Department oflhai teasuly Internal Revenue Sesexwice

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

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


Note: Section 501(g)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).
$\mathrm{H}(\mathrm{a})$ Is this a group return filed for affiliates?__EH Yes [X] No I If either box in $H$ is checked "Yes," enter four-digit group
(b) If "Yes," enter the number of affiliates for which this return Is filed;
exemption numbẹ (GEN) $\qquad$ ? 5 ?. ${ }^{5}$
J Accounting method: EZ] Cash J'X' Accrual
$J$ Accounting method: EZ
EZI Other (specify) .
(c) Is this a separate return filed by an organization covered by a group ruling? QTIYes I I No

K Check here •II 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 it received a Form 990 Package In the mail, it should file a return without financial data. Some states require a complete return.
Mote: Form 990-EZ may be used by organizations with gross receipts less than $\$ 100,000$ and total assets less than $\$ 250.000$ at end of year. .J-Plirtll Revenue, Expenses, and Changes in Net Assets or Fund Balances


LHA For Paperwork Reduction Act Notice, see page 1 of the separate Instructions.

## anizations and section 4947(a) (1) nonexempt charitable trusts but optionalforothers.



## What is the organization's primary exempt purpose? •

## DRUG EDUCATION FACILITY

All organizations mu\#t describe their exempt purpose achievements In a clear and concise manner. State the number of clients served, publications Issued, