Form 990

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

OMB No 1545-0047 2007

Inte	rnal Reve	enue Service		<u>L</u>	► The c	organiza	tion may	have to	use a co	py of this return	to sati	sfy s	tate repo	rting require	emer	nts	Open to Publ	ic inspection
Α	For the	e 2007 ca <u>lend</u>	ar y	year	r, or tax ye	ar begi	nning			and ending					_			
В	Check if a	applicable Plea	ase	С	Name of	organizat	tion								D	Emp	loyer identification	n number
\Box	Address o	change			NARO	CONO	N DRU	JG PR	EVEN	TION &						95	485344	10
Ħ		thange label or print or type. EDUCATION , INC . Number and street (or P O box if mail is not delivered to street address) Room/suite											E	Tele	ephone numbe	r		
님	name cha								Lis not deli	vered to street add	ress)		Ro	om/suite	1 -		3-257-8	
Ш	Initial retu							OULEV			,		1		F		ounting method:	
	Termination	on Spec						y, and ZIP						-	╽┌╴	Accr	·	er (specify)
$\overline{\Box}$	Amended	return tion		`		ANG		y, and 211	. 4	CA 90041	-33	356	:			ا ۸۵۰	uai oui	or (opcony)
H				Sec				and 4947	7(2)(1) nor	nexempt charitab				nnicable to s	ection	527.6	organizations	
Ш	Applicatio	on pending								990 or 990-EZ).								es X No
•	Websit	to K WWW	שת	פוומ	-PREVE	NTTO	N ORG		•	,	- 1		_	roup return fo				:5 [-5] 140
G			DA	.00	FREVE	<u> </u>	N. ORG	~~			_	٠,		nter number		liates	► N/A	_
J		ization type only one)	V	7 .	04(-) (2 .4	1 (🗂	1 40474-1	va)	- 1	• •		iliates include			16	es No
	(спеск	only one)		1 50	01(c) (3) ◀	(insert n	10)	4947(a))(1) or 527	_			ich a list. See in:				
K	Check h	nere 🕨 📋	if the	he or	ganization is	s not a 50	9(a)(3) su	pporting o	organization	n and its gross	"			eparate retur		•	(F)	σ
	receipts	are normally no	t mo	ore t	than \$25,000) A return	n is not rec	quired, but	t if the orga	inization chooses	-			on covered b				es No
	to file a	return, be sure to	o file	eac	omplete retu	nu								xemption N				
										170 70]		Check			•	ation is not rec	-
	****	receipts Add I								170,76							90-EZ, or 990-	-PF)
	art I								-	ets or Fund	Bala	nce	s (See	tne instr	ucti	ons.)	L	
	1	Contributions	s, gıf	ıfts,	grants, an	id simila	r amoun	ts receive	ed									
	a	Contributions	s to	don	nor advised	d funds					1a	<u> </u>			_			
	b	Direct public	sup	ppor	rt (not inclu	ded on	line 1a)				1b	<u> </u>		99,30	3	ļ		
	С	Indirect publi	c su	uppe	ort (not inc	luded or	n line 1a)			1c							
	d	Government	con	ntrib	utions (gra	ants) (no	t include	ed on line	1a)		1d							
	е	Total (add lin	nes '	1a t	through 1d	i) (cash	\$		93,18	37 noncash \$			6	,116)	L	1e	9	<u>9,303</u>
	2	Program sen	vice	e rev	venue inclu	uding go	vernmer	nt fees an	nd contrac	cts (from Part VI	I, line	93)				2	6	3,533
	3	, , ,								3								
	4	Interest on sa	avin	ngs :	and tempo	orary cas	sh invest	ments								4		989
	5									5								
	6a	Gross rents									6a				_			
	Ь	Less rental e	eyne	ensi	es						6b	1						
	C	Net rental inc				ubtract li	na 6h fre	om line 6			<u> </u>				_	6c		
	7	Other investr			. ,		iic ob iic	JIII IIIIC ()	a .	`					┢	7		
ПĢ	8a	Gross amour					hor	ſ	/4		Т.	ī	. (B) (Othor				
Revenue	Oa			IUIII	Sales UI a	22612 011	Hei	ŀ	(A) Securities	 	╁	(B) (Other	\dashv			
æ	١.	than inventor	•	L 1				ŀ			8a	+						
C)	b	Less cost or					penses	}	-	7. 11	8b	 			\dashv			
Č	С	Gain or (loss)	•			•		L			8c							
\geq	d	Net gain or (I					=					_				8d		-
\leq	9						chedule)			from gaming, c					_			
m	а	Gross revenu		-	_			7,90	05 of		, 5	SEE	: WOR	KSHEE'	1			
CANNED		contributions	rep	porte	ed on line	1b)					9a	<u> </u>		6,94				
AUG	b	Less direct e	expe	ense	es other th	an fundi	raising e	xpenses			9b			11,25	7			=
3	С	Net income of	or (lo	loss)) from spe	cıal ever	nts Subt	tract line	9b from I	ine 9a					<u> </u>	9c		4,317
	10a	Gross sales	of in	nver	ntory, less	returns	and allov	wances			10a							
.>	b	Less_cost_of				٦					10b				_			
2	¢	Gross profit	듄()	ISE	Tim sale	s of inv	entory (a	attach sch	hedule) S	Subtract line 10b	from I	line 1	I0a		1	0c		
2008	11	Other revenu														11		
~	12 5	Totalweveng	re./A	Addh	ntmes 1e a	3 3. 4. 5	i. 6c. 7. 8	8d. 9c. 10	0c, and 1	1						12	15	9,508
	13	Program sen	vice:	2 (fi	rom line de	4 colum	in (B))									13		7,618
è	14	Management						n (C))								14		7,247
Expenses	15	Fundraising (\~//							_	15		5,323
ğ	16	Payments to				_									_	16		<u>-,</u>
Ш		•					•	/Δ)								17	15	0,188
-s	17	Total expens							. 12	•••		<u></u>						
set	18	Excess or (de			-											18		9,320
As	19	Net assets or				_										19		0,586
Net Assets	20	Other change													_	20		0 00 0
	21	Net assets or								9, and 20						21		9,906
inst	truction	y Act and Pap is.	erw	work	k Reductio	on Act N	iotice, se	ee the se	eparate									990 (2007)
DAA	١																(.17

