

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning and ending

B Check if applicable:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return (use also for state reporting)

C Name of organization
NARCONON OF OKLAHOMA, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
HC 67 BOX 5
 City or town, state or country, and ZIP
CANADIAN, OK 74425

D Employer identification number
73-1589280

E Telephone number
(800) 468-6933

F Check if application pending

G Organization type (check only one) 501(c) (3) (insert no.) 527
 OR 4947(a)(1)

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates Yes No
H(c) Are all affiliates included? (If "No," attach a list.) Yes No
 N/A
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

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

J Accounting method: Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Enter 4-digit group exemption no. (GEN) **2595**
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue					
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	3,070.		
b	Indirect public support	1b	808,545.		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 801,672. noncash \$ 9,943.)	1d	811,615.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,800,303.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	15,182.		
5	Dividends and interest from securities	5			
6 a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe)	7			
8 a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a	Gross sales of inventory, less returns and allowances	10a	72,200.		
b	Less: cost of goods sold STATEMENT 3	10b	53,160.		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 2	10c	19,040.		
11	Other revenue (from Part VII, line 103)	11	209.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,646,349.		
13	Program services (from line 14, column (B))	13	2,005,270.		
14	Management and general (from line 44, column (C))	14	268,311.		
15	Fundraising (from line 44, column (D))	15	1,604.		
16	Payments to affiliates (attach schedule) SEE STATEMENT 4	16	223,805.		
17	Total expenses (add lines 15 and 44, column (A))	17	2,498,990.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,147,359.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	0.		
20	Other changes in net assets or fund balances (attach explanation)	20	0.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,147,359.		

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$274,422, noncash \$	274,422.	274,422.	STATEMENT 7	
23	Specific assistance to individuals (attach schedule)	15,050.	15,050.	STATEMENT 8	
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	74,477.	46,262.	27,833.	382.
26	Other salaries and wages	692,841.	586,030.	106,118.	693.
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	59,722.	49,175.	10,463.	84.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	62,198.	49,488.	12,626.	84.
33	Supplies	54,614.	35,451.	19,113.	50.
34	Telephone	63,338.	47,556.	15,703.	79.
35	Postage and shipping	68,402.	63,357.	5,018.	27.
36	Occupancy	219,015.	196,231.	22,733.	51.
37	Equipment rental and maintenance	73,295.	65,658.	7,619.	18.
38	Printing and publications	36,996.	35,905.	1,086.	5.
39	Travel	97,609.	66,017.	31,494.	98.
40	Conferences, conventions, and meetings				
41	Interest	5,210.	4,639.	569.	2.
42	Depreciation, depletion, etc. (attach schedule)	21,395.	19,051.	2,338.	6.
43	Other expenses (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 5	456,601.	450,978.	5,598.	25.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	2,275,185.	2,005,270.	268,311.	1,604.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a PROGRAM DETOX & REHAB	
SEE STATEMENT 12.	
(Grants and allocations \$ 207,465.)	1,840,181.
b PROGRAM PUBLIC AWARENESS	
SEE STATEMENT 13.	
(Grants and allocations \$ 66,957.)	165,089.
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (attach schedule)	
(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,005,270.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45 431,759.
	46 Savings and temporary cash investments		46 737,116.
	47 a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52 9,746.
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation	55b	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 165,125.	57c	
b Less: accumulated depreciation STMT 9	57b 21,395.		
58 Other assets (describe ▶ DEPOSITS)		58 21,110.	
59 Total assets (add lines 45 through 58) (must equal line 74)		0. 59 1,343,461.	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b 165,794.
	65 Other liabilities (describe ▶ SEE STATEMENT 10)		65 30,308.
66 Total liabilities (add lines 60 through 65)		0. 66 196,102.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds	0.	70 0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71 0.
	72 Retained earnings, endowment, accumulated income, or other funds	0.	72 1,147,359.
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	0.	73 1,147,359.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	0.	74 1,343,461.	

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 rows (a-e) for revenue reconciliation. Row a: Total revenue, gains, and other support per audited financial statements. Row b: Amounts included on line a but not on line 12, Form 990. Row c: Line a minus line b. Row d: Amounts included on line 12, Form 990 but not on line a. Row e: Total revenue per line 12, Form 990.

