Department of the Treasury

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

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

OMB No 1545-0047 2007

A	Fa-46	- 0°07			-		lave to use	a copy of this re		ausi	y State I	eporting require	emen	ts	Topen w ru	опс паресноп
A				T - 1		r beginning	_	, and ending	1				_			
В		applicable	Please use IRS	C	Name of or	ganization							D		yer identificat	
닏	Address	change	label or	ļ ,	113 D.C.	MON GOIL	MIIMDAI	<b>63.1.1.1.0.0.</b> 3				-	<u> </u>		-09116	
$\sqcup$	Name ch	nange	print or type.			ONON SOU						Deserted	E		hone numb -675-	
Ц	Initial ret	urn	See			d street (or PO be W. OCEA			et address	;)		Room/suite	F		nting method	
Ш	Terminal	tion	Specific Instruc-			n, state or country,					<del>-</del>		X	Accrua	Ĭ [ ]	her (specify)
	Amende	d return	tions.		NEWPO	ORT BEAC	H	CA 92	<u>663-</u>	452	20					
	Applicati	on pending				) organizations a ch a completed S						ot applicable to s a group return fo		_		res X No
G	Websi	ite: 🤨 W	WW.US	NODE	RUGS . C	ОМ		<u> </u>				s," enter number of			·	
J	Organ	ization ty							.	H(c	Are al	l affiliates include	d?	N/	'A 🗌 Y	res 🗌 No
	(check	only one)	X	501(	(c) ( <b>3</b>	) ◀ (insert no	) 494	17(a)(1) or	527		(If "No,"	attach a list. See ins	truction	ıs)		
K	Check I	here 🕨	If the	e organ	nization is n	ot a 509(a)(3) sup	porting organia	zation <b>and</b> its gros	is	H(d	•	a separate return		•	120	
	receipts	s are norma	lly <b>not</b> mo	re than	\$25,000 /	A return is not requ	iired, but if the	organization choo	ses			zation covered by				es No
	to file a	return, be s	sure to file	a comp	plete return				-			Exemption N		-		
	Gross	receints /	Add lings	s Sh. Ri	th Oh and	d 10b to line 12		12,021	215	M		k ▶ ∐ ⊪th ach Sch B (Fo			on is <b>not</b> re	
<u>- p</u>	art i					and Change				lanc					-EZ, 01 990	J-PF)
	1					sımılar amounts		133613 01 1 0	illa Da	lanc	ces (O	ee the mone		113.)		
			. •	. •	·		received		۱.							
	a				advised f					la		90 20	<del>,</del>			
	b					ed on line 1a)				lb		89,29	4			
	С	Indirect	public su	ipport i	(not inclu-	ded on line 1a)				IC			4			
	d	Governn	nent con	tributio	ons (grant	s) (not included			1	ld			_	i		
	е	Total (ad	dd lines 1	1a thro	ough 1d) (	cash \$	89,	<b>297</b> noncas	sh \$			)	1	le	8	39,297
	2	Program	service	reveni	ue includi	ng government	fees and co	ntracts (from Pa	ırt VII, lır	ie 93	<b>(</b> )		:	2	11,69	99,969
	3	_			assessm			·			•			3		
	4		•			ry cash investm	ents	<u> </u>						4		4,497
	5							1						5		
	6a	Gross re		terest	1101113000	IntRECEIV	<u> </u>		ء ا	ia			<u>'</u>	<del>-</del>		
					l f		18	31				<del></del>	$\dashv$			
	b	Less rer			2	rad OV 68 from	2008	<b>[</b> ]		b			┨.			
	c						I (Imanosa   C	21 .					_	ic		
ě	7				ne (descr			-						7		
2 <b>668</b> enue	8a	Gross ar	mount fro	om sak	les offass	*OGDEN	I, UT	(A) Securities		_	(E	3) Other	ᅱ	İ		
3		man mve	entory		L		<del></del>	<del></del>		a		1,00	_			
20	b	Less co	st or othe	er bası	is and sal	es expenses			8	b		65				
ာ	С				chedule)				_8	C _		34	<u>1</u>	- 1		
-	d	_				8c, columns (A)					SEE S	STMT	8	ld		341
DEC	9					ach schedule) l	f any amour	nt is from gamin	ı <b>g,</b> checl	k herl				İ		
吕	а	Gross re	venue (n	not incl	luding \$ _		(	of								
	<b> </b>	contribut	ions repo	orted c	on line 1b	)			9	a			_	1		
Ш	b	Less dir	ect expe	nses c	other than	fundraising exp	enses		9	b			_			
SCANNED	С	Net incor	me or (lo	ss) fro	om specia	l events Subtra	ct line 9b fro	om line 9a		ſ				c		
Z	10a	Gross sa	ales of in	ventor	y, less ref	turns and allowa	nces		10	)a		226,45				
ပ္က	b	Less co	st of goo	ds sol	id				10	b		110,51	3			
U)	С	Gross pr	ofit or (lo	ss) fro	om sales	of inventory (atta	ach schedul	e) Subtract line	10b from	n line	e 10a <b>S</b>	EE STMT	10	ic	11	15,939
	11				art VII, line									1		
	12	Total rev	enue. A	dd line	es 1e, 2, 3	3, 4, 5, 6c, 7, 8d	, 9c, 10c, an	ıd 11					1	2	11,91	0,043
	13					column (B))							1	3	9,30	8,034
es	14	_				ine 44, column		• •						4		9,757
Expenses	15	_		-	14, colum		x - //						1			5,085
х					attach sch				SEE	ST	ATEN	ENT	1		1.11	6,181
Ш	16	•				•			لندمه	I			1			29,057
·	17					id 44, column (A							_			9,014
sets	18		•	•	-	ubtract line 17 f							1			
ASS	19					eginning of year							1		2,24	3,041
Net Assets	20		_			und balances (a							2	$\overline{}$	- F C	4 007
	21	Net asse	ts or fund	d balaı	nces at e	nd of year Com	bine lines 1	8, 19, and 20					_   2	1		24,027
inst	Privaction	y ACT and is.	raperw	OLK KE	eauction .	Act Notice, see	ıne separa	ıe				. A			Form	990 (2007)
DAA												17.10				

0/1/0

Form 990 (2007) NARCONON SOUTHERN CALIFORNIA

Page 2

, 1	Part II Statement of Functional Expens	-		complete column (A). C			
_	Do sot include amounts rep	<del>C3                                    </del>	1			· · · · · · · · · · · · · · · · · · ·	
	6b, 8b, 9b, 10b, or 16			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	a Grants paid from donor advised funds		1	,			
	non- (cash \$cash \$	)	•				
	If this amount includes foreign grants,	check here	22a				
22	b Other grants and allocations (attach schedu	le) STMT 4					
	(cash \$ 79,283 non-cash \$	)					
	If this amount includes foreign grants,	check here 🕨 🗶	22b	79,283	79,283		
23	Specific assistance to individuals (atta	ich					
	schedule)		23				
24	Benefits paid to or for members (attac	h					
	schedule)		24				
25	a Compensation of current officers, dire	ctors,					
	key employees, etc listed in	mm		467.007	266 000	101 000	
		TEMENT 5	25a	467,297	366,029	101,268	
ı	b Compensation of former officers, direct	ctors,					
	key employees, etc listed in	TEMENT 6	256	188,514	39,747	146,097	2,670
			25b	100,514	39,141	140,097	2,670
•	<ul> <li>Compensation and other distributions, to disqualified persons (as defined unit</li> </ul>						
	4958(f)(1)) and persons described in		25c				
26	Salaries and wages of employees not		200				
	on lines 25a, b, and c	molacca	26	3,927,356	3,089,481	837,875	
27	Pension plan contributions not include	ed on		0,02.,000	0,000,000		
	lines 25a, b, and c		27				
28	B Employee benefits not included on line	es		-, -, -, -, -, -, -, -, -, -, -, -, -, -			
	25a – 27		28	117,570	93,603	23,967	
29	Payroll taxes		29	397,775	303,582	93,954	239
30	Professional fundraising fees		30	·	•		- · - · ·
31	Accounting fees		31	81,442		81,442	•
32	Legal fees		32	45,551		45,551	_
33	Supplies		33	190,449	145,351	44,984	114
34	I Telephone		34	245,578	187,425	58,006	14
35	Postage and shipping		35	83,602	63,805	19,747	50
	6 Occupancy		36	1,573,010	1,199,568	372,494	948
	' Equipment rental and maintenance		37	1,224		288	
	Printing and publications		38	12,557	9,583	2,966	-
	Travel		39	424,956	324,327	100,374	255
	Conferences, conventions, and meetii	ngs	40	2,750	2,750	104 245	21/
	Interest		41	526,441 312,470	401,780	124,345	31 ( 18
	<ul><li>Depreciation, depletion, etc (attach so</li><li>Other expenses not covered above (it</li></ul>		42	312,470	238,477	73,806	10
	a SEE STATEMENT 7	erriize)	43a	2,835,051	2,762,308	72,593	150
	b		43b	2,000,002	27.027500	,2,555	
	c		43c				
	d d		43d				
	e		43e				
f	- f		43f				
ç	g		43g				
	Total functional expenses. Add lines	s 22a					
	through 43g (Organizations completing	ng					
	columns (B)-(D), carry these totals to	lines					
_	13-15)		44_	11,512,876	9,308,034	2,199,757	5,085
	oint Costs. Check ▶ 🔲 ıf you are foll	_					
	e any joint costs from a combined educa		fundrai		· · ·		▶ ∐ Yes X No
	Yes," enter (i) the aggregate amount of these			<del></del>	nt allocated to Program sei		·
_	) the amount allocated to Management and ge	neral \$		, and (iv) the amou	int allocated to Fundraising	\$	- 000
DA	AA						Form 990 (2007

Form **990** (2007)

### 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.

rograms and accomplishments	
That is the organization's primary exempt purpose?  DRUG REHABILITATION AND PREVENTION OF SUBSTANCE ABUSE.  Il organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) reganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  BEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ b ONE OF THE ORGANIZATION'S PURPOSES IS TO SERVICE THE COMMUNITY BY IMPROVING PUBLIC KNOWLEDGE ABOUT DRUGS AND THEIR HARMFUL EFFECTS. DURING THE YEAR THE ORGANIZATION DELIVERED NARCONON DRUG LECTURES TO APPROXIMATELY 17,000	8,471,427
CHILDREN.  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  c SEE STATEMENT 9	75,747
(Grants and allocations \$ 79,283 ) If this amount includes foreign grants, check here ▶ 2	K 760,860
(Grants and allocations \$ ) If this amount includes foreign grants, check here  Other program services (attach schedule)  (Grants and allocations \$ ) If this amount includes foreign grants, check here  Total of Program Service Expenses (should equal line 44, column (B), Program services)	9,308,034

<u> </u>	<u>art IV</u>	Balance Sheets (See the instructions.)					
Note:		Where required, attached schedules and amounts within column should be for end-of-year amounts only	n the d	escription	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			354,551	45	274,833
	46	Savings and temporary cash investments			423,363	46	71,980
	47a	Accounts receivable	47a	136,000			
	b	Less allowance for doubtful accounts	47b		142,046	47c	136,000
				w			
	48a	Pledges receivable	48a			-	
	b	Less allowance for doubtful accounts	48b		<del></del>	48c	<u> </u>
	49	Grants receivable		-		49	
	50a	Receivables from current and former officers, directors,	trustee	es, and			
		key employees (attach schedule)			<del></del>	50a	
	þ	Receivables from other disqualified persons (as defined		section 4958(f)(1)) and			
	-4-	persons described in section 4958(c)(3)(B) (att schedul	le)	}		50b	
	51a	Other notes and loans receivable (attach	ا ما	1			
ž.		schedule)	51a			F4.	
Assets		Less allowance for doubtful accounts Inventories for sale or use	51b			51c 52	
⋖	52 53	Prepaid expenses and deferred charges			63,900		145,417
	54a	Investments—publicly-traded securities		Cost   FMV	03,300	54a	130,317
	b	Investments—other securities		Cost FMV		54b	
	ee-	(attach schedule)				545	
	55a	Investments—land, buildings, and equipment basis	55a	ļ			
	ь	Less accumulated depreciation (attach					
		schedule)	55b			55c	
	56	Investments—other (attach schedule)	•		.,	56	
	57a	Land, buildings, and equipment basis	57a	8,469,369			
	ь	Less accumulated depreciation (attach					
		schedule) SEE STATEMENT 10	57b	924,404	7,436,738	57c	7,544,965
	58	Other assets, including program-related investments					
		(describe ► SEE STATEMENT 11		) [	552,336		652,259
	59	Total assets (must equal line 74) Add lines 45 through	58		8,972,934		8,825,454
	60	Accounts payable and accrued expenses		-	363,238	<del></del>	1,129,912
	61	Grants payable	979 C	.m.s.mes.ees.m 10	70 000	61	32,000
	62	50,0,104,1040,140		STATEMENT 12	78,000	62	32,000
ies	63	Loans from officers, directors, trustees, and key employ	ees (a	tacn		63	
Liabilities		schedule)		-		64a	
E.	64a	Tax-exempt bond liabilities (attach schedule)  Mortgages and other notes payable (attach schedule)		SEE WORKSHEET	6,199,949		5,989,337
	65	Other liabilities (describe SEE STATEMEN		F	88,706		150,178
	"	Other habilities (describe )	_	~	007.00	"	20,0,2,0
	66	Total liabilities. Add lines 60 through 65			6,729,893	66	7,301,427
	Orga		ind con	plete lines	· · · · · · · · · · · · · · · · · · ·		
		67 through 69 and lines 73 and 74					
S	67	Unrestricted			2,243,041	67	1,524,027
Š	68	Temporarily restricted				68	
3ala	69	Permanently restricted		_		69	
힏	Orga	inizations that do not follow SFAS 117, check here 🕨	▶ ∐	and			
Net Assets or Fund Balances		complete lines 70 through 74					
ŏ	70	Capital stock, trust principal, or current funds				70	
set	71	Paid-in or capital surplus, or land, building, and equipme				71	
As	72	Retained earnings, endowment, accumulated income, o		F		72	
Net	73	Total net assets or fund balances. Add lines 67 through	_				
		70 through 72 (Column (A) must equal line 19 and column (A) must equal line 31)	must	2 2/2 0/1	70	1,524,027	
	74	equal line 21)	2,243,041 8,972,934	73 74	8,825,454		
	<u> </u>	Total liabilities and net assets/fund balances. Add lir	0,0,2,334	1 /4	0,020,303		

	1 990 (2007) NARCONON SOUTHERN CALIFORNIA	22	-09116	77			5
					4	(Coo the	Page 5
Pä	art IV-A Reconciliation of Revenue per Audited Financial State instructions.)	ments	with Rev	enue per Ke	eturn	(See the	
<u>-</u>	Total revenue, gains, and other support per audited financial statements				а	12	020,556
a b	Amounts included on line a but not on Part I, line 12			ŀ	a		020,330
1	Net unrealized gains on investments	Ь1	I				
2	Donated services and use of facilities	b2					
2	Recoveries of prior year grants	b3					
A		103					
4	Other (specify): SEE STATEMENT 14	b4		110,513			
		<u> 04</u>		110,313			110,513
_	Add lines b1 through b4				b		910,043
C	Subtract line b from line a			}	С	<u> </u>	910,043
d 1	Amounts included on Part I, line 12, but not on line a:	مدا	1				
1	Investment expenses not included on Part I, line 6b	d1					
2	Other (specify)	١.,					
		d2	<u> </u>		-		
	Add lines d1 and d2				d	11	010 043
e D	Total revenue (Part I, line 12) Add lines c and d	4	4- VAJ:41- E-	<b>P</b>	e		910,043
	art IV-B Reconciliation of Expenses per Audited Financial Sta	temen	ts with Ex	kpenses pe		urn	720 F76
а	Total expenses and losses per audited financial statements				<u>a</u>	12,	739,570
b	Amounts included on line a but not Part I, line 17	1	ı				
1	Donated services and use of facilities	b1	ļ				
2	Prior year adjustments reported on Part I, line 20	b2	ļ				
3	Losses reported on Part I, line 20	b3	ļ				
4	Other (specify)						
	SEE STATEMENT 15	_b4	<u> </u>	110,513	_		
	Add lines b1 through b4				b		110,513
С	Subtract line <b>b</b> from line <b>a</b>			ļ	С	12,	629,057
d	Amounts included on Part I, line 17, but not on line a:		•	i			
1	Investment expenses not included on Part I, line 6b	d1					
2	Other (specify)						
		d2					
	Add lines d1 and d2				d		
е	Total expenses (Part I, line 17) Add lines c and d			▶	е	12,	629,057
	art V-A Current Officers, Directors, Trustees, and Key Employ	vees (L	st each pers	on who was an		director, tr	ustee.
-	or key employee at any time during the year even if they were not compe					,,	,
	" 1		(B)	(C) Compensati	on (D)	Contributions to	(E) Expense
	(A) Name and address	Title and av week dev	verage hours per oted to position	(If not paid, ent	er pla	ployee benefit ns & deferred pensation plans	account and other allowances
			<del></del>	1	7211	PORTON PROTO	
SI	EE STATEMENT 16						
					<del> </del>		<del> </del>
				<del> </del>	+		
					ļ		
					+		-
				<del> </del>	+		
				<del>                                     </del>	<del> </del>		
	· ·			I	1		1

Form	990 (2007)	NARCONON	SOUTHERN	CALIFORNIA	33-0	9116	577			P	age 6
Pa	rt V-A	<b>Current Office</b>	rs, Directors,	Trustees, and Key Em	ployees (contin	ued)				Yes	No
75a	Enter the tot	al number of officer	s, directors, and tr	ustees permitted to vote on org			<del>d</del>			1	l
	meetings				•	3					
b	•			vees listed in Form 990, Part V	• .	ensated					
				compensated professional and	•						
				elated to each other through fa	-	(a)					x
	relationships	szir Yes, attach a	statement that ide	ntifies the individuals and expla	lins the relationship	(S)			75b		
С	Do any offic	ere directore truste	es or key employ	ees listed in Form 990, Part V-	A or highest						
·	•	•		rt I, or highest compensated pr		,					
	•	• •	•	II-A or II-B, receive compensa							
	•		•	are related to the organization	•	ns for					
	•	n of "related organiz	•						75c	X	1
		_		mation described in the instruct	ions	SEE	STATEM	ENT 17			
_ d		ganization have a w							75d	X	
Pa	rt V-B	Former Officer	rs, Directors,	Trustees, and Key Emp	loyees That Re	ceive	d Compen	sation or Otl	ner B	enefi	its
		(If any former office	er, director, trustee	, or key employee received co	npensation or other	benefit	s (described b	elow) during the	year, I	list tha	t
		person below and e	enter the amount o	f compensation or other benefi	ts in the appropriate						
		<b>(A)</b>	Name and address		(B) Loans and Ad	- 1,	<ul><li>C) Compensation (if not paid,</li></ul>	<ul><li>(D) Contributions to employee benefit</li></ul>	) (E	E) Expe	
	. <u></u>	\^ <i>)</i>			(B) Loans and Ad	vances	enter -0-)	employee benefit plans & deferred compensation plans	- 4	illowan	
NIC	CHOLAS KEN	IT		NEWPORT BEACH							
183	10 W. OCEA	N FRONT		CA 92663	<del></del>		22,350	1,54	14		0
DAV	VID WORTH	INGTON		NEWPORT BEACH							
18:	10 W. OCE	N FRONT		CA 92663		0	134,150		0		0
	LIE BRYANT			NEWPORT BEACH		1					
183	10 W. OCEA	N FRONT	<del></del>	CA 92663		9	25,833	4,6	<u> </u>		0
									+		
						-					
									+		
						1					
									+		
						l					
									$\top$		
									$\top$		
Pa	rt VI	Other Informa	tion (See the	instructions.)	- <del></del>					Yes	No
76	Did the orga	nization make a cha	ange in its activitie	s or methods of conducting act	ıvıtıes? If "Yes," atta	ch a					
	detailed stat	tement of each char	nge						76		X
77	-	-		erning documents but not repor	ted to the IRS?				77		X
		ach a conformed cop	•								
78a	_	nization have unrela	ated business gros	ss income of \$1,000 or more di	iring the year cover	ed by			-		
	this return?								78a		X
		s it filed a tax return		•					78b		<u> </u>
79			tion, termination, o	r substantial contraction during	the year? If "Yes,"	attach					•
00-	a statement		ethan bu asses t	on with a state-wide	do arecase 3.0	L			79		X
80a	_	•	•	on with a statewide or nationw	,	ougn					
			iy noales, trustees,	, officers, etc , to any other exe	mpt or nonexempt				00-	X	-
b	organization	er the name of the o	organization 🕨	NARCONON 1	WESTERN IN	ואידן	ገ ያጥልጥፑ	s	80a		$\vdash \vdash$
	103, 0110	o. the hame of the t	Agamzadon P		···			exempt			
81a	Enter direct	and indirect political	l expenditures (Se	ee line 81 instructions )	carci it is [28]	81	, —	ехепірі О			
		inization file Form 1		•		<u> </u>	· <del>-</del> L		81b		х
	<u>u-</u>				<del></del>					990	

Form	990 (2007) NARCONON SOUTHERN CALIFORNIA 33-0911677		_	· •
	art VI Other Information (continued)		Yes	Page 7 No
82a				
	or at substantially less than fair rental value?	82a		Х
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			
	(See instructions in Part III ) N/A 82b	-		ļ
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b 84a	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?  Did the organization solicit any contributions or gifts that were not tax deductible?  N/A	83b 84a		-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	04a		<del> </del>
_	gifts were not tax deductible?  N/A	84b		-
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year			
C	Dues, assessments, and similar amounts from members  N/A 85c			
d	Section 162(e) lobbying and political expenditures  N/A 85d			
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)  N/A 85f	_		-
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	_ 85h	-	İ
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 N/A 86a	00		
b	Gross receipts, included on line 12, for public use of club facilities  N/A  86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders N/A 87a			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )  N/A  87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		X
b				<b>.</b>
89a	meaning of section 512(b)(13)? If "Yes," complete Part XI  501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	88b		X
054	section 4911   O , section 4912   O , section 4955   O			
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		×
C	Enter Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			l
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			<u></u>
_	transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings.			
	at any time during the year?	89g		x
90a	List the states with which a copy of this return is filed   CA	039		
ь	Number of employees employed in the pay period that includes March 12, 2007 (See			
	instructions )			123
91a	The books are in care of ▶ <b>JESSICA LOWE</b> Telephone no ▶ 323-	871	-86	44
	6161 SANTA MONICA BLVD SUITE 208			
	Located at ► LOS ANGELES, CA ZIP+4 ► 90038			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	,		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?  If " Yes " enter the name of the foreign country.	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, Report of Foreign Bank			
	and Financial Accounts			
		<u> </u>	000	

Form 990 (2007) NARCONON SOUTHE	ERN CALIFORN	IA	33-09	91167	7	F	age 8
Part VI Other Information (contin					<u> </u>	Yes	
c At any time during the calendar year, did the		office outs	side of the United Stat	tes?		91c	X
If "Yes," enter the name of the foreign country	-						
92 Section 4947(a)(1) nonexempt charitable trus		of Form 1	041—Check here				$\blacktriangleright$
and enter the amount of tax-exempt interest re	-				N/A ▶ 92		
Part VII Analysis of Income-Prod							
Note: Enter gross amounts unless otherwise			d business income	Excluded	by section 512, 513, or 514	(E)	
indicated			· · · · · · · · · · · · · · · · · · ·			Related or	
93 Program service revenue	Bus	(A) iness code	( <b>B)</b> Amount	(C) Exclusion code	( <b>D</b> ) Amount	exempt function	on
a DRUG REHABILITATION S	SERVICES -			1		11,699,	969
L							
С							
d							
6			<del></del>				
f Medicare/Medicaid payments			, , , , , , , , , , , , , , , , , , ,				
g Fees and contracts from government agencie	es						
94 Membership dues and assessments							
95 Interest on savings and temporary cash inves	stments			14	4,497		
96 Dividends and interest from securities							
97 Net rental income or (loss) from real estate							
a debt-financed property							
<b>b</b> not debt-financed property							
98 Net rental income or (loss) from personal proj	perty						
99 Other investment income				1		·	
100 Gain or (loss) from sales of assets other than	inventory			1	341		
101 Net income or (loss) from special events							
102 Gross profit or (loss) from sales of inventory						115,	939
103 Other revenue a							
b							
c							
d							
е							
104 Subtotal (add columns (B), (D), and (E))			(		4,838	11,815,	908
105 Total (add line 104, columns (B), (D), and (E)	 ))				<b>•</b>	11,820,	746
Note: Line 105 plus line 1e, Part I, should equal the	amount on line 12, Part	:1					
Part VIII Relationship of Activitie	s to the Accompli	shment	of Exempt Purp	oses (S	ee the instruction	s.)	
Line No. Explain how each activity for white				ed importa	ntly to the accomplish	nent	
▼ of the organization's exempt purp							
93A RECEIPTS FOR DELI							
102 SALES OF DRUG REF	HAB PROGRAM	MATER	IALS TO ST	UDENT	<u>s</u>	<del></del>	
			<del></del>			<del>_</del>	
				10			
Part IX Information Regarding T		es and	Disregarded Ent (C)	ities (S			
Name, address, and ÉIN of corporation,	(B) Percentage of	N	lature of activities		(D) Total income	(E) End-of-year	
partnership, or disregarded entity	ownership interest		<del></del>	-		assets	
N/A	%						
	%			+			
	% %		·				
Part X Information Regarding T		ted with	Personal Banef	it Contr	acte (See the inc	tructions \	
(a) Did the organization, during the year, received						Yes X	No
(b) Did the organization, during the year, recent	-	-		•	Serient Contract?	Yes X	<b>-</b> 1
Note: If "Yes" to (b), file Form 8870 and Form 4	<del>-</del>		_ po. oo. aa. bonlant oon				יי. נ

Form **990** (2007)

Form 990 (			33-0911677			P	age 9
Part XI		To and From Controll	led Entities. Complete only	if the orga	nization	I/A	_
	is a controlling organization as def	ined in section 512(b)	(13).				
•					Ľ	Yes	No
	I the reporting organization make any transfers to a		n section 512(b)(13) of				
the	Code? If "Yes," complete the schedule below for ea		·				L
	(A)	(B)	(C)		(0		
	Name, address, of each	Employer ID	Description of	ŀ	Amount		nsfer
	controlled entity	Number	transfer				
а							
+		_					
ь							
С							
	Totals						
		·-···				Yes	No
<b>107</b> Did	I the reporting organization receive any transfers fro	m a controlled entity as defin	ned in section				
512	2(b)(13) of the Code? If "Yes," complete the schedule	e below for each controlled e	entity				
	(A)	(B)	(C)				
	Name, address, of each	Employer ID	Description of		(E Amount		
	controlled entity	Number	transfer		Alliount	UI LIA	lisiei
а							
b							
				İ			
С							
<u>L</u>							
	Totals						
					<del></del>		
					<u> </u> -	Yes	No
	the organization have a binding written contract in e	•	overing the interest,				
ren	nts, royalties, and annualities described in question 10						L
	Under penalties of perjury, I declare that I have examinand belief, it true, correct, and complete Declaration	ned this return, including accomp of preparer (other than officer) i	anying schedules and statements, and to s based on all information of which prepa	the best of my trer has any kno	knowledge wledge		
Please	/ / //eever / / 1.			1 11/1	7/0	<b>N</b>	
Sign			· · · · · · · · · · · · · · · · · · ·	///	7/0	<u>o</u>	
Here	Signature of officer	•		Date			
	Type or print name and title						
		00			Preparer's SS	N or I	PTIN
Paid	Preparer's	TO P	Date Check if self-	(	See Gen Ins		•
Preparer	r's signature d'Owd W	Sux to	11/17/08 employed	d ▶ X			
Use Only	Firm's name (or yours \ ROLAND W.	FINK, CPA	T 100	EIN 🕨			
	if self-employed), 2441 HONOL	ULU AVE., SUIT		Phone			
	address, and ZIP + 4 MONTROSE,	<u>CA 91020-1847</u>	· · · · · · · · · · · · · · · · · · ·	no ▶ 8.	18-249	-4	<u>57</u> 7

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

Schedule A (Form 990 or 990-EZ) 2007

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

2007

Name of the organization Employer identification number NARCONON SOUTHERN CALIFORNIA 33-0911677 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl benefit plans account and other (c) Compensation than \$50,000 per week devoted to position & deferred comp allowances CHRISTOPHER BAUGE NEWPORT BEACH DIR SDT INTK 1810 W OCEANFRONT CA 92663 40 137,686 1,590 1,852 TONYA LAWSON NEWPORT BEACH INTAKE CNSLR 1810 W OCEANFRONT CA 92663 40 101,610 1,656 NEWPORT BEACH DEP ED ADMIN SHANNON HICKS 1810 W OCEANFRONT CA 92663 40 6.632 NEWPORT BEACH INTAKE CNSLR DANIEL CARMICHAEL 1810 W OCEANFRONT CA 92663 83,930 1,289 5,029 KELLY STEWART NEWPORT BEACH FACILITY DIR 1810 W OCEANFRONT 92663 84,471 1,878 1.641 Total number of other employees paid over \$50,000 13 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) Compensation ORANGE CHAPMAN HOUSE 1412 E. CHAPMAN AVE CA 92866 TRANSITION CARE 237,676 INSTITUTE FOR PROGRESSIVE MEDICINE IRVINE MEDICAL SRVCS 16100 SAND CANYON AVE #240 CA 92618 105,313 OC DETOX COSTA MESA CA 92627 536 HAMILTON ST MEDICAL SRVCS 90,198 Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (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) Compensation ADDICTION HELP SERVICES LLC CLEARWATER 33 N GARDEN AVE #770 FL 33755 217,380 CLIENT INTAKE Total number of other contractors receiving over \$50,000 for other services

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

Sche	edule A (Form 990 or 990-EZ) 2007 NARCONON SOUTHERN CALIFORNIA 33-0911677		F	age :
Pa	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   \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		x
	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		x
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	х	<u> </u>
θ	Transfer of any part of its income or assets?	2e		x
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		х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		x
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		x
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete			
b	lines 4f and 4g  Did the organization make any taxable distributions under section 4966?	4a 4b		Х
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<u></u>
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			

F	art l	V Reason for Non-Private Founda	ation Status (See p	ages 4 through 8	of the instru	ictions.)							
l ce	rtify th	at the organization is not a private foundation be A church, convention of churches, or associatio	•	• •	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 governmental unit Section 170(b)(1)(A)(v)												
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city,											
	and state ▶												
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the <b>Support Schedule</b> in Part IV-A)												
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)												
11t	· 🗆	A community trust Section 170(b)(1)(A)(vi) (Als	so complete the Support	Schedule in Part IV-A	)								
12	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)												
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization.  Type I Type II Type III-Functionally Integrated Type III-Other												
_		Provide the following inform	<u> </u>										
		(a)	(b)	(c)	1	d)	(e)						
		Name(s) of supported organization(s)	Employer	Type of		ipported	Amount of						
			identification	organization (described in lines	· .	on listed in	support						
			number (EIN)	5 through 12		porting ation's							
				above or IRC	_	documents?							
				section)	gerenning								
		<del>-</del> ,			Yes	No							
						<u> </u>							
<u>To</u> t	otal												
14_		An organization organized and operated to test	for public safety Section	509(a)(4) (See page 8	of the instruction	ons )							

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 (a) 2006 (b) 2005 (d) 2003 Calendar year (or fiscal year beginning in) (c) 2004 (e) Total Gifts, 'grants, and contributions received (Do 9,325 328,387 139,647 23,860 501,219 not include unusual grants See line 28) 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 9,461,213 6,428,990 5,008,014 31,836,865 10,938,648 organization's charitable, etc., purpose 18 Gross income from interest, dividends. amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from husinesses acquired by the 7,437 90 97 2.861 10,485 organization after June 30 1975 19 Net income from unrelated business 0 activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 11,274,472 9,603,721 6,438,405 5.031.971 348 Total of lines 15 through 22 142,508 9,415 335,824 23,957 24 Line 23 minus line 17 112,74564,384 96,037 50,320 25 Enter 1% of line 23 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a 0 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 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b Total support for section 509(a)(1) test Enter line 24, column (e) 26c Add Amounts from column (e) for lines 18 26d 26e e Public support (line 26c minus line 26d total) 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 0 2,500 227,930 (2005)53,000 (2004)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 (2006)(2005)(2003)(2004)Add Amounts from column (e) for lines 32,338,084 17 31,836,865 27c 283,430 283,430 d Add Line 27a total 27d and line 27b total 32,054,654 Public support (line 27c total minus line 27d total) 27e 32,348,569 Total support for section 509(a)(2) test Enter amount from line 23, column (e) 99.0914% Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 0.0324% Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006. 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