Form 990 (2007), NARCONON DRUG PREVENTION &

95-4853440

F		ns must	complete column (A)	Columns (B), (C), and	(D) are required for sec	tion 501(c)(3) and (4)
	T dilotional Exponers	and secti	on 4947(a)(1) nonexer	mpt charitable trusts bu	it optional for others (S	
	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.		() ()	services	and general	
228	a Grants paid from donor advised funds (attach schedule)	1 1		İ		
	(cash \$)				•	
	If this amount includes foreign grants, check here	22a				
221	b Other grants and allocations (attach schedule)	1 1	Ì			
	(cash\$)	.			Į.	
	If this amount includes foreign grants, check here	22b	————— —		į	
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
٥.	schedule)	24				
258	a Compensation of current officers, directors,					
	key employees, etc listed in Part V-A SEE STATEMENT 1	250	79,909	63,928	11,986	3,995
		25a	19,909	03,920	11,900	
	b Compensation of former officers, directors,					
	key employees, etc listed in	25b	}			
_	Part V-B					-
C	c Compensation and other distributions, not included above	^{=,}				
	to disqualified persons (as defined under section					
26	4958(f)(1)) and persons described in section 4958(c)(3)(E	3) 25c				
20	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on	20				
21	lines 25a, b, and c	27				
20	Employee benefits not included on lines		***			
20	25a – 27	28	2,381	1,905	357	119
20	Payroll taxes	29	8,816	7,053	1,322	441
	Professional fundraising fees	30		.,,,,,,,,		
	Accounting fees	31	1,300		1,300	
	Legal fees	32				
	Supplies	33	312	312		
	Telephone	34	4,341	3,473	651	217
	Postage and shipping	35	1,939	1,299	543	97
	Occupancy	36	4,620	3,696	693	231
	Equipment rental and maintenance	37	999	799	150	50
	Printing and publications	38			= = -	
	Travel	39	2,021	1,819	202	
	Conferences, conventions, and meetings	40	700		700	
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42	3,829	3,829		
	Other expenses not covered above (itemize)					
a	CTT CMAMENTA C	43a	39,021	29,505	9,343	173
-	b	43b	, , , , , , , , , , , , , , , , , , , ,			
	c	43c				
	d	43d				
	• •	43e				
f	- f	43f	<u> </u>			
•	n	43g				
_	g F Total functional expenses. Add lines 22a			1		
. •	through 43g (Organizations completing					
	columns (B)-(D), carry these totals to lines					
	13-15)	44	150,188	117,618	27,247	5,323
	oint Costs. Check ▶ ☐ If you are following SOP 98-2				· · · · · · · · · · · · · · · · · · ·	
	e any joint costs from a combined educational campaign a	nd fundr	aising solicitation repo	rted in (B) Program se	rvices?	Yes X No
	Yes," enter (i) the aggregate amount of these joint costs\$			unt allocated to Program s		,
	i) the amount allocated to Management and genera\$			unt allocated to Fundraisin		
	,					

· Form 990 (2007), NARCONON DRUG PREVENTION & 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

oro	grams and accomplishme	ents	•	<u> </u>		
>	nat is the organization's pri	ON				Program Service Expenses (Required for 501(c)(3) and
of d	clients served, publications	s issued, etc. Discuss achi	evements that	n a clear and concise manner State the number are not measurable (Section 501(c)(3) and (4) enter the amount of grants and allocations to others)		(4) orgs , and 4947(a)(1) trusts, but optional for others)
а	SEE STATEME	NT 3				
	(Grants and allocations	\$)	If this amount includes foreign grants, check here ▶		117,618
b						
С	(Grants and allocations	\$)	If this amount includes foreign grants, check here		
Ĭ						
d	(Grants and allocations	\$)	If this amount includes foreign grants, check here		
					_	
	(Grants and allocations	\$)	If this amount includes foreign grants, check here		
е	Other program services (attach schedule)				
	(Grants and allocations)	If this amount includes foreign grants, check here		
f	Total of Program Servic	e Expenses (should equa	l line 44, colum	nn (B), Program services)	<u> </u>	117,618
						Form 990 (2007)

