	2006	_	2005
Loan payable to finance company due on December 2, 2009, secured by a vehicle, with monthly payments of				
\$481, including interest at 2 90% per annum. Prepayments are subject to penalty finance charges.		16,110		
repayments are subject to penalty imance charges.		10,110	_	-
	\$	88,706	\$_	63,023
Five year maturities are as follows:				
2007	\$	20,917		
2008		39,249		
2009		28,540		
2010		· -		
2011	_	<u>-</u>		
	\$	88,706		

Note 5 OPERATING LEASES

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NN South CA has noncancellable operating leases on its premises expiring through 2011 Total rent expense under these operating leases were approximately \$ 459,500 and \$401,000 for 2006 and 2005, respectively.

Future minimum payments under these operating leases for each of the next five years and in the aggregate are:

2007	\$	251,247
2008		202,767
2009		202,767
2010		156,059
2011	_	132,706
	\$ _	945,546

Note 6 NET ASSETS RELEASED FROM RESTRICTION

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrences of other events specified by donors

Net Assets Released from Temporary Restrictions:

New drug rehabilitation facility renovations	\$ 269,705
Total	\$ 269.705

Note 7 RELATED PARTY TRANSACTIONS

NN South CA is licensed by and related to Narconon International, a tax-exempt nonprofit corporation.

NN South CA is affiliated with all Narconon centers, all U S centers are tax-exempt nonprofit corporations, all non - U S. centers are nonprofit corporations. NN South CA is related to Association For Better Living & Education International (ABLE), which is a tax-exempt nonprofit corporation.

All license fees paid were to related parties.

Substantially all payments made for purchases of materials for resale are to ABLE

Note 8 CONCENTRATION OF CREDIT RISK

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Cash and cash equivalents include approximately \$926,700 and \$1,062,000 in 2006 and 2005, respectively, in excess of insured limits. It is the opinion of NN South CA management that the solvency of the relevant financial institutions is not of particular concern.

Note 9 FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing NN South CA's programs and the supporting services have been summarized on a functional basis in the statement of activities, and in the statement of functional expenses. Accordingly, certain costs have been allocated between program and supporting services in reasonable ratios determined by management.