P	a	a	6	5

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		L
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			İ
	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		├
	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			
	with student admissions, programs, and scholarships?	32c		<b>_</b>
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)			
	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		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c	ļ	
d	Scholarships or other financial assistance?	33d		<b>.</b>
е	Educational policies?	33e	-	1
	Use of facilities?	225		
'	Ose of facilities?	33f		<u> </u>
g	Athletic programs?	33g		
9	The state of the s	009		
h	Other extracurricular activities?	33h		i
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			]
				1
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
_				
b	Has the organization's right to such aid ever been revoked or suspended?	34b		├─
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
2 5	Door the organization cortify that it has complied with the analysis his continue of continue 4.04 the second			
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	,,		-
	51.165 1.165 1.0 56, 1010-2 0 B 301, Covering radial nondiscrimination? If 140, attach an explanation	35		

_	edule A (Forr art VI-A	· · · · · · · · · · · · · · · · · · ·	itures by Electing	<b>Public Charities</b>	(See pa	_	of the instru	_	577 Page 6
			ONLY by an eligib					/A	
Che	ck ► a		ngs to an affiliated group  Lobbying Expend	-	<u>' b     1</u>	t you che	ecked "a" and "li (a) Affiliated gr totals		trol" provisions apply (b) To be completed for all electing
		(The term "expendit	ures" means amounts p	aid or incurred)					organizations
36	Total lobbying	g expenditures to influence	public opinion (grassroo	ots lobbying)		36			
	-	g expenditures to influence		t lobbying)		37			
	•	g expenditures (add lines 3	6 and 37)			38			
		t purpose expenditures				39			
	•	purpose expenditures (add	•			40			
		ntaxable amount Enter the		-		1 1			
		nt on line 40 is-		ntaxable amount is-	_				
	Not over \$500,		20% of the amount of						
		but not over \$1,000,000		of the excess over \$500,0					
		00 but not over \$1,500,000	•	of the excess over \$1,000	I	41			
		00 but not over \$17,000,000	·	the excess over \$1,500,	000	1			
	Over \$17,000,0		\$1,000,000					•• • -	
42 Grassroots nontaxable amount (enter 25% of line 41)  42									
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36						43	-		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38									
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720								
				ging Period Und	er Section	on 501	(h)		
		(Some organization	ns that made a section	501(h) election do not	have to co	mplete a	ill of the five colu	ımns belov	v
			See the instructions for			-			
				Lobbying Eve	ndituros F	Aurina A	-Year Averaging	a Bariad	
					maitures L	Juring 4	- Tear Averaging	g Period	1
	Calendar ye	,	(a)	(b)	· ·	c)	(d	-	(e)
	riscai year b	eginning in)	2007	2006		005	200	)4	Total
45	Lobbying nor	ntaxable amount							
		ling amount (150% of							
	line 45(e))	,							
				<u> </u>					
<u>47</u>	Total lobbyin	g expenditures							
		ontaxable amount			<u> </u>				
		eiling amount (150% of							
	line 48(e))				ļ				
	Grassroots id	bbying expenditures	by Nonelecting P	hiblis Charitias	<u> </u>				<u> </u>
-	ait VI-D		by Nonelecting F by organizations		nlata Dar	+ \/L A\	(Soo page )	14 of the	ninetructions \
Dur	ng the year	did the organization attemp					(See page	14 01 1116	instructions.)
		ice public opinion on a legis			_	arry	١	es No	Amount
a	Volunteers		adive matter or reference	ium, mough me use t	<b>,</b>			x	
b		or management (Include co	mnensation in evnenses	renorted on lines c th	rough h )		-	X	
c		ertisements	should in expenses	sported on mics & ti	ougn 11. <i>)</i>		<u> </u>	X	i c
d		members, legislators, or th	e public				-	X	
8	-	s, or published or broadcas	•				<u> </u>	x	i c
f		other organizations for lobby					-	X	- 0
g		act with legislators, their sta		s, or a legislative body			<u> </u>	x	<u> </u>
h		monstrations, seminars, coi	=	•			1	x	C
i		ing expenditures (Add lines	•	,,	=		<del> </del>		C
	•	any of the above, also attac	• ,	letailed description of	the lobbying	activitie	es		

Р	ลเ	æ	7

' . Sche	idule A (Form	990 or 990-E7\ 2007	NARCON	ON SOUTHERN CALI	FORNIA 33-09	11677	ь	age 7
					ns and Relationships With Non-			age i
				e page 14 of the instruction				
51				ity engage in any of the following w i organizations) or in section 527, r	ith any other organization described in se	ction		
а		•		onchantable exempt organization of	• •		Yes	No
_	(i) Cash	on the reporting organia		one in the contract of the con	•	51a(i)	.03	X
	• •	assets				a(ii)		X
b	Other transa	ictions						
	(i) Sales	or exchanges of assets	s with a nonc	haritable exempt organization		b(i)		X
	(ii) Purch	ases of assets from a n	noncharitable	exempt organization		b(ii)		X
	(iii) Renta	I of facilities, equipment	t, or other as	sets		b(iii)	<u> </u>	X
	(iv) Reimb	oursement arrangement	ts			b(iv)		X
		or loan guarantees				<u>b(v)</u>		X
	• •		•	or fundraising solicitations		b(vi)		X
C	_		_	er assets, or paid employees	- /h\ ahad ah ah 4b - fl4		<u> </u>	_ <u> </u>
d		•		<del>-</del>	n (b) should always show the fair market			
	_	<del>-</del>	-	porting organization in the organization (d) the value of the goods, other	ation received less than fair market value her assets, or services received	m any		
	(a) Line no	(b) Amount involved		(c) f noncharitable exempt organization	(d) Description of transfers, transaction	e and sharing arrangem	ents	
N/		Amount involved	Name o	Thoriciantable exempt organization	Description of transfers, transaction	s, and sharing arrangem		
147.	Α							
	·					·		
								.,
			ļ					
	-		<u> </u>					
						<del></del>	-	
	t. 11							
54a	_	· ·	-	with, or related to, one or more tax han section 501(c)(3)) or in section		<b>▶</b> □ Y	oc   5	Z N.
h		nplete the following sch			327	, u	cs <u> -</u>	ייי ב
	11 100, 0011	(a)	icaaic	(b)	(c)			
	Name of organization			Type of organization	Description of re	ationship		
	N/A							
					<del> </del>			
	-							
					<del> </del>			_
-	· . <del></del>	-			<u> </u>			
			· -	···				
					· · · · · · · · · · · · · · · · · · ·			

NNSC	NNSOCAL 11/17/2008 4 04 PM Pg 22							
For		Mort	gages and Oth	er Notes Payable				
99	90 / 990-PF			-		2007		
L		or calendar year 2007, or ta	ax year beginning	, and ending	<del></del>			
Name	· '				Employer Identific	ation Number		
NIZ	אסרטאטא פטנויישו	ERN CALIFORNIA	Δ		33-091167	77		
142	ARCONON SOUTH	ERN CALIFORNIA	<u> </u>		33-091167			
F	ORM 990, PART	IV, LINE 64B	- ADDITIONA	L INFORMATION				
						-		
		Name of lender		Relationship to di	squalified person			
<u>(1)</u>	<del>_</del> `	RTH STREET LLC						
(2)	HOME BANK OF							
(3)		RTH STREET LLO	;					
(4)	HOME BANK							
<u>(5)</u>								
(6) (7)			·					
(8)								
(9)	<u> </u>	<del></del>			······			
(10)								
1								
	Original amount borrowed	Date of loan	Maturity date	Repayment terms		Interest rate		
(1)								
(2)								
(3)						-		
(4)						<del> </del>		
<u>(5)</u>	······································							
(6) (7)	<del></del>							
(8)								
(9)	· · · · · · · · · · · · · · · · · · ·							
(10)								
	Secu	irity provided by borrower		Purpose	of loan	<del></del> -		
(1)						<del> </del>		
(2)				<del></del>				
(3)	<del></del>	· · · · · · · · · · · · · · · · · · ·						
(4) (5)								
(6)				, , , , , , , , , , , , , , , , , , , ,				
(7)								
(8)								
<u>(9)</u>					···			
(10)		<del></del>			<del></del>			
					1			
	Considerati	on furnished by lender		Balance due at beginning of year	Balance	e due at of year		
(1)	Onisiderati			2,010,106	1.9	62,346		
(2)				609,911	4	67,283		
(3)				3,105,000	3,0	88,815		
(4)				474,932	4	70,893		
<u>(5)</u>		·- · · · · · · · · · · · · · · · · · ·						
<u>(6)</u>		·						

6,199,949

5,989,337

(7) (8) (9) (10)

Totals

3 4:04 PM Page 1	•		Gain/ -Loss	341
11/17/2008 4:04 PM Page 1			Depr	528 8 2 8 3 8 4
	I, Line 8c - Sale of Assets Other Than Inventory - Other		Cost & Expense	\$ 1,187 \$ \$ 1,187 \$ \$
	ther Than Inv		Sale Price	1,000
tements	of Assets O		Date Sold	-\$ \( \frac{1}{2} \)
Federal Statements	Line 8c - Sale		Date Acquired	3/04/06
NNSOCAL NARCONON SOUTHERN CALIFORNIA 33-0911677 FYE: 12/31/2007	Statement 1 - Form 990, Part I,		Whom Sold	
SONON SOUTHE	Stateme	Desc	How Rec'd	PURCHASE
NNSOCAL NARC 33-0911677 FYE: 12/31/2007				TOTAL

NNSOCAL NARCONON SOUTHERN CALIFORNIA

**Federal Statements** 

FYE: 12/31/2007

33-0911677

11/17/2008 4:04 PM Page 2

### Statement 2 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	cogs	Gross Profit
BOOKSTORE SALES	\$ 226,452	\$ 110,513	\$ 115,939
TOTAL	\$ 226,452	\$ 110,513	\$ 115,939