Table with 5 rows (a-e) for expense reconciliation. Row a: Total expenses and losses per audited financial statements. Row b: Amounts included on line a but not on line 17, Form 990. Row c: Line a minus line b. Row d: Amounts included on line 17, Form 990 but not on line a. Row e: Total expenses per line 17, Form 990.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Rows include Laurie Zurn, Clark R.N. Carr, Joni Ginsberg, Gary W. Smith, Kathleen Goselin, and Michael St. Amand.

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Part VI	Other Information	N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		0

91 The books are in care of **MICHAEL ST. AMAND** Telephone no. **(800) 468-6933**
 Located at **HC 67 BOX 5, CANADIAN, OK** ZIP code **74425**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (a-e), Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, Gain or loss from sales of assets, Gross profit or loss from sales of inventory, and Subtotal.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

Table with 5 columns: Name, address, and EIN of corporation, partnership, or disregarded entity; Percentage of ownership interest; Nature of activities; Total income; End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Signature and name fields for officer and preparer, including date, type or print name and title, preparer's signature, firm name, address, EIN, and phone number.

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2000

Department of the Treasury
Internal Revenue Service

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

Name of the organization **NARCONON OF OKLAHOMA, INC.** Employer identification number **73 1589280**

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

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE -----				

Total number of other employees paid over \$50,000 ▶ 0				

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

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

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

Total number of others receiving over \$50,000 for professional services ▶ 0		

Part III Statements About Activities		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 ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a	Do you have a section 403(b) annuity plan for your employees?	4a	X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) SEE STATEMENT 11		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
 - 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 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 **Support Schedule** in Part IV-A.)
 - 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do 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 not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) N/A (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) 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: N/A (1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					
g 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))					%

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group.
 Check here If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
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	44	

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (include compensation in expenses reported on lines c through h)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Total lobbying expenditures (add lines c through h)			0.

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

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

2000

Name of organization

NARCONON OF OKLAHOMA, INC.

Employer identification number

73-1589280

Organization type (check one)-Section: 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization NARCONON OF OKLAHOMA, INC.	Employer identification number 73-1589280
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Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	TRANSFER OF NET ASSETS, LIABILITIES, AND EXPENSES PAID ON BEHALF OF NARCONON OF OKLAHOMA.	\$ 9,943.	07/01/00
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - IRC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	PLANT & TECHNICAL EQUIPMENT	070100SL	SL	5.00	19	23,454.			23,454.			2,345.
2	EQUIPMENT & FURNITURE (1999)	070100SL	SL	5.00	19	14,618.			14,618.			1,462.
3	EQUIPMENT & FURNITURE	070100SL	SL	5.00	19	2,982.			2,982.			298.
4	EQUIPMENT & FURNITURE	070100SL	SL	5.00	19	20,489.			20,489.			2,049.
5	COMPUTER (1997)	070100SL	SL	2.00	19	4,659.			4,659.			1,165.
6	COMPUTER (1998)	070100SL	SL	2.00	19	8,405.			8,405.			2,101.
7	COMPUTER (1999)	070100SL	SL	3.00	19	15,652.			15,652.			2,609.
8	COMPUTER	070100SL	SL	5.00	19	16,631.			16,631.			1,663.
9	COMPUTER	070100SL	SL	5.00	19	6,783.			6,783.			678.
10	VEHICLE (1998)	070100SL	SL	2.00	19	400.			400.			100.
11	VEHICLE (1999)	070100SL	SL	5.00	19	23,752.			23,752.			2,375.
12	VEHICLE (1999)	070100SL	SL	3.00	19	4,967.			4,967.			828.
13	VEHICLE	070100SL	SL	3.00	19	5,833.			5,833.			972.
14	VEHICLE	070100SL	SL	3.00	19	6,250.			6,250.			1,042.
15	VEHICLE	070100SL	SL	3.00	19	2,083.			2,083.			347.
16	VEHICLE	070100SL	SL	3.00	19	1,667.			1,667.			278.
17	VEHICLE	070100SL	SL	3.00	19	6,500.			6,500.			1,083.
* TOTAL 990 PAGE 2 DEPR						165,125.		0.	165,125.	0.	0.	21,395.