P	ant IV	Balance Sneets (See the instructions.)					
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only	nin the	description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			40,533	45	40,654
	46	Savings and temporary cash investments			21,150	46	32,499
	47a	Accounts receivable	47a			l	
	b	Less allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable			····	49	
	50a	Receivables from current and former officers, directors	s, truste	ees, and		50-	
	h	key employees (attach schedule) Receivables from other disqualified persons (as define	d unde	r coation 4059(6)(1)) and		50a	
	, D	persons described in section 4958(c)(3)(B) (att sched		1 Section 4956(1)(1)) and		50b	
	512	Other notes and loans receivable (attach	uie)			300	
	Jia	schedule)	51a				
ets	ь	Less allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use	<u> </u>			52	·
	53	Prepaid expenses and deferred charges				53	
	54a	Investments—publicly-traded securities		Cost FMV		54a	
	b	Investments—other securities (attach schedule)		Cost FMV		54b	
	55a	·					
		equipment basis	55a				
	b	Less accumulated depreciation (attach				1	
		schedule)	55b			55c	·····
	56	Investments—other (attach schedule)	f 1			56	.
	57a	Land, buildings, and equipment basis	57a	18,540			
	b	Less accumulated depreciation (attach		11 050	8,939	57c	7,487
		schedule) SEE STATEMENT 4					
	58	Other assets, including program-related investments	914		788		
	50	(describe ► SEE STATEMENT 5)	71,536	58 59	81,428	
	59 60	Total assets (must equal line 74) Add lines 45 throug Accounts payable and accrued expenses	n 56		11,550	60	01,420
	61	Grants payable				61	
	62	Deferred revenue		ł		62	· · · · · · · · · · · · · · · · · · ·
"	63	Loans from officers, directors, trustees, and key emplo	vees (:	ettach		<u> </u>	
Liabilities	**	schedule)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			63	
lige	64a	Tax-exempt bond liabilities (attach schedule)				64a	
Ľ	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ► SEE STATEMEN	T 6) [950	65	1,522
	66	Total liabilities. Add lines 60 through 65			950	66	1,522
	Orga	nizations that follow SFAS 117, check here ▶ 🔲 a	nd com	plete lines			
		67 through 69 and lines 73 and 74					
ses	67	Unrestricted				67	
lan	68	Temporarily restricted				68	
Ва	69	Permanently restricted	(3.5)			69	
밀	Orga	nizations that do not follow SFAS 117, check here	X	and			
L L	70	complete lines 70 through 74				70	
ts c	70 71	Capital stock, trust principal, or current funds	ort f.	}		70 71	
Net Assets or Fund Balances	71 72	Paid-in or capital surplus, or land, building, and equipm		r	70,586	72	79,906
ایک	72 73	Retained earnings, endowment, accumulated income, Total net assets or fund balances. Add lines 67 throu		· · · · · · · · · · · · · · · · · · ·	70,566		13,300
ž	13	70 through 72 (Column (A) must equal line 19 and co	_				
		equal line 21)	iuiiiii (E) must	70,586	73	79,906
	74	Total liabilities and net assets/fund balances. Add III	nes 66	and 73	71,536		81,428
		The state of the s			<u> </u>		

2 Other (specify)

Add lines d1 and d2

Total expenses (Part I, line 17) Add lines c and d Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee,

d2

d

or key employee at any	time during the year even if they were	e not compensated) (See the i			
(A) Name a	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 plans	(E) Expense account and other allowances
ANTHONY C. BYLSMA	GLENDALE	PRESIDENT			
746 1/2 VERDUGO	CA 91206	40	48,702	1,643	0
SIGAL ADINI	GLENDALE	SECT/TREAS			
746 1/2 VERDUGO	CA 91206	40	31,207	738	0
ANTHONY C. BYLSMA	GLENDALE	DIRECTOR			
746 1/2 VERDUGO	CA 91206	0	0	_0	0
PATTY O'NEILL SCHWARTZ	LOS ANGELES	DIRECTOR			
P.O. BOX 291729	CA 90029	0	o	0	0
DAPHNA HERNANDEZ	PASADENA	DIRECTOR			
611 VILLA STREET	CA 91101	0	. 0	0	0
		:			
		-			
		1	L	L	

Form	990 (2007). NARCONON DRUG PREVENTION &	95-4853			—		age 6
	rt V-A Current Officers, Directors, Trustees, and Key Empl					Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on org		board				
	meetings	▶ 3					
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-		sated				
	employees listed in Schedule A, Part I, or highest compensated professional and						
	contractors listed in Schedule A, Part II-A or II-B, related to each other through fa						v
	relationships? If "Yes," attach a statement that identifies the individuals and expla	ins the relationship(s)			75b	\dashv	X
	De la confirma distribus describus de la confirma d	A humboot					ĺ
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-	•					į
	compensated employees listed in Schedule A, Part II, or highest compensated pro-						ĺ
	independent contractors listed in Schedule A, Part II-A or II-B, receive compensal organizations, whether tax exempt or taxable, that are related to the organization		for				į
	the definition of "related organization"	. Occ the mondenone			75c	į	x
	If "Yes," attach a statement that includes the information described in the instruct	ions					
А	Does the organization have a written conflict of interest policy?	10113			75d	х	ĺ
	rt V-B Former Officers, Directors, Trustees, and Key Emplo	ovees That Recei	ved Compe	ensation or C			efits
	(If any former officer, director, trustee, or key employee received com	pensation or other be	nefits (describe	d below) during	the ye	ar, lisi	t that
	person below and enter the amount of compensation or other benefit						
	(A) No. 11 and 1	(D) I and Advances	(C) Compensation	(D) Contributions to employee benefit	(E) Expe	
	(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred compensation plans	acco	unt and	d other
N/	A						
			ŀ				
					┷		
					1		
				<u> </u>	┷		
					Д_		
					Д_		
			,		Щ,		
Pa	rt VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of conducting act	ıvıtıes? If "Yes," attach	а				
	detailed statement of each change				76		X
77	Were any changes made in the organizing or governing documents but not report	ted to the IRS?			77		X
	If "Yes," attach a conformed copy of the changes						ĺ
78a	Did the organization have unrelated business gross income of \$1,000 or more du	iring the year covered	by				
	this return?				78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?				78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during	the year? If "Yes," att	ach				
	a statement				79		X
80a	Is the organization related (other than by association with a statewide or nationwi	de organization) throu	gh				ĺ
	common membership, governing bodies, trustees, officers, etc., to any other exe	mpt or nonexempt					
	organization?			ł	80a	L	X
b	If "Yes," enter the name of the organization▶						ĺ
	and check v	vhether it is 🔲 exem	ipt or 🔲 non	exempt			ĺ
81a	Enter direct and indirect political expenditures. (See line 81 instructions)	L	31a	0			
b	Did the organization file Form 1120-POL for this year?				81b_	لــــا	X
					Form	a 990	(2007)