4:04 PM	Page 3
11/17/2008	

NNSOCAL NARCONON SOUTHERN CALIFORNIA

Federal Statements

FYE: 12/31/2007

Statement 3 - Form 990, Part I, Line 16 - Payments to Affiliates

Purpose

\$ 1,116,181 Amount

TRADEMARK LIC. FEE

\$ 1,116,181

TOTAL

NARCONON INTERNATIONAL 4652 HOLLYWOOD BLVD. LOS ANGELES CA 90027

NNSOCAL NARCONON SOUTHERN CALIFORNIA 33-0911677 FYE: 12/31/2007		Federal Statements	nents		11/17/2	11/17/2008 4:04 PM Page 4
Statement 4	- Form	990, Part II, Line 22b - Other Grants and Allocations	Other Grants an	d Allocations		*
Name Address	Rela	Relationship to Org	Class of Activity			
Date of Gift	Description of Property	Cash	NonCash Contrib	Book Value	BV Expl	FMV Expl
WARNER SPRINGS RESOURCE CENTER			MMUNITY RELA	TIONS		
30951 HIGHWAY 79		006 \$	w			
WARNER SPRINGS CA 92086						
PARENT HELP USA		Ō	COMMUNITY RELATIONS	TIONS		
330 W BAY ST., STE. 120		1,000				
COSTA MESA CA 92627						
CALIENTE ROTARY CLUB		ָּט	COMMUNITY RELATIONS	TIONS		
PO BOX 492		00				
CALIENTE NV 89008						
SAN JOSE VALLEY PARK & REC		ָּט	COMMUNITY RELATIONS	TIONS		
30951 HWY 79		300				
WARNER SPRINGS CA 92086						
WARNER UNIFIED SCHOOL DISTRICT		Ō,	COMMUNITY RELA	RELATIONS		
PO BOX 8, 30951 HWY 79		7,000				
WARNER SPRINGS CA 92086						
BSA TROOP 516		Ō	COMMUNITY RELATIONS	TIONS		
PO BOX 756		175				

4:04 PM	Page 5
11/17/2008	

ntinued)	
OS)	
ocations	
₹	
and /	
Srants	
Other G	
Ų	
ċ	
221	
ine 22b	
Ē	
=	
Part	
Ξ.	
990	
- Form 990	
1	
4	
atement	
Stal	

Statement	Statement 4 - Form 990, Part II, L	ine 22b - Other	rt II, Line 22b - Other Grants and Allocations (continued)	tions (contin	ned)	
Name Address	Relationship to Org	nship Jrg	Class of Activity			
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
CALIENTE NV 89008			ţ			
NARCONON MIRACLES		ري آيل آيل	\$ PUBLIC AWARENESS			
4652 HOLLYWOOD BLVD		000'4				
LOS ANGELES CA 90027						
CHURCH OF SCIENTOLOGY		Ā	PUBLIC AWARENESS			
210 S FORT HARRISON AVE		3,000				
CLEARWATER FL 33756						
NARCONON JOSHUA HILLS		<u>Б</u>	PUBLIC AWARENESS			
27805 HOPPER ROAD		758				
DESERT HOT SPRINGS CA 92241						
MOJAVE ACADEMY		Ω ·	PUBLIC AWARENESS			
PO BOX 919		001'/				
DATIL NM 87821						
NARCONON ASTORE		E GOOG	PUBLIC AWARENESS			
VIA NECROPLI 22		000,7				
NOVILARA PESARO IT 61020						
NARCONON COLOMBIA		Pl 2,250	PUBLIC AWARENESS			

4

4:04 PM	Page 6
11/17/2008	

Statemen	Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)	I, Line 22b - Oth	er Grants and A	llocatio	ns (continu	( <del>par</del>	
Name Address	Rela	Relationship to Org	Class of Activity	ر د دا			
Date of Gift	Description of Property	Cash	NonCash Contrib		Book Value	BV Expl	FMV Expl
FINCA ALEJANDRIA							
CUNDINMARCA CO		w-	w-	ល			
NARCONON DIMITROVGRAD			PUBLIC AWARENESS	NESS			
PEREULOK LUGOVOJ 1		8 c 6 ' 6					
DIMITROVGRAD CITY RS 443510							
NARCONON TIROL			PUBLIC AWARENESS	NESS			
NORREGARD 26,2		20,336					
KOBENHAVN K DA 1165							
NARCONON KAZAKHSTAN			PUBLIC AWARENESS	NESS			
1 MAY ST 23 APT #48		4,713					
PAVLODAR CITY KZ 63700							
NARCONON KIEV		6	PUBLIC AWARENESS	NESS			
AMOSOVA ST N 4/222		3,259					
KIEV UP 3141							
NARCONON KKRASNOJARSK		r	PUBLIC AWARENESS	NESS			
PASTEROVSKAYA ST 25A		607 'C					
KRASNOJARSK RS 660100							

4

4:04 PM	Page 7
11/17/2008	

_
ğ
ä
Ë
Ĕ
ၓ
S (
ations
₽
g
Ò
₹
ō
a
Ś
Ξ
Ē
Ö
ē
둦
O
Ъ.
22b - Other
e 22b -
ine 22b -
, Line 22b -
ine
art II, Line 22b -
art II, Line
art II, Line
art II, Line
0, Part II, Line
art II, Line
art II, Line
orm 990, Part II, Line
orm 990, Part II, Line
orm 990, Part II, Line
orm 990, Part II, Line
orm 990, Part II, Line

Statemer	Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)	II, Line 22b - Othei	Grants and Alloc	ations (contin	uea)	
Name Address	Re	Relationship to Org	Class of Activity			
Date of Gift	Description of Property	Cash	NonCash Contrib	Book Value	Expl	FMV Expl
NARCONON LOUISIANA		, , , , , , , , , , , , , , , , , , ,	SLIC AWARENI	l	i i	
35059 BEND ROAD		S///T &	ሱ ሱ			
DENHAM SPRINGS LA 70706						
NARCONON NEPAL		<u>υ</u> .	PUBLIC AWARENESS	70		
KHADKA BHADRAKLI		7,500				
HATTIGAUDA, KATHAMANDU NP						
NARCONON NORGE		С	PUBLIC AWARENESS	10		
BREDALSMARKEN 15/17		404				
BERGEN NO 5006						
NARCONON SWEDEN		Дч <sub>(</sub> (	PUBLIC AWARENESS	70		
KRONGARDSVAGEN 3		1,226				
VARVY SW 14346						
NARCONON TAIWAN		Ω C	PUBLIC AWARENESS	<b>10</b>		
3 DONG-HAI SECOND ST		2,113				
HWA-LIEN COUNTY TW 973						
NARCONON VICTORIA		С	PUBLIC AWARENESS			
1-38 GREAT RYRIE ST		3, 100				

ı	11/17/2008 4:04 PM	
atements	Page 8	

·

Statem	Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)	Line 22b - Other Gra	ints and Alloc	ations (continu	(pa	
Name Address	Relati to 0	Relationship to Org	Class of Activity			
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
RINGWOOD AS 3134		v.	w			
TOTAL		79,283	\ \psi_\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0		
Sta	Statement 5 - Form 990, Par	Part II, Line 25a - Compensation of Current Officers	ensation of C	urrent Officers		
Name	Program Services	Management & General	Fundraising	aising		
EXPENSES	w 	₩	ጭ			
LAWRENCE TRAHANT COMPENSATION BENEFIT PLAN CONTRIBUTION EXPENSE ACCOUNT	181,448 2,130 3,721					
LURIA K DION COMPENSATION BENEFIT PLAN CONTRIBUTION EXPENSE ACCOUNT	101,736 4 1,541	25,434 1 385				
MICHAEL KOBRIN COMPENSATION BENEFIT PLAN CONTRIBUTION	65,983 9,466	65,983 9,465				
TOTAL	\$ 366,029	\$ 101,268	w	0		

4:04 PM	Page 9
11/17/2008	

Fundraising	v.		2,583 87		\$ 2,670
Management & General	₩	134,150		11,175	\$ 146,097
Program Services	ψ		23,250 4,550	11,175	\$ 39,747
Name	EXPENSES	DAVID WORTHINGTON COMPENSATION	JULIE BRYANT COMPENSATION BENEFIT PLAN CONTRIBUTION	NICHOLAS KENT COMPENSATION BENEFIT PLAN CONTRIBUTION	TOTAL

NNSOCAL NARCONON SOUTHERN CALIFORNIA 33-0911677

**Federal Statements** 

FYE: 12/31/2007

11/17/2008 4:04 PM Page 10

### Statement 7 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
REFERRAL COMMISSIONS	408,749	408,749		
INSURANCE	109,950	83,914	25,970	66
TAXES, DUES & FEES	4,204	3,208	993	3
LICENSES & PERMITS	5,061	5,061		
DISSEMINATION	237,258	237,258		
BANK & CREDIT CARD FEES	149,016	132,570	16,439	7
STAFF TRAINING	120,370	91,866	28,432	72
DRUG REHAB PGM DELIVERY COSTS	1,797,232	1,797,232		
AMORTIZATION	3,211	2,450	759	2
TOTAL	\$ 2,835,051	\$ 2,762,308	\$ 72,593	\$ 150

**Federal Statements** 

11/17/2008 4:04 PM Page 11

FYE: 12/31/2007

### Statement 8 - 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 400 PERSONS COMPLETED THE PROGRAM, ENABLING THEM TO LEAD MORE ETHICAL AND DRUG-FREE LIVES.

### Statement 9 - 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 375,000 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 8,500,000 VISITS DURING THE YEAR.

**Federal Statements** 

FYE: 12/31/2007

11/17/2008 4:04 PM Page 12

### Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description				
	Beginning of Year	Accum Depr	End of Year	Accum Depr
LAND IMPROVEMENTS		-		
	\$ 141,716 \$	23,899	\$ 141,716 \$	33,347
BUILDINGS	3,012,105	207 204	3,012,105	202 105
BUILDING IMPROVEMENTS	3,012,105	207,294	3,012,105	283,185
	214,175	15,615	284,374	26,272
LEASEHOLD IMPROVEMENTS				
COMPUTER & OFFICE EQUIP	75,827	22,059	126,074	47,369
COMPOTER & OFFICE EQUIP	76,339	42,377	147,814	67,475
FURNITURE & FIXTURES	·	•	·	·
WOMOD WELL OF DO	210,212	92,943	278,975	126,890
MOTOR VEHICLES	384,255	182,534	522,451	300,439
PLANT & TECHNICAL EQUIP	304,233	102,551	522,151	300,133
~	82,146	25,741	103,435	39,427
LAND	2 050 405		2 050 405	
	3,852,425		3,852,425	<del></del>
TOTAL	\$ <u>8,049,200</u> \$	612,462	\$ <u>8,469,369</u> \$	924,404

### Statement 11 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	 End of Year
SECURITY DEPOSITS	\$ 27,008	\$ 80,114
CONSTRUCTION IN PROGESS	486,658	530,076
UNAMORTIZED LOAN COSTS	15,419	12,208
REFUNDABLE PAYROLL TAXES	23,251	3,187
DEPOSITS ON FIXED ASSETS		 26,674
TOTAL	\$ <u>552,336</u>	\$ 652,259

### Statement 12 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 78,000	\$ 32,000
TOTAL	\$ 78,000	\$ 32,000

NNSOCAL NARCONON SOUTHERN CALIFORNIA 33-0911677

**Federal Statements** 

11/17/2008 4:04 PM Page 13

FYE: 12/31/2007

### Statement 13 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginnin of Year	. <u></u>	End of Year
INSTALLMENT CONTRACTS PAYABLE	\$ 88,7	706 \$	150,178
TOTAL	\$88,7	706 \$	150,178