FOOTNOTES

STATEMENT 1

FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES AND
KEY EMPLOYEES

OFFICERS, DIRECTORS, AND TRUSTEES WHO ARE ALSO EMPLOYEES
ARE COMPENSATED ONLY FOR THEIR DUTIES AS EMPLOYEES, NOT
FOR THEIR DUTIES AS OFFICERS, DIRECTORS, AND TRUSTEES.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS	72,200	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		72,200
4. COST OF GOODS SOLD (LINE 13)	53,160	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		19,040

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	0	
7. MERCHANDISE PURCHASED	54,297	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	8,609	
11. ADD LINES 6 THROUGH 10		62,906
12. INVENTORY AT END OF YEAR	9,746	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		53,160

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
DONATED INVENTORY		<u>8,609.</u>	
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B		<u>8,609.</u>	

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 4

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
NARCONON INTERNATIONAL	7060 HOLLYWOOD BLVD. #220, LOS ANGELES, CA 90028	223,805.
PURPOSE OF PAYMENT		
LICENSING FEES		223,805.
TOTAL TO FORM 990, PART I, LINE 16		223,805.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROMOTION	33,034.	31,140.	1,887.	7.
STAFF TRAINING	1,826.	1,519.	306.	1.
COMMISSIONS	60,567.	60,567.		
PROGRAM DELIVERY	342,143.	342,143.		
LICENSES & FEES	2,172.	1,484.	686.	2.
COURSE MATERIALS	3,261.	542.	2,719.	
BANK CHARGES	13,598.	13,583.		15.
TOTAL TO FM 990, LN 43	456,601.	450,978.	5,598.	25.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

THE CORPORATION IS ORGANIZED TO OPERATE EXCLUSIVELY FOR CHARITABLE PURPOSES BY PROVIDING DRUG REHABILITATION AND EDUCATIONAL SERVICES THROUGH THE USE OF TECHNOLOGY RESEARCHED AND DEVELOPED BY L. RON HUBBARD.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7
 APPROVED BUT NOT PAID BY FILING DEADLINE

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CONTRIBUTION	ABLE INTERNATIONAL		N/A	57,781.
CONTRIBUTION	ARROWHEAD STATE PARK		N/A	250.
CONTRIBUTION	CANADIAN VOLUNTEER FIRE DEPT		N/A	250.
CONTRIBUTION	GOD'S HELPING HAND		N/A	250.
CONTRIBUTION	IDFY		N/A	500.
CONTRIBUTION	NARCONON INTERNATIONAL		N/A	34,400.
CONTRIBUTION	SALVATION ARMY OF ARK. CITY, KS		N/A	500.
CONTRIBUTION	INT. ASSOC. OF SCIENTOLOGISTS		N/A	28,250.
CONTRIBUTION	NARCONON INTERNATIONAL		N/A	152,241.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				274,422.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 8

DESCRIPTION	AMOUNT
CASH ASSISTANCE TO STUDENTS ON DRUG REHABILITATION PROGRAM	15,050.
TOTAL TO FORM 990, PART II, LINE 23	15,050.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PLANT & TECHNICAL EQUIPMENT	23,454.	2,345.	21,109.
EQUIPMENT & FURNITURE(1999)	14,618.	1,462.	13,156.
EQUIPMENT & FURNITURE	2,982.	298.	2,684.
EQUIPMENT & FURNITURE	20,489.	2,049.	18,440.
COMPUTER (1997)	4,659.	1,165.	3,494.
COMPUTER (1998)	8,405.	2,101.	6,304.
COMPUTER (1999)	15,652.	2,609.	13,043.
COMPUTER	16,631.	1,663.	14,968.
COMPUTER	6,783.	678.	6,105.
VEHICLE (1998)	400.	100.	300.
VEHICLE (1999)	23,752.	2,375.	21,377.
VEHICLE (1999)	4,967.	828.	4,139.
VEHICLE	5,833.	972.	4,861.
VEHICLE	6,250.	1,042.	5,208.
VEHICLE	2,083.	347.	1,736.
VEHICLE	1,667.	278.	1,389.
VEHICLE	6,500.	1,083.	5,417.
TOTAL TO FORM 990, PART IV, LN 57	165,125.	21,395.	143,730.

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
CLIENT FUNDS HELD	11,903.
SALES TAX PAYABLE	457.
PAYROLL TAXES PAYABLE	17,948.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	30,308.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
PART III, LINE 4

THE RECIPIENTS OF GRANTS FROM NARCONON OF OKLAHOMA, INC. WERE QUALIFIED EXEMPT ORGANIZATIONS. PROJECTS ARE DETERMINED TO BE QUALIFIED ON AN INDIVIDUAL BASIS. THE ORGANIZATION ENSURES THAT EACH SO QUALIFIES AT ALL TIMES.

2000 FORM 990, PART III
FEDERAL ID # 73-1589280
NARCONON OF OKLAHOMA, INC.
STATEMENT # 12

DESCRIPTION OF PROGRAM SERVICE ONE
(DETOXIFICATION AND REHABILITATION):

IN MAY 2000, NARCONON OF OKLAHOMA, INC. WAS ESTABLISHED TO PROVIDE DRUG REHABILITATION AND EDUCATIONAL SERVICES TO PEOPLE IN THE STATE OF OKLAHOMA AND AROUND THE WORLD WHO ARE IN NEED OF THESE SERVICES. THIS WAS THE FIRST YEAR OF OPERATION FOR NARCONON OF OKLAHOMA, INC.

DUE TO THE CONTINUING EXPANSION OF SERVICES BEING PROVIDED, NARCONON OF OKLAHOMA, INC. REQUESTED AND WAS GRANTED AN ADDITIONAL 30 BEDS AT ITS NARCONON CHILOCCO NEW LIFE CENTER FACILITY, WHICH INCREASED THE NUMBER OF LICENSED BEDS TO 105. NARCONON CHILOCCO PROVIDED SUBSTANCE ABUSE TREATMENT SERVICES TO 271 INDIVIDUALS DURING THE YEAR. BY THE END OF THE YEAR, 82 OF THESE INDIVIDUALS HAD ALREADY COMPLETED THEIR TREATMENT PROGRAM, WERE FREED FROM DRUGS, AND BECAME CONTRIBUTING MEMBERS OF SOCIETY.

THE NARCONON PROGRAM, DEVELOPED BY HUMANITARIAN L. RON HUBBARD, IS COMPRISED OF SEVERAL LIFE SKILLS COURSES IN WHICH THE INDIVIDUAL PARTICIPATES. THE COMPLETION OF EACH COURSE BY A PROGRAM ATTENDEE PUTS THE INDIVIDUAL ONE STEP CLOSER TO LEADING A DRUG-FREE LIFE. IN 2000, NARCONON'S PROGRAM ATTENDEES COMPLETED MORE THAN 1,900 COURSES.

NARCONON OF OKLAHOMA, INC. ALSO COMMENCED RENOVATION OF A NEW FACILITY FOR ITS OPERATIONS IN WHICH DRUG REHABILITATION SERVICES WILL BE ABLE TO BE PROVIDED TO 230 INDIVIDUALS AT A TIME.

NARCONON CHILOCCO ALSO IS THE HOME OF AN INTERNATIONAL TRAINING CENTER THAT PROVIDES TRAINING IN THE NARCONON DRUG TREATMENT METHODOLOGY TO STAFF FROM OTHER NARCONON CENTERS AROUND THE WORLD AND TO INDIVIDUALS INTERESTED IN OPENING A FACILITY IN THEIR HOMETOWN. IN 2000, NARCONON

CHILOCCO TRAINED 20 INDIVIDUALS FROM 12 COUNTRIES INCLUDING: CANADA, SWEDEN, SPAIN, ITALY, TAIWAN, DENMARK, BRAZIL, AUSTRALIA, HOLLAND, MEXICO, BOLIVIA AND THE UNITED STATES. THE TRAINEES FROM TAIWAN, BRAZIL AND BOLIVIA RETURNED TO THEIR RESPECTIVE COUNTRIES WHERE THEY OPENED NARCONON CENTERS FOR THE FIRST TIME IN THEIR COMMUNITIES.

	GRANTS	EXPENSES
To Form 990, Part III, line a	207,465	1,840,181

2000 FORM 990, PART III
FEDERAL ID # 73-1589280
NARCONON OF OKLAHOMA, INC.
STATEMENT # 13

DESCRIPTION OF PROGRAM SERVICE TWO
(PUBLIC AWARENESS):

NARCONON OF OKLAHOMA, INC. CONDUCTED DRUG PREVENTION CAMPAIGNS THROUGH TELEVISION, RADIO, PRINT MEDIA AND THE INTERNET TO RAISE PUBLIC AWARENESS ON THE EXTENT OF THE AFFLICTION OF SUBSTANCE ABUSE AND THE NEED FOR EFFECTIVE DRUG PREVENTION AND DRUG REHABILITATION SERVICES.