Part V Other Information (continued) 20 Dit the organization receive doublet services or the use of materials, equipment, or facilities at no charge or at substantially less than fair motal value? 31 If Yes, You may indicable the value of these terms here. Do not include this amount as reverse in Part I or as an expense in Part II (See maturotions in Part III) 32 Dit the enganization comply with the globuse requirements for returns and exemption applications? 33 Dit the enganization comply with the disclosure requirements from the part of the comparation of the disclosure requirements relating to gould price quo continuous? 33 Dit Unit was considered to the organization include with very solicitation an express attement that such contributions or gifts that were not tax deductable? 34 Dit the organization condition with desidesure requirements relating to gould price quo contributions or gifts that were not tax deductable? 35 STIQA() (x) or (6) Were substantially all dues nondeductable by members? 36 STIQA() (x) or (6) Were substantially all dues nondeductable by members? 37 STIQA() (x) or (6) Were substantially all dues nondeductable by members? 38 STIQA() (x) or (6) Were substantially all dues nondeductable by members? 39 STIQA() (x) or (6) Were substantially all dues nondeductable between an answer do to their 5sor of 5tb, do not complete 8ct through 85h below unless the organization received a waver for proxy tax owed for the prior year. 4 Section 152(e) bobbying and political expenditures (ine 85d less 85d) 4 STIQA() organization exists or year section 053(e) (10A) dues notices 4 Section 152(e) bobbying and political expenditures (ine 85d less 85d) 5 STIQA() organization exists or year section 053(e) (10A) dues notices were sent, does the organization organization on the 85t? 5 STIQA() organization exists organization and political expenditures for the following tax year? 5 STIQA() organization section organization and political expenditures for the following tax year? 5 STIQA() organiza	Form	990 (2007) NARCONON DRUG PREVENTION & 95-4853440		P	Page 7
22a De the organization recover donated services of the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b "Yes," you may include the value of these terms here. Do not include this amount as revenue in Part or a an expense in Part III. 33b Dot the organization comply with the public inspection requirements for returns and exemption applications? b Dot the organization comply with the disclosure requirements relating to quie prior quie contributions? b Diff we organization include with every selectation an express statement that such contributions or giffs were not tax discludible? b If "Yes," do the organization include with every selectation an express statement that such contributions or giffs were not tax discludible." b Diff the organization make only in-house to/bupp expenditures of \$2,000 or less? N/A 85b Diff the organization make only in-house to/bupp appenditures of \$2,000 or less? N/A 85b Diff the organization make only in-house to/bupp appenditures of \$2,000 or less? N/A 85b Diff the organization make only in-house to/bupp appenditures of \$2,000 or less? N/A 85b Diff the organization and services of the propriets of \$500 or less? N/A 85b Diff the organization and services of the propriets of the organization that services are services of the organization that services are services of the organization of th		000 (2001)			
or at substantially less than fair rental value? b If "Yes," you may inducate the value of these dems here Do not include this amount as revenue in Part 1 or as an expense in Part II (See instructions in Part III) 33a Did the organization comply with the guibble inspection requirements relating to guid pro quo confributions? b Did the organization comply with the disclosure requirements relating to guid pro quo confributions? b Did the organization comply with the disclosure requirements relating to guid pro quo confributions? b Did the organization condition and the disclosure requirements relating to guid pro quo confributions or plant the disclosure requirements relating to guid pro quo confributions or plant the disclosure requirement and such contributions or plant the properties of the requirement and such contributions or plant the plant to pl					
amount as revenue in Part I or as an expense in Part II (See instructions in Part III) \$3a		-	82a		X
See instructions in Part III) 33 Did the organization comply with the disclosure requirements for returns and exemption applications? b) Did the organization comply with the disclosure requirements relating to goud por quo contributions? b) If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs were not rate deductable? b) If "Yes," did the organization motute with every solicitation an express statement that such contributions or giffs were not rate deductable? b) Did the organization make only in-house labbying expendations of \$2.00 or less? b) Did the organization make only in-house labbying expendations of \$2.00 or less? b) Did the organization make only in-house labbying expendations of \$2.00 or less? b) Did the organization express the state of the profy pear to expendation received a variety for proxy tax owed for the profy pear or covered a variety for proxy tax owed for the profy pear or the proxy pear of the proxy pear of the proxy pear or the proxy pear or the proxy pear of the proxy pear of the proxy pear or the proxy pear of the proxy pear or the proxy pear of the proxy pear or the	b	If "Yes," you may indicate the value of these items here. Do not include this			
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88a	00a				
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0 b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 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 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90a List the states with which a copy of this return is filed ▶ CA b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 10a Telephone no ▶ 323-257-8009 10a At 42 YORK BLVD. #18 Located at ▶ LOS ANGELES, CA 21P + 4 ▶ 90041-3356 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 ▶ See the instructions and filing requirements for Form TD F90-22.1, Report of Foreign Bank			88a	1	x
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country Planck 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	b			_	
account)? 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	-			Yes	No
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			91b	1	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		·			
					<u></u>

Form 990 (20	NARCONON DRUG	PREVENTION		95-4	853440)		F	Page 8
Part VI	Other Information (conf	tinued)						Yes	
c At any	time during the calendar year, did th	e organization main	itain an office o	outside of the United	States?		91c	<u>L.</u>	X
	" enter the name of the foreign cour								_
92 Section	n 4947(a)(1) nonexempt charitable tr	usts filing Form 990	ın lieu of Forn	n 1041—Check here	•	, ,			▶∟
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ter the amount of tax-exempt interes					▶ 92	N/A		
Part VII	Analysis of Income-Pro	ducing Activitie	es (See the	instructions.)	<del></del>	<del></del>			
Note: Enter g	gross amounts unless otherwise		Unrelate	d business income	Excluded t	by section 512, 513, or 514	Pa ⁻	(E) lated or	
indicated			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount		pt funct	
	m service revenue				code			ncome	
	LE OF ANTI DRUG LI		"	····					35
	HOOL DRUG PROGRAM	<u>FEES</u>							175
c RE	FERRAL FEES				+			<u>57,</u>	<u> 323</u>
d									
е				<del> </del>					
f Medica	re/Medicaid payments								
g Fees a	nd contracts from government agen	cies			$\perp$				
94 Membe	ership dues and assessments				1				
95 Interest	t on savings and temporary cash inv	estments			14	989			
96 Dividen	nds and interest from securities			,				<del></del>	
97 Net ren	ital income or (loss) from real estate								
a debt-fin	anced property								
<b>b</b> not deb	ot-financed property								
98 Net ren	ital income or (loss) from personal p	roperty							
99 Other II	nvestment income								
100 Gain or	(loss) from sales of assets other th	an inventory							
101 Net inc	ome or (loss) from special events				1	-4,317			
102 Gross	profit or (loss) from sales of inventor	y							
103 Other r	evenue a								
b									
С									
		·		· · · - · · · ·					
е			·						
104 Subtota	al (add columns (B), (D), and (E))				0	-3,328		63,	533
	add line 104, columns (B), (D), and (	E))			<del></del>	<b>&gt;</b>		60,	
•	05 plus line 1e, Part I, should equal t	• • •	2 Part I			·			
Part VIII	Relationship of Activitie			of Exempt Pur	poses (S	ee the instruction	ns.)		
Line No.	Explain how each activity for w								
▼	of the organization's exempt pu						•••••		
93A	ANTIDRUG LITERAT	URE HELPEI	IN DRU	JG EDUCATI	ON EFF	ORTS.			
93B	DRUG PROGRAMS IN					_			
93B	THE HARMFUL EFFE	<del></del>							
93C	REFERRAL SERVICE			JG REHAB C	ENTERS	) <u> </u>			
Part IX	Information Regarding		<del></del>				is.)		
	(A) Idress, and EIN of corporation,	(B)		(C)	1	(D)	(	E)	
Name, ac	idress, and EIN of corporation, rship, or disregarded entity	Percentage of ownership interes		lature of activities		Total income		of-year sets	,
N/A		Officially interes	%						
-1/ -	-		%						
-		<del></del>	%	<del></del>					
			%	<del></del>					
Part X	Information Pagardine	Transfore Acce		Darcanal Dans	ofit Canto	ante (Sea tha inc	etructic	ne \	
	Information Regarding							es X	
	he organization, during the year, rec	-			-	ai penetit contract?	_	_	_
	he organization, during the year, pay Yes" to (h) file Form 8870 and Form	•	•	n a personai benefit	contract?		L ¥	es X	S No
NOTE: II "	tes in ini we corm 8870 and corn	14//11/600 10610161	mms.						

Form **990** (2007)

Treasurer

E.A

INC.

91214-3457

HOWARD,

28/1 ALTURA AVE

**CRESCENTA** 

Date

7/23/08

Form **990** (2007)

Preparer's SSN or PTIN

(See Gen Instr X)

818-248-2191

Date

EIN

Phone

no 🕨

Check if

self-employed

Sign

Неге

Paid

Preparer's

**Use Only** 

Signature of officer

Preparer's

signature

Firm's name (or yours

if self-employed), address, and ZIP + 4

Type or print name and title

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

2007

OMB No 1545-0047

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

Employer identification number Name of the organization NARCONON DRUG PREVENTION & EDUCATION, INC. 95-4853440 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 (b) Title and average hours (a) Name and address of each employee paid more account and other empl benefit plans (c) Compensation than \$50,000 per week devoted to position & deferred comp allowances NONE Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE 1 Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE 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. Schedule A (Form 990 or 990-EZ) 2007

16	(rt III - Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any	$T^{-}$		
	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 \$ N/A (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			
	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)			
_	Cala avalance as lessons of according	20		x
а	Sale, exchange, or leasing of property?	2a		
b	Lending of money or other extension of credit?	2b		Х
С	Furnishing of goods, services, or facilities?	2c		x
i	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
•	Transfer of any part of its income or assets?	2e		X
а	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments )	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		x
•	bid the diganization have a section 400(b) annuity pair for its employees.	- 55		
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	3с		X
i	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		х
_	Did the executation required and depart advanced funds? If "Vee " complete lines 4h through 4g. If "blo " complete			
а	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete	4a		x
b	lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4b		
C	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	<del></del>		
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
				_

Schedule A (Form 990 or 990-EZ) 2007 NARCONON DRUG PREVENTION & 95-4853440 Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

cert 5		nat the organization is not a private foundation be A church, convention of churches, or associatio	on of churches Section	170(b)(1)(A)(ı)	0 <b>0</b> 0x										
6		A school Section 170(b)(1)(A)(III) (Also comple	te Part V)												
7		A hospital or a cooperative hospital service orga	anization Section 170(l	b)(1)(A)(III)											
8		A federal, state, or local government or governr	mental unit Section 170	O(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 co (Also complete the <b>Support Schedule</b> in Part I		ed or operated by a gov	ernmental uni	Section 170(b	o)(1)(A)(ıv)								
11a	X	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)													
11b		A community trust Section 170(b)(1)(A)(vi) (Al	so complete the Suppo	ort 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 informa	Provide the following information about the supported organizations. (See page 8 of the instructions )												
			ation about the suppo-	rted organizations. (Se	ee page 8 of th	e instructions)	)								
		(a)	(b)	(c)	(6	t)	(e)								
		(a) Name(s) of supported organization(s)	(b) Employer	(c) Type of	(e Is the su	t) ipported	(e) Amount of								
		` '	(b)	(c)	ls the su organization	t)	(e)								
		` '	(b) Employer identification	(c) Type of organization	ls the su organization the sup	d) upported on listed in	(e) Amount of								
		` '	(b) Employer identification	(c) Type of organization (described in lines	(c) Is the su organization the sup organiz	d) upported on listed in oporting	(e) Amount of								
		` '	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(i Is the si organizati the sup organiz governing (	i) upported on listed in upporting eation's documents?	(e) Amount of								
		` '	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(c) Is the su organization the sup organiz	i) upported on listed in oporting zation's	(e) Amount of								
		` '	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(i Is the si organizati the sup organiz governing (	i) upported on listed in upporting eation's documents?	(e) Amount of								
		` '	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(i Is the si organizati the sup organiz governing (	i) upported on listed in upporting eation's documents?	(e) Amount of								
		` '	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(i Is the si organizati the sup organiz governing (	i) upported on listed in upporting eation's documents?	(e) Amount of								
		` '	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(i Is the si organizati the sup organiz governing (	i) upported on listed in upporting eation's documents?	(e) Amount of								
		` '	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(i Is the si organizati the sup organiz governing (	i) upported on listed in upporting eation's documents?	(e) Amount of								
Tota		` '	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(i Is the si organizati the sup organiz governing (	i) upported on listed in upporting eation's documents?	(e) Amount of								
Tota		` '	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above or IRC	(i Is the si organizati the sup organiz governing (	i) upported on listed in upporting eation's documents?	(e) Amount of								

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 (d) 2003 Calendar year (or fiscal year beginning in) (a) 2006 (b) 2005 (e) Total Gifts, grants, and contributions received (Do 412,975 98,292 92,304 87,201 135,178 not include unusual grants. See line 28) Membership fees received 16 Gross receipts from admissions, merchandise 17 sold or services performed, or furnishing of facilities in any activity that is related to the 28,626 30,993 20.269 10,562 90,450 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 businesses acquired by the 436 47 714 1,197 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 0 sale of capital assets 113,009 129,999 115,827 145,787 504,622 23 Total of lines 15 through 22 92,740 135,225 99,006 87,201 414,172 24 Line 23 minus line 17 1,300 1,130 1,158 1,458 25 Enter 1% of line 23 8,283 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 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 189,354 amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b 414,172 c Total support for section 509(a)(1) test Enter line 24, column (e) 26c 18 d Add Amounts from column (e) for lines 190,551 22 26d 26e 223,621 e Public support (line 26c minus line 26d total) 53.9923% 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" N/A Do not file this list with your return. Enter the sum of such amounts for each year (2003)(2006)(2005)(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 N/A amounts) for each year (2003)c Add Amounts from column (e) for lines 27¢ 27d d Add Line 27a total and line 27b total e Public support (line 27c total minus line 27d total) 27e ▶ 27f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27h h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 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

Schedule A (Form 990 or 990-EZ) 2007 NARCONON DRUG PREVENTION & 95

Part V Private School Questionnaire (See page 9 of the instructions.)

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	N/A	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		ļ
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31	,	
	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?	32a		Ī
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		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
			,,,,,	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
<b>h</b>	Admissions policies?	201		
b	Authosions policies.	33b		
С	Employment of faculty or administrative staff?	33c		
•		1000		_
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
342	Does the organization receive any financial aid or accustomes from a province of the control of			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	346		
D	If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		<del>,,,,,,,,,,</del>
	you anomored Tes to either sea or b, please explain using all 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	35	İ	

NNDPE 07/23/2008 10 10 AM Schedule A (Form 990 or 990-EZ) 2007 NARCONON DRUG PREVENTION & 95-4853440 Page 6 Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) Part VI-A (To be completed **ONLY** by an eligible organization that filed Form 5768) if you checked "a" and "limited control" provisions apply Check ▶ a if the organization belongs to an affiliated group Check ▶ b (a) Limits on Lobbying Expenditures Affiliated group totals To be completed for all electing organizations (The term "expenditures" means amounts paid or incurred ) 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 38 39 Other exempt purpose expenditures 39 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table-The lobbying nontaxable amount is-If the amount on line 40 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 41 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 44 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 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 13 of the instructions ) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (e) (a) (b) (c) (d) 2007 2006 2005 2004 Total fiscal year beginning in) 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of

- а Volunteers
- h Paid staff or management (Include compensation in expenses reported on lines c through h.)
- Media advertisements C
- d Mailings to members, legislators, or the public
- Publications, or published or broadcast statements e
- Grants to other organizations for lobbying purposes f
- Direct contact with legislators, their staffs, government officials, or a legislative body g
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means h
- Total lobbying expenditures (Add lines c through h.)
  - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

X X X X X X X n X Ω

Schedule A (Form 990 or 990-EZ) 2007

				ON DROG FIGURETI				age /
Pa	art VII	_	_	ansfers To and Transactio ee page 14 of the instructio	ns and Relationships With Noncharitans.)	ble		
 51	Did the rep			·	with any other organization described in section			
	501(c) of th	he Code (other than sec	ction 501(c)(	3) organizations) or in section 527,	relating to political organizations?			
а	Transfers f	from the reporting organ	nization to a	noncharitable exempt organization	of		Yes	No
	(i) Cash	า				51a(i)	<u> </u>	X
	(ii) Othe	er assets				a(ii)		X
b	Other trans							
	• • •	· · · · · · · · · · · · · · · · · · ·		charitable exempt organization		b(i)	<b>├</b>	X
		hases of assets from a		, <u> </u>		b(ii)	<u> </u>	X
		tal of facilities, equipme		issets		b(iii)		X
	` '	nbursement arrangemer	nts			b(iv)	<del> </del>	X
		ns or loan guarantees				b(v)	<del> </del>	X
_				or fundraising solicitations		b(vi)		X
C	•	• • •	-	other assets, or paid employees	mn /h) should always show the fair market value of	 f the	i	
d					mn (b) should always show the fair market value o zation received less than fair market value in any	ıııe		
	-			olumn (d) the value of the goods, o				
	(a)	(b)	T, SHOW III C	(c)	(d)	<del></del>	<del></del>	
	Line no	Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and sharir	ng arrange	ments	
N/	A							
					***			
-			<del> </del>					
								•
	····			· · · · · · · · · · · · · · · · · · ·				
	<del></del>							
_						···		
	described i	•	Code (other	d with, or related to, one or more to than section 501(c)(3)) or in section	· · · · · · · · · · · · · · · · · · ·	Y	es 🛚	No
		(a) Name of organization		(b) Type of organization	(c) Description of relationship			
	N/A	•				<del></del>		
						_		_
						_		
			-					
						_		

Schedule A (Form 990 or 990-EZ) 2007

### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Name(s) shown on return

► See separate instructions. ► Attach to your tax return. NARCONON DRUG PREVENTION &

Identifying number

	EDUCATI	ON, INC.					95-	<u> 485</u>	3440
	ess or activity to which this form relates								
	NDIRECT DEPRECIAT: ort   Election To Expen		perty Under Section	170				<del></del>	· · · · · · · · · · · · · · · · · · ·
Fe			ty, complete Part V		ı com	nlete P	art I		
1	Maximum amount See the instruc			belole you	2 0011	ipicto i	art i.	1	125,000
2	Total cost of section 179 property	J						2	
3	Threshold cost of section 179 property	•		3	500,000				
4	Reduction in limitation Subtract lin	•						4	
5	Dollar limitation for tax year Subtract lim			ng separately, s	see instr	uctions		5	
<u> </u>	(a) Descriptio			ost (business us			Elected co	st	
6									
									]
7	Listed property Enter the amount	from line 29			7				
8	Total elected cost of section 179 p		ts in column (c), lines 6 a	nd 7		•		8	
9	Tentative deduction Enter the sm	aller of line 5 or line	8					9	
10	Carryover of disallowed deduction	from line 13 of your	2006 Form 4562					10	
11	Business income limitation Enter	the smaller of busine	ess income (not less than	zero) or line	5 (see	instruction	ns)	11	
12	Section 179 expense deduction A	dd lines 9 and 10, bi	ut do not enter more than	line 11				12	
13	Carryover of disallowed deduction	to 2008 Add lines 9	and 10, less line 12	<b>•</b>	13				
Vote	: Do not use Part II or Part III below								
Pa	ırt II Special Depreciati	<u>on Allowance a</u>	nd Other Deprecia	tion (Do no	ot inc	ude list	<u>ed prop</u>	erty.)	(See instructions.)
14	Special allowance for qualified New	w York Liberty or Gu	If Opportunity Zone prope	erty (other tha	n listed	l			
	property) and cellulosic biomass e	thanol plant property	placed in service during	the tax year (	see ins	structions)		14	
15	Property subject to section 168(f)(	1) election						15	
16	Other depreciation (including ACR			<del></del>				16	<u> </u>
Pa	art III MACRS Depreciat	i <mark>on (Do not</mark> incl	ude listed property.)	(See instr	uctio	ns.)			
			Section A						2 620
17	MACRS deductions for assets place	· ·					. 🗆	17	3,630
18	If you are electing to group any assets p							<u></u>	
	Section B-As	i	vice During 2007 Tax Ye	i	1	ai Deprec	lation Sy	stem	T
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)		(e) C	Convention	(f) Me	ethod	(g) Depreciation deduction
19a	3-year property								
b	5-year property		2,37	7 5.0	1	MQ	S,	<u>/L</u>	199
С	7-year property				L				
d	10-year property				ļ				
е	15-year property				<u> </u>				
f	20-year property			<b></b>					ļ
g	25-year property			25 yrs			S/I		
h	Residential rental			27 5 yrs		MM	S/I	<u> </u>	ļ
	property			27 5 yrs		MM	S/I		<u> </u>
i	Nonresidential real			39 yrs		MM	S/I		
_	property				L	MM	S/I		<u> </u>
	Section C-Ass	ets Placed in Service	ce During 2007 Tax Year	Using the A	ternat	ive Depre	ciation S	ystem	T
20a	Class life				ļ		S/I		
b	12-year			12 yrs	ļ		S/I		
	40-year			40 yrs	ļ	MM	S/	<u> </u>	<u> </u>
Pa	rt IV Summary (see ins							,	
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, I								
	Enter here and on the appropriate	=		orations-see ii	<u>nstr</u>			22	3,829
23	For assets shown above and place		•						
	enter the portion of the basis attrib	utable to section 26:	3A costs		23				i .

NNDPE NARCONON DRUG PREVENTION &
95-4853440 Federal Asset Report

Form 990, Page 1

07/23/2008 10:22 AM

FYE: 12/31/2007

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS	Property:	5/25/07	1.403		1 403	5 MO S/L	0	175

<u> 4996r</u>	Description	III OCIVICO	0031		loi Depi	CI CONT INCLI		Ouncil
16	GDS Property: LAP TOP CAMCORDER	5/25/07 10/21/07	1,403 974 2,377		1,403 974 2,377	5 MQ S/L 5 MQ S/L	0 0	175 24 199
1 2 3 4 5 6 7 9 11	MACRS: OFFICE EQUIPMENT COMPUTER EQUIPMENT COMPUTER EQUIPMENT COMPUTER EQUIPMENT TELEPHONE EQUIPMENT LAPTOP TELEPHONE DONATED OFFICE EQUIPMENT PRESENTATION EQUIPMENT DONATED OFFICE EQUIPMENT OFFICE EQUIPMENT VEHICLE	6/06/00 2/02/01 4/04/01 10/09/01 12/01/01 10/14/02 9/17/02 2/13/02 9/28/02 11/20/04 11/15/04 3/25/06	639 767 108 553 300 1,294 120 575 317 795 648 10,047 16,163	X X X X	639 767 108 553 300 906 84 402 222 795 648 10,047	5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 MQ200DB 7 HY 200DB 5 HY 200DB 7 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB	639 767 108 553 300 1,170 111 365 294 447 461 2,009	0 0 0 0 124 9 84 23 100 75 3,215
	Grand Totals Less: Dispositions Less: Start-up/Org Expensed Net Grand Totals		18,540 0 0 18,540		17,848 0 0 17,848		7,224 0 0 7,224	3,829 0 0 3,829

Form 990  THE NARCONON EDUCATION  Gross receipts  Less contribution	DRUG PREV	(A)	ginning (B)		d ending	Employer Ide	2007 entification Numb
NARCONON EDUCATION Gross receipts	DRUG PREV	ENTION &					
EDUCATION  Gross receipts	N, INC.	(A)	(B)			95-485	2440
Gross receipts			(B)				3440
				(C)	Oth	ners	Total
Less contribution		14,845			0	0	14,8
	ons	7,905	(		0	<u>0</u> -	7,9 6,9
Gross revenue Less direct exp	ences	6,940 11,257			<del>0</del> ——	<del>0</del> -	11,2
Less allect exp Net income (loss)		$\frac{11,237}{-4,317}$			<del>ŏ</del> —	<del></del> -	-4,3
	B) C)						
C	Others		<del></del>				
	<del></del>	· · · · · · · · · · · · · · · · · · ·					
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				<del></del>			

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/23/2008 10:1	ď
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# NNDPE NARCONON DRUG PREVENTION & 95-4853440 FYE: 12/31/2007

## **Federal Statements**

Statement 1 - Form 990, Part II, Line 25a - Compensation of Current Officers	Program Management & Eundraising General	\$	38,962 7,305 2,435	24,966 4,681 1,560	\$ 63.928 \$ 11.986 \$ 3.995
Statement 1	Name	EXPENSES	DIRECTOR SALARY COMPENSATION	PROGRAM DIRECTOR COMPENSATION	TOTAL

NNDPE NARCONON DRUG PREVENTION &

95-4853440

## **Federal Statements**

7/23/2008 10:10 AM

FYE: 12/31/2007

### Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
AUTO EXPENSE	5,780	5,202	578	
BANK CHARGES	813		813	
BOOKLETS & VIDEO	13	13		
DISSEMINATION EXPENSES	8,219	8,219		
DONATIONS	400	400		ı
FEES	70		70	
INSURANCE	1,098		1,098	
LICENSE FEES	9,776	9,776		
OFFICE SUPPLIES & ADMIN	2,160	1,728	324	108
WORKERS COMP INSURANCE	1,308	1,047	196	65
BOOKS & PUBLICATIONS	6,264		6,264	
REFERRAL FEES	3,120	3,120		
TOTAL	\$ 39,021	\$ 29,505	\$ 9,343	\$ 173

NNDPE NARCONON DRUG PREVENTION &

**Federal Statements** 

FYE: 12/31/2007

95-4853440

7/23/2008 10:10 AM

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

### Description

GIVING DRUG ABUSE PREVENTION PRESENTATIONS AND SEMINARS TO SCHOOL AGE CHILDREN AND ADULTS IN SCHOOLS AND OTHER RELATED ENTITIES IN ORDER TO CURB DRUG ABUSE AMONG CHILDREN. IN THE YEAR 2007, 24,820 STUDENTS RECEIVED DRUG EDUCATION LECTURES GIVEN AT 166 SCHOOLS, YOUTH GROUPS, COMMUNITY CENTERS, ETC. ALSO GAVE INFORMATION ABOUT AND REFERRALS FOR DRUG ADDICTION TREATMENT SERVICES TO 2000 PEOPLE WHO CONTACTED ORGANIZATION BY PHONE OR EMAIL.

NNDPE NARCONON DRUG PREVENTION &

95-4853440

### **Federal Statements**

7/23/2008 10:10 AM

FYE: 12/31/2007

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

11000	rini	tion
DESU		uon
	· · F	

		Beginning of Year	_	Accum Depr	_	End of Year		Accum Depr
	\$_	16,163	\$_	7,224	\$_	18,540	\$_	11,053
TOTAL	\$_	16,163	\$_	7,224	\$_	18,540	\$	11,053

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

Description	Beg of	End of <u>Year</u>		
REFUNDABLE DEPOSIT	\$	914	\$	788
TOTAL	\$	914	\$	788

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

Description	Be o	End of Year			
CREDIT CARD PAYABLE PAYROLL TAXES PAYABLE SALES TAX PAYABLE HEALTH INSURANCE PAYABLE	\$	832 7 1 110	\$	1,402 7 3 110	
TOTAL	\$	950	\$	1,522	