### NNSOCAL NARCONON SOUTHERN CALIFORNIA 33-0911677 Federal Statements

FYE: 12/31/2007

11/17/2008 4:04 PM Page 14

Statement 14 - Form 990,	Part IV-A - Other Revenue	Included on Financial Statements

Description	Amount
COST OF PROGRAM MATERIALS SOLD	\$ 110,513
TOTAL	\$ 110,513

### Statement 15 - Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	 Amount
COST OF PROGRAM MATERIALS SOLD	\$ 110,513
TOTAL	\$ 110,513

NNSOCAL NARCONON SOUTHERN CALIFORNIA 33-0911677 FYE: 12/31/2007	Rederal Statements	atements		11/17/20	11/17/2008 4:04 PM Page 15
Statement 16 - Form 990, Part V-A		- List of Officers, Directors, Trustees, and Key Employees	, Trustees, and Key		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LAWRENCE TRAHANT 1810 W. OCEANFRONT NEWPORT BEACH CA 92663	CEO/PRES/DIR	40	181,448	2,130	3,721
MICHAEL KOBRIN 1810 W. OCEANFRONT NEWPORT BEACH CA 92663	VP/SEC'Y	40	131,966	18,931	0
LURIA K DION 1810 W. OCEANFRONT NEWPORT BEACH CA 92663	DEP ED PROD	40	127,170	ιΛ	1,926
PETER VAN AUKEN 1810 W. OCEANFRONT NEWPORT BEACH CA 92663	TREAS/CFO	н	0	0	0
PATRICIA SCHWARTZ 1810 W. OCEANFRONT NEWPORT BEACH CA 92663	DIRECTOR	Ц	0	0	0
SUE BIRKENSHAW 1810 W. OCEANFRONT NEWPORT BEACH CA 92663	DIRECTOR	1	0	0	0
KAREN SEAGAL 1810 W. OCEANFRONT NEWPORT BEACH CA 92663	TRUSTEE	п	0	0	0
CLARK CARR 1810 W. OCEANFRONT NEWPORT BEACH CA 92663	TRUSTEE	н	0	0	0
MICHAEL ST. AMAND 1810 W. OCEANFRONT NEWPORT BEACH CA 92663	TRUSTEE	1	0	0	0
					16

Page 16 11/17/2008 4:04 PM 0 0 0 0 Expenses 0 0 0 0 Benefits Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued) Compensation 0 0 0 0 Average Hours **Federal Statements** 0 Title NNSOCAL NARCONON SOUTHERN CALIFORNIA ALL OFFICERS AND DIRECTORS COMPENSATED ONLY AS EMPLOYEES AND WHO RECEIVED COMPENSATION WERE NOT AS OFFICERS OR DIRECTORS. Name and Address FYE: 12/31/2007 33-0911677 NOTE:

9

## NNSOCAL NARCONON SOUTHERN CALIFORNIA Federal Statements

FYE: 12/31/2007

Statement 17 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

ization	Compensation Description		N/A		N/A		N/A		N/A		N/A
Related Organization Name2	Expenses		N		N		N		N		Z
	Benefits										
ıtion	Compensation	STATES		STATES		STATES		) STATES		STATES	
Related Organization Name1	Relationship	N WESTERN UNITED	T PGMS/EMPLOYEES	N WESTERN UNITED STATES	65-1238009 JOINT PGMS/EMPLOYEES	ON WESTERN UNITED	T PGMS/EMPLOYEES	N WESTERN UNITED STATES	T PGMS/EMPLOYEES	N WESTERN UNITED STATES	T PGMS/EMPLOYEES
	Organization EIN	NARCONON	65-1238009 JOINT	NARCONON	65-1238009 JOIN	NARCONON	65-1238009 JOINT	NARCONON	65-1238009 JOINT	NARCONON	65-1238009 JOINT
Payee Name		LAWRENCE TRAHANT		MICHAEL KOBRIN		NICHOLAS KENT		DAVID WORTHINGTON		LURIA K DION	

NNSOCAL NARCONON SOUTHERN CALIFORNIA 33-0911677

FYE: 12/31/2007

**Federal Statements** 

11/17/2008 4:04 PM Page 18

### Statement 18 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

### Description

SEE PART V OF FORM 990 FOR COMPENSATION OF OFFICERS AND DIRECTORS. ADDITIONALLY, CAROL TRAHANT, WIFE OF LAWRENCE TRAHANT, THE ORGANIZATION'S CEO, RECEIVED COMPENSATION OF \$33,900 AS INTERNET PROMOTION SUPERVISOR. RUSSELL KOBRIN, SON OF MICHAEL KOBRIN, THE ORGANIZATION'S VICE-PRESIDENT, RECEIVED COMPENSATION OF \$26,600 AS ESTABLISHMENT OFFICER. JESSICA LOWE, DAUGHTER-IN-LAW OF MICHAEL KOBRIN, RECEIVED COMPENSATION OF \$75,750 AS TREASURY SUPERVISOR.

11/17/2008 1:06 PM	Page 1
ONON SOUTHERN CALIFORNIA	Fixed Assets and Depreciation - Form 990

NNSOCAL NARCON 33-0911677

•
0
0
Ñ
$\overline{}$
3
3
$\overline{}$
ij Х
Ĺ

•							
Tax Net Book Value	3,750	1,731,627	541,911	66,233	385,399	6,278 7,012 1,125 46,310 3,970 1,549 1,284	64,703 41,725 40,238 3,290 25,032 2,398
Tax End Depr	1,250	153,136	100,355	11,688	16,756	556 468 75 3,014 137 35 0 0	10,315 5,289 2,683 343 2,442 202
Tax Current Depreciation	714	47,119	16,057	1,948	10,053	171 187 30 3,014 137 35 0	1,876 1,175 1,073 2,42 1,831
Tax Prior Depreciation	536	106,017	84,29 <u>8</u> 84,29 <u>8</u>	9,740	6,703	385 281 45 0 0 0 0 0 711	8,439 4,114 1,610 101 611 29
Tax Period	7 0	40 0	40 0	40.0	40 0	0.04 4 4 0.0 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	40.0 40.0 40.0 15.0 15.0
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 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	5,000	1,884,763	642,266	77,921	402,155	6,834 7,480 1,200 49,324 4,107 1,584 1,284 71,813	75,018 47,014 42,921 3,633 27,474 2,600
Date In Asset Service Property Description	Group: Building - Bouquet 124 3/17/06 Trailer Building - Bouquet	Group: Building - Rainbow 31 10/15/04 Buildings - Rainbow Building - Rainbow	Group: Building - Warner 4 12/31/01 Building - Warner Building - Warner	Group: Building - Warner House 6 1/01/02 Housing Structure Building - Warner House	Group: Building - Wrnr Staff House - Structure  125 4/20/06 Warner Staff House - Structure  Building - Wrnr Staff Hou	48 10/15/04 Building Additions - Rambow 49 3/23/05 Kitchen Wiring 50 8/18/05 Sprinkler system 221 1/31/07 HVAC System 222 7/15/07 Bathroom Remodeling 223 9/10/07 Courseroom electrical 224 12/17/07 Water Heater  Building Imp - Rainbow	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 HVAC Overhaul 128 10/17/06 AC Condenser

11/17/2008 1:06 PM Page 2

•		
e]	1,329 6,139 5,719 0,573	0 0 0 0 0 0 0 0 0 0 388 374 761 757 622 307 445 445 445 445 445 445 445 445 445 44
Tax Net Book Value	1,329 6,139 5,719 190,573	
Tax End Depr	121 361 231 21,987	6,652 1,414 1,552 1,552 6,824 6,824 1,244 1,244 1,244 1,553 1,244 1,553
Tax Current Depreciation	121 361 231 7,083	0 1,950 1,950 1,950 1,950 1,950 1,950 1,950 1,05
Tax Prior Depreciation	0 0 0 0 14,904	6,652 1,414 1,552 13,196 13,19
Tax Period [	10.0	$\alpha$ $\alpha$ $\alpha$ $\alpha$ $\alpha$ $\alpha$ $\alpha$ $\alpha$ $\alpha$ $\alpha$
Tax-Meth Conv	S/L-MO S/L-MO S/L-MO	25/2-400 25/2-4
Tax Cost	1,450 6,500 5,950 212,560	6,652 1,414 1,414 1,557 1,657 1,657 1,657 1,657 1,657 1,657 1,024
*	1 11	*
scription	Building Imp - Warner	int ury ury hones
Property Description	Building Imp - Warner (continued) 2/16/07 Water Heater 3/08/07 Zone A/C System 6/13/07 A/C System Improvements	Group:         Computer & Office Equip.           9         7/01/00           10         12/31/00           11         12/31/00           12         12/31/01           24         12/31/03           24         12/31/03           24         12/31/03           24         12/31/03           24         12/31/03           24         12/31/03           25         12/22/05           26/27/05         Computer Equip - Best Buy           53         9/23/05           11/18/05         Computer Equip - Frys           54         12/18/05           27/06         Computer Equip - Frys           54         12/18/05           55         102/28/05           6         Averatec Notebook PC           13         1/27/06           11/10/06         Averatec Notebook PC           13         1/10/06           14         2/08/06           15         1/10/06           16         Averatec Notebook PC           17         11/10/06           13         2/13/06           14         2/13/06           15         1/10/06
	Building   2/16/07   3/08/07   6/13/07	:. Computer 7/01/00 12/31/00 12/31/00 12/31/00 12/31/00 12/31/00 12/31/00 12/31/00 12/31/00 12/31/00 12/31/00 12/31/00 12/31/00 12/31/00 12/31/00 12/31/00 12/08/06 2/08/07 2/08/07 2/08/07 2/08/07 2/08/07 2/20/20/07 2/20/07 2/20/07 2/20/20/07 2/20/20/20/20/20/20/20/20/20/20/20/20/20
Asset	Group: 216 217 219	Group: 9 110 121 122 123 1230 124 124 124 125 126 127 127 128 128 128 128 128 128 128 128 128 128