A SERIES OF GUEST EDITORIALS ENTITLED "THE MECHANICS OF ADDICTION" WAS CARRIED IN APPROXIMATELY 150 OKLAHOMA NEWSPAPERS. THESE EDITORIALS WERE THEN DISTRIBUTED BY OTHER NARCONON CENTERS ACROSS THE COUNTRY AND REPRINTED IN THEIR LOCAL NEWSPAPERS, INCREASING SIGNIFICANTLY THE NUMBER OF PEOPLE REACHED.

NARCONON OF OKLAHOMA RAN MORE THAN 348,000 ADVERTISEMENTS IN THE MEDIA TO MAKE NARCONON SERVICES KNOWN TO THOSE IN NEED OF DRUG REHABILITATION AND PREVENTION SERVICES. THESE ADS RESULTED IN OVER 6,700 PEOPLE CONTACTING NARCONON CHILOCCO DIRECTLY FOR ADDITIONAL INFORMATION. NARCONON STAFF PARTICIPATED IN MORE THAN 100 RADIO SHOWS WITH STATIONS FROM ALL ACROSS THE COUNTRY. THESE RADIO SHOWS DEALT WITH INFORMATION ON ADDICTION, TREATMENT OPTIONS, AND WARNING SIGNS OF SUBSTANCE ABUSE. MILLIONS OF PEOPLE WERE REACHED BY THESE RADIO SHOWS.

NARCONON OF OKLAHOMA CREATED AND OPERATED 15 DIFFERENT INTERNET SITES COVERING SUBSTANCE ABUSE, TREATMENT METHODOLOGIES AND SIMILAR POINTS OF INTEREST TO THE PUBLIC. FOUR OF THESE SITES DEALT WITH HEROIN ADDICTION, COCAINE ADDICTION, METHAMPHETAMINE ADDICTION, AND MARIJUANA ADDICTION. THE "ADDICTION SERIES" WEB SITES PROVIDED SPECIFIC INFORMATION ABOUT THE INDIVIDUAL DRUGS, ADDICTION AS A RESULT OF THE DRUG, AND TREATMENT OPTIONS. TENS OF THOUSANDS OF PEOPLE VISITED THESE SITES INCLUDING MANY INDIVIDUALS WHO ACKNOWLEDGED THE "ADDICTION SERIES" WEB SITES AS EDUCATIONAL TOOLS THAT BRING ACCURATE INFORMATION TO THE PUBLIC.

THE FIFTEEN WEBSITES ARE:

www.addiction2.com
www.addictionservices.com
www.addictiontreatmentresource.com
www.alternative-sentencing.com
www.cocaineaddiction.com
www.drugaddictionprogram.com
www.drugcravings.com
www.drugintervention.com
www.ecstasyaddiction.com
www.heroineaddiction.com
www.marijuanaaddiction.com
www.methamphetamineaddiction.com
www.narconon-books.com
www.narcononcenter.com
www.stopaddiction.com

NARCONON OF OKLAHOMA ALSO STARTED A CAMPAIGN AIMED AT LAWYERS AND JUDGES TO PROMOTE ALTERNATIVE SENTENCING. MORE THAN 5,000 LETTERS AND INFORMATION PACKETS WERE SENT TO LAWYERS AND JUDGES ACROSS THE COUNTRY. A NEW INTERNET SITE WAS ALSO CREATED SPECIFICALLY ADDRESSING ALTERNATIVE SENTENCING FOR NON-VIOLENT OFFENDERS. THIS CAMPAIGN ENABLED APPROXIMATELY 35 INDIVIDUALS TO PARTICIPATE IN TREATMENT AT THE NARCONON OF OKLAHOMA FACILITY WHO WOULD HAVE OTHERWISE BEEN SENTENCED TO EXTENDED PERIODS IN PRISON. NARCONON CREATED A REPORTING SYSTEM TO PROVIDE REGULAR REPORTS OF PROGRESS TO THE COURT SO THAT THE COURT COULD BE CERTAIN THAT THE INDIVIDUAL IT SENT TO TREATMENT WAS ACTUALLY BEING REHABILITATED.

NARCONON OF OKLAHOMA STARTED A DRUG EDUCATION CAMPAIGN AT THE END OF THE YEAR TO EDUCATE SCHOOL CHILDREN ABOUT THE DANGERS OF SUBSTANCE ABUSE. DRUG EDUCATION LECTURES TO MORE THAN 1,300 CHILDREN WERE DONE THROUGH THIS CAMPAIGN.

	GRANTS	EXPENSES
To Form 990, Part III, line b	66,957	165,089

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ See separate instructions. ▶ Attach this form to your return.

Name(s) shown on return: **NARCONON OF OKLAHOMA, INC.**
 Business or activity to which this form relates: **FORM 990 PAGE 2**
 Identifying number: **73-1589280**

Part I Election To Expense Certain Tangible Property (Section 179) Note: If you have any listed property, complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	20,000.
2	Total cost of section 179 property placed in service. See instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	
8	Total 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 1999	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
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 2001. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions.)

16 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	21,395.

Part IV Summary (See instructions.)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	21,395.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? Yes No **23b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
25 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26	
27 Add amounts in column (i). Enter the total here and on line 7, page 1								27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year:					
41 Amortization of costs that began before 2000				41	
42 Total. Add amounts in column (f). See instructions for where to report				42	

2000 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NARCONON OF OKLAHOMA, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	PLANT & TECHNICAL EQUIPMENT & FURNITURE (1999)	070100SL		5.00	19	23,454.			23,454.			2,345.
2	EQUIPMENT & FURNITURE	070100SL		5.00	19	14,618.			14,618.			1,462.
3	EQUIPMENT & FURNITURE	070100SL		5.00	19	2,982.			2,982.			298.
4	EQUIPMENT & FURNITURE	070100SL		5.00	19	20,489.			20,489.			2,049.
5	COMPUTER (1997)	070100SL		2.00	19	4,659.			4,659.			1,165.
6	COMPUTER (1998)	070100SL		2.00	19	8,405.			8,405.			2,101.
7	COMPUTER (1999)	070100SL		3.00	19	15,652.			15,652.			2,609.
8	COMPUTER	070100SL		5.00	19	16,631.			16,631.			1,663.
9	COMPUTER	070100SL		5.00	19	6,783.			6,783.			678.
10	VEHICLE (1998)	070100SL		2.00	19	400.			400.			100.
11	VEHICLE (1999)	070100SL		5.00	19	23,752.			23,752.			2,375.
12	VEHICLE (1999)	070100SL		3.00	19	4,967.			4,967.			828.
13	VEHICLE	070100SL		3.00	19	5,833.			5,833.			972.
14	VEHICLE	070100SL		3.00	19	6,250.			6,250.			1,042.
15	VEHICLE	070100SL		3.00	19	2,083.			2,083.			347.
16	VEHICLE	070100SL		3.00	19	1,667.			1,667.			278.
17	VEHICLE	070100SL		3.00	19	6,500.			6,500.			1,083.
* TOTAL						990	PAGE 2	DEPR	165,125.	0.	0.	21,395.

(D) - Asset disposed

Form 8868 (12-2000)

Page 2

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

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

Type or print File by the extended due date for filing the return. See instructions.	Name of Employer Organization NARCONON OF OKLAHOMA, INC.	Employer identification number 73 1589280
	Number, street, and room or suite no. if a P.O. box, see instructions. HC 67 BOX 5	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CANADIAN OK 74425	

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

Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 9870

Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 9999

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2001.

5 For calendar year 2000, or other tax year beginning _____, 20____ and ending _____, 20____.

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

7 State in detail why you need the extension: ORGANIZATION WANTED TO AMPLIFY LATERAL AND ADDITIONAL TIME IS NEEDED TO COMPLETE THE FINAL AUD. HAVE IT REVIEWED BY ACCOUNTANTS.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 9999, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

8b If this application is for Form 990-PF, 990-T, 4720, or 9999, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 990. \$ _____

9 Balance Due. Subtract line 8b from line 8a. Includes your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

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

Signature: [Signature] Title: SECRETARY Date: 8-13-01

Notice to Applicant—To Be Completed by the IRS

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

Director _____ By: _____ Date: **EXTENSION APPROVED**

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name NARCONON MIDLAND	AUG 30 2001
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 1000 W. VIKIP	
	City or town, province or state, and country (including postal or ZIP code) NEWBY OK 74647	

LINDA WEISKOFF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Name of organization

Employer identification number

NARCONON OF OKLAHOMA, INC.

73-1589280

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 798,602.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2		\$ 9,943.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution.)
3		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
4		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
5		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
6		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)