11/17/2008 1:06 PM Page 3

•		
Tax Net Book Value	2,088 715 853 404 404 404 404 408 733 6,258 173 8,922 571 742 408 478 325 571 1,160 520 622 622 622 633 1,160 544 758 80,996 659	3,538 8,599 8,599 25,201 289 3,78 193 3,164 729
Tax End Depr	292 803 238 238 284 135 135 135 135 120 22 22 23 24 45 45 45 45 45 45 45 45 46 46 47 46 47 48 48 48 48 48 48 48 48 48 48 48 48 48	27,251 18,238 12,970 15,478 25,202 161 210 107 1,758 1,758
Tax Current Depreciation	292 803 238 238 238 135 135 146 210 221 221 23 24 25 26 27 27 20 20 20 20 20 20 20 20 20 20 20 20 20	1,947 2,606 2,358 3,439 7,201 65 84 43 703 703
Tax Prior Depreciation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	25,304 15,632 10,612 12,039 18,001 96 126 1,055 1,055 243
Tax Period		7 7 0 7 7 0 0 7 7 0 0 7 7 0 0 7 7 0 0 7 7 0 0 7 0 0 7 0 0 7 0 0 7 0 0 7 0 0 7 0 0 7 0
Tax-Meth Conv	ST-WO ST-WO	S.L-MO S.D-MO S.D-MO S.D-MO S.D-MO S.D-MO S.D-MO S.D-MO S.D-MO S.D-MO S.
Tax Cost	1,052 2,891 1,137 539 539 539 543 7,221 1,075 646 862 443 11,075 646 862 443 377 284 377 284 398 398 398 398 398 1,659 1	27,251 18,238 16,508 24,077 50,403 450 588 300 4,922 491 1,134
Service Property Description Computer & Office Equip (continued)	233 2/26/07 2 Computers - Corporate 234 3/14/07 2 Laptops SDP & Treas Sec 235 4/06/07 Computer Equipment 312 4/06/07 Computer - Corporate 313 4/09/07 Computer - Newport 314 4/09/07 Computer - Newport 315 4/09/07 Computer - Newport 316 5/09/07 Computer - Warner 236 5/09/07 Computer - Warner 237 5/10/07 16 Button Display Seakerphone 238 6/02/07 Monitor - Warner 240 6/08/07 Scanner - Treas Office 240 6/08/07 Sharp Copier - Newport 241 8/09/07 Computer monitor - Warner 242 8/09/07 Computer - Warner 243 8/09/07 Computer - Warner 244 8/09/07 Computer - Warner 245 8/16/07 1 Elephone System - Reg Office 246 8/16/07 1 Elephone - SDA 247 9/11/07 Computer - Reg 248 8/16/07 Telephone - SDA 247 9/11/07 Computer - Reg 248 9/12/07 Telephone - SDA 249 9/28/07 Notebook Computer, Printer 250 10/10/07 Sansung Printer 251 11/08/07 The Seakerphones 252 12/22/07 Two 8 Button Speakerphones 253 12/22/07 Two 8 Button Speakerphones 253 12/22/07 Two 8 Button Speakerphones 254 Turniture & Fixtures	00 Furniture & Fixtures  /01 Furniture /02 Furniture /03 Furniture & Fixtures /04 Furniture & fixtures /05 Curtains /05 Office Furn - A.B.E. Corp /05 Bunk Bed /06 Furniture /06 Assist Table /06 Dressers
1	2,26/07 4/06/07 4/06/07 4/09/07 4/09/07 4/09/07 4/09/07 5/09/07 5/10/07 5/10/07 6/08/07 6/08/07 6/08/07 8/09/07 1/10/07 8/09/07 8/09/07 8/09/07 1/10/07 8/11/07 9/11/07 1/10/10/07 1/10/10/07	13 7/01/00 14 12/31/01 15 12/31/02 25 12/31/03 33 6/30/04 56 3/14/05 57 3/15/05 58 3/31/05 59 4/08/05 60 4/14/05 61 5/03/05
Asset Group:	233 234 234 235 312 313 314 315 316 317 229 229 240 240 240 240 240 241 241 242 243 244 244 245 245 245 246 247 247 247 247 248 248 248 248 248 248 248 248 248 248	225 225 233 255 24 25 25 25 25 25 25 25 25 25 25 25 25 25

$\overline{}$
≥
℩
ø
90
╌.
$\overline{}$
$\infty$
8
ڀ
0
$\mathcal{O}$
_
~
<del></del>
_
$\Rightarrow$
$\overline{}$
-

Page 4

_		
,	`	
	Tax Net Book Value	1,009 310 1,009 1,288 1,288 1,288 1,630 1,63
	Tax End Depr	560 1,10 1,069 1,0
	Tax Current Depreciation	224 286 287 1107 1107 1110 111
	Tax Prior Depreciation	336 336 337 338 347 347 347 348 348 348 348 348 348 348 348
	Tax Period [	
	Tax-Meth Conv	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
	Tax Cost	7.569 7.569 7.7000 7.700 7.700 7.700 7.700 7.700 7.700 7.700 7.700 7.7000 7.700 7.700 7.700 7.700 7.700 7.700 7.700 7.700 7.70000 7.7000 7.7000 7.70000 7.7000 7.7000 7.7000 7.7000 7.7000 7.7000 7.70000 7
	; *  	
	Property Description	62 5/03/05 Lighting Fixtures 63 5/1050 Decessors - Ikea 6 6/13/05 TV/DVD Player - Best Buy 65 7/04/05 Decessors - Ikea 66 7/04/05 Dressors - Ikea 66 7/04/05 Dressors - Ikea 67 7/06/05 2 TV's - Best Buy 69 7/06/05 2 TV's - Best Buy 69 7/06/05 2 TV's - Best Buy 69 7/06/05 2 TV's - Best Buy 71 8/08/05 2 TV's - Best Buy 71 8/08/05 2 TV's - Best Buy 71 8/08/05 2 TV's - Best Buy 71 8/08/05 2 TV's - Best Buy 71 8/08/05 5 Dressors - Ikea 7/08/05 5 Dressors - Ikea 8/11/05 Beds Mattresses Nevada Set-up 7/08/05 5 Dressors - Ikea 8/11/05 Beds Mattresses Nevada Set-up 8/15/05 Dressors - Ikea 8/17/05 Beds Dressors - Ikea 8/15/05 Dressors - Ikea 8/15/05 Oftice Fumityre - New South Point Apt 8/15/05 Oftice Fumityre - New South Point Apt 8/15/05 Dressors - Ikea 9/15/05 Dressors - Ikea 9/15/05 Dressors - Ikea 8/10/03/05 Dressors - Ikea 8/10/17/05 TV's for Staff Houses 9/10/17/05 TV's for Staff Houses 9/10/17/05 TV's for Staff Houses 9/10/17/05 Pumiture 9/10/17/05 Pumiture 9/10/17/05 Pumiture 9/10/17/05 Pumiture 9/10/17/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/05 Dressors - Ikea 9/11/22/06 Juwindow Units Gorbuet 5/13/06 Bed & Mattress Set 15/13/06 Assist Tables 5/13/06 Bed & Mattress Set 15/13/06 Bed & Ma
	Date In Service	\$\text{1.00}\$
	Asset	200 200 200 200 200 200 200 200
- 6		

>
Ω
90:
$\circ$
$\sim$
τ-
$\infty$
800
$\circ$
8
7
$\overline{}$
<del>-</del>
<del></del>

Page 5

•	
Tax Net Book Value	1,311 1,619 4,619 4,619 1,138 1,
Tax End Depr	369 381 381 382 383 383 384 44 501 501 501 501 503 503 503 503 503 503 503 503
Tax Current Depreciation	133 133 133 133 133 133 133 133 133 133
Tax Prior Depreciation	748211887188710000000000000000000000000000
Tax Period	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
Tax-Meth Conv	27, 27, 27, 27, 27, 27, 27, 27, 27, 27,
Tax Cost	1,620 2,000 2,000 2,000 1,187 1,187 1,186 1,186 1,186 1,186 1,186 1,188
*	an
Asset Service Property Description Group: Furniture & Fixtures (continued)	Artwork 6 Dressers - Ikea Furniture Hon Filing Cabinet - Treasury Assist Table Furniture Furniture Furniture Furniture Furniture Furniture Furniture Tocouch for Apt Couch  Room chairs Safe for Div 6 Office Refer Newport Treasury Office Furniture 2 Loveseats A Sofas Newport Staff Housing Straight-back Bench Front Porch Dining Table & Chairs Safe - Newpad Trable - Kitchen Renovations Straight-back Bench Front Porch Dining Table & Chairs Safe - Newada Table - Kitchen Renovations Furniture Mens Staff Housing Beds, Dressers Office Furniture Furniture Qual Office Reg O
Date In Service Furnitur	8/23/06 9/15/06 10/10/06 10/11/06 11/11/06 11/15/06 11/15/06 11/15/06 11/15/07 1/25/07 1/26/07 1/30/07 1/30/07 4/13/07 4/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07 1/13/07
Asset Group:	163 164 165 167 168 168 168 173 173 173 173 174 175 175 175 175 175 175 175 175 175 175

Page 6 11/17/2008 1:06 PM 3,104,170 259,828 64,616 3,706 5,221 1,983 32,843 38,873 837 1,509 14,012 5,336 5,030 4,950 1,144 3,776 0000 108,369 38,873 152,085 270,331 218,095 39,831 Book Value 3,852,424 Tax Net 126,890 27,693 741 1,044 220 3,649 5,980 0000 33,347 5,980 2,010 7,528 1,509 14,011 5,337 2,674 3,096 2,750 856 1,618 41,389 3,864 8,000 11,100 2,450 Tax End Depr Tax Current Depreciation 417 147 2,433 5,980 0000 1,673 603 603 3,050 1,689 2,322 2,322 2,200 571 19,330 0000 9,448 5,980 33,947 Fixed Assets and Depreciation - Form 990 Tax Prior Depreciation 92,943 627 73 1,216 23,899 2,010 5,855 906 906 2,287 2,287 774 550 3,864 8,000 11,100 2,450 0000 22,059 Tax Period 150 150 150 150 0000 3.0000 5.0 233350000 Tax-Meth Conv S/L-MO 1 1 92,309 4,447 6,265 2,203 36,492 44,853 2,010 8,365 3,018 28,023 10,673 6,911 8,126 7,700 2,000 5,394 278,975 3,104,170 259,828 3,864 8,000 11,100 2,450 141,716 270,331 218,095 44,853 81,220 3,852,424 Tax Cost NNSOCAL NARCONON SOUTHERN CALIFORNIA Land Land Improvements LH Improvements - Mgmt LH Improvements - Newport Furniture & Fixtures Property Description Leasehold Improvements - Newport 230 Acres - Rainbow Land - Warner Staff House Leasehold Imp. - Newport Sauna Overhaul Group: Furniture & Fixtures (continued) Land Improvements Well Repairs Septic System Fencing Septic/Water System Group: LH Improvements - Newport Group: LH Improvements - Mgmt Land - Rainbow Land - Warner Improvements Improvements Painting Sauna Floor **Semodeling** Group: Land Improvements Vehicles Car - LH Van Vehicles Tıle Blinds Carpet Group: Motor Vehicles FYE: 12/31/2007 7/01/00 7/28/01 8/06/01 12/31/00 12/31/03 11/04/05 12/31/05 6/16/06 12/31/06 6/30/05 9/30/05 3/19/06 5/25/06 8/21/06 10/06/06 4/15/07 12/31/01 10/15/04 8/31/05 5/09/06 5/15/07 7/01/00 12/31/03 Date In Service 33-0911677 Group: Land 226 28 30 38 176 Asset 19 106 20 20 8 23 23 177 177 178 178 179 179 180 181 181 3 98 175 175

NNSOCAL NARCONON	INSOCAL NARCONON SOUTHERN CALIFORNIA	11/17/2008 1:06 PM
33-0911677	Fixed Assets and Depreciation - Form 990	Page 7

$\circ$
$\overline{}$
$\circ$
$\sim$
_
$\overline{}$
$\sim$
$\supset$
2
• •
12/
• •
÷
• •
÷
÷
÷

,			
Tax Net Book Value	5,664 5,664 5,664 5,664 5,664 11,549 11,549 11,549 11,549 11,549 11,438 13,203 13,406	222,011	409 934 3,274 3,237 1,205 1,205 1,205 1,958 2,961 1,922 1,922 1,922 2,961 2,961 2,961 2,961 2,961 2,961
Tax End Depr	1,700 12,672 7,522 14,294 7,500 11,034 20,000 8,000 8,000 8,000 11,034 17,371 17,371 13,932 13,932 13,932 13,932 13,932 13,932 13,236 3,175 7,166 5,553 3,175 7,166 3,236 3,175	300,439	4,166 5,322 3,422 5,893 3,238 107 107 142 1,089 1,645 1,645 1,645 1,068 505 257 141 141 151
Tax Current Depreciation	2,222 11,333 11,329 11,329 11,329 11,349 11,942 11,942 11,942 11,942 11,942 11,942 11,942 11,942 11,943 11,	117,905	298 819 622 1,309 925 43 178 178 178 178 436 658 187 427 202 202 203 103 54
Tax Prior Depreciation	1,700 12,672 7,722 14,294 7,500 11,034 17,778 6,667 16,992 16,993	182,534	3,868 4,503 2,313 64 2,313 60 267 85 85 653 87 87 87 87 87 87 88 87 87 87 87 88 87 88 87 88 87 88 87 88 87 88 87 88 88
Тах Репоd		-	7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.
Tax-Meth Conv	1,700 S/L-MO 12,672 S/L-MO 14,294 S/L-MO 7,500 S/L-MO 20,000 S/L-MO 8,000 S/L-MO 33,985 S/L-MO 33,985 S/L-MO 33,885 S/L-MO 34,696 S/L-MO 35,824 S/L-MO 35,824 S/L-MO 19,843 S/L-MO	522,450	4,166 S/L-MO 5,731 S/L-MO 9,167 S/L-MO 300 S/L-MO 1,076 S/L-MO 1,076 S/L-MO 1,245 S/L-MO 1,245 S/L-MO 3,047 S/L-MO 1,245 S/L-MO 3,047 S/L-MO 1,094 S/L-MO 1,094 S/L-MO 1,094 S/L-MO 1,094 S/L-MO 1,094 S/L-MO 3,666 S/L-MO 3,67 S/L-MO 3,6
Tax Cost		522,	ಕೃಳಕ್ಳಿನಿ ಗ್ರಗ ಬೈಕ್ಗಳಗ
*	<del>.</del>	icles	
		Motor Vehicles	
Date In Asset Service Property Description	Group: Motor Vehicles (continued)  102 12/31/02 Chevy Prckup DH 103 12/31/02 Toyota Corolla MK 104 12/31/02 1992 Acura SH 105 12/31/02 2002 Satum DW 210 1/29/03 Auto - Southern Collectibles 211 5/11/03 1999 Ford Tempo 35 4/22/04 1998 Chevrolet Van 36 6/23/04 1992 Acura Vigor 212 10/27/05 2006 Econoline 213 10/27/05 2006 Econoline 182 11/3/06 2006 Ford Freestar 183 1/18/06 2006 Ford Econoline 184 8/11/06 2006 Ford Econoline 185 10/16/06 2006 Ford Econoline 186 10/16/06 2006 Ford Econoline 187 11/18/06 2007 Ford Fusion 291 2/26/07 2007 Ford Fusion 292 2/27/07 2007 Ford Econoline 293 5/18/07 2007 Ford Explorer 294 5/24/07 2007 Ford Explorer	Group: Plant & Technical Equip	16 7/01/00 Equipment 17 12/31/01 Equipment 18 12/31/02 Equipment 26 12/31/03 Equipment 26 12/31/03 Equipment 32 6/30/04 Equipment 109 3/14/05 Washer/Dryer 110 5/23/05 BBQ Grill 111 5/31/05 New Oven 112 6/06/05 Bug Zappers 113 6/10/05 Tools 114 6/13/05 Dishwasher 115 7/05/05 Lawn Tractor 116 7/06/05 Qym Equipment 117 7/06/05 Qym Equipment 117 7/06/05 Qym Equipment 117 7/06/05 Washers 118 9/08/05 Washer 121 10/03/05 Washer 122 10/05/05 Washer 123 11/02/05 Washer
L			

₽
=
ட
Θ
1:06
$\overline{}$
//2008
$\tilde{\sim}$
$\approx$
ب
S
$\sim$
7
$\simeq$
~

Page 8

Tax Net Book Value	1,068 330 1,545 342 2,479 5,883 3,100 571 1,136 863 255 667 667 599 1,690 1,690 1,690 1,282 3,489 9,353 3,489 9,353 3,489 9,353 1,282 3,489 9,353 610 3,489 610 861 863 863 863 863 863 863 863 863 863 863
Tax End Depr	403 124 582 124 191 1,378 1,961 1,034 1,03
Tax Current Depreciation	210 65 303 303 66 11,121 591 109 1130 1130 1130 1130 1130 1130 113
Tax Prior Depreciation	193 59 579 58 840 443 827 162 162 93 19 93 19 93 19 90 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Tax Period D	00000000000000000000000000000000000000
Tax-Meth Conv	SYL-MO SY
Tax Cost	1,471 454 464 464 3,857 7,844 4,134 762 1,515 691 1,515 697 8,79 8,79 8,79 8,908 10,475 819 819 889 819 819 819 819 819 819 819
Date In Asset Service Property Description * Group: Plant & Technical Equip (continued)	Washer & Dryer Sauna Scale Prep Table Prepsure Washer Oven Stove Stove Fitness Equipment Golden Era Tpe Deck Washer & Dryer BBQ Water Heater Dryer Upright Freezer Refrigerator Refrigerator Washer and Dryer Dryer Dryer Dryer Dryer E-Meter Dryer Dryer Dryer Dryer Dryer Sefrigerator Chlorinator Metering Pump Oven Refrigerator - Newport New Kitchen Equip Newport 2nd Floor Chest Freezer Refrigerator Intake House Arr Conditioner Women's Staff Housing Masher/Dryer Reg Staff Housing Maytag Dishwasher - Warner Detox House Generator Refrigerator Women's Staff Housing Maytag Dishwasher - Warner Detox House Generator Refrigerator Women's Staff Housing Maytag Dishwasher - Warner Detox House Generator Refrigerator Women's Staff Housing Maytag Dishwasher - Warner Detox House Generator Refrigerator Women's Staff Housing Maytag Dishwasher - Warner Detox House Generator Refrigerator Women's Staff Housing Maytag Dishwasher - Warner Detox House Generator Refrigerator Women's Staff Housing
Date In Service	1/17/06 1/31/06 1/31/06 2/16/06 3/11/05 3/23/06 3/31/06 4/17/06 4/17/06 4/17/06 1/23/06 1/25/06 1/25/06 1/25/06 1/25/07 1/26/0
Asset Group	1888 1989 1989 1989 1989 1989 1989 1989

Form **4562** 

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 2007

Attachment Sequence No 67

Name(s) shown on return

### NARCONON SOUTHERN CALIFORNIA

Identifying number 33-0911677

	ess or activity to which this form relates  NDIRECT DEPRECIAT	ON							
Pa	rt I Election To Expen	se Certain Prop	erty Under Sec	tion 179					
	·	•	•		com	olete Pa	rt I.		
1	Note: If you have any listed property, complete Part V before you complete Part I.  Maximum amount See the instructions for a higher limit for certain businesses							1	125,000
2	Total cost of section 179 property placed in service (see instructions)							2	•
3	Threshold cost of section 179 property before reduction in limitation								500,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-								
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions								
	(a) Description of property (b) Cost (business use only) (c) Elected							t	
6									
7	Listed property Enter the amount f	rom line 29			7		,		
8	otal elected cost of section 179 property Add amounts in column (c), lines 6 and 7							8	
9	Tentative deduction Enter the smaller of line 5 or line 8							9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562								
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)								
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11							12	
13	Carryover of disallowed deduction	to 2008 Add lines 9 a	ind 10, less line 12	<b></b>	13				
Note	: Do not use Part II or Part III below	for listed property Ins	stead, use Part V						
Pa	rt II Special Depreciat	ion Allowance a	nd Other Depr	eciation (Do no	ot incl	ude liste	d prope	erty.) (	(See instructions.)
14	Special allowance for qualified Nev	v York Liberty or Gulf	Opportunity Zone	property (other than	listed				
	property) and cellulosic biomass et	thanol plant property p	olaced in service di	iring the tax year (se	e instri	uctions)		14	
15	Property subject to section 168(f)(1	1) election						15	
16	6 Other depreciation (including ACRS)								312,470
Pa	rt III MACRS Depreciat	ion (Do not inclu	ude listed prop	erty.) (See instr	uctior	1S.)			
		·-·	Sect	ion A					
17	MACRS deductions for assets placed in service in tax years beginning before 2007							17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here								
	Section B-A	ssets Placed in Sen	rice During 2007 T	ax Year Using the	Genera	al Deprecia	ation Syst	tem	······································
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depi (business/investm only-see instruc	ent use	y (e)	Convention	(f) Me	thod	(g) Depreciation deduction
19a	3-year property	1			1				
<u>b</u>	5-year property	_							
<u>C</u>	7-year property	_[			<b>.</b>				
<u>d</u>	10-year property								
ө	15-year property	_			_				
f_	20-year property	_					ļ		
<u>_</u> g	25-year property			25 yrs			S/L	-	
h	Residential rental			27 5 yrs	<u> </u>	MM	S/L		
	property			27 5 yrs		MM	S/L		
i	Nonresidential real			39 yrs	-	MM	S/L		
	property	<u> </u>	L		<u> </u>	MM	S/L		
	Section C-Ass	sets Placed in Service	e During 2007 Ta	x Year Using the A	Iternati	ive Deprec	iation Sys	stem	<del></del>
<u>20a</u>	Class life	4			4		S/L		<del></del>
	12-year	<del> </del>		12 yrs	+		S/L		
	40-year	<u> </u>	<u></u>	40 yrs	L	MM	S/L	-	<u> </u>
<u> Pa</u>	urt IV 'Summary (see ins			<del></del>		<del></del>		,	
21	· · · · · · · · · · · · · · · · · · ·	ed property Enter amount from line 28						21	
22	Total. Add amounts from line 12, li	<del>-</del>		-					040 450
	Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr							22	312,470
23	For assets shown above and place	•	•						
	enter the portion of the basis attrib	utable to section 263/	A costs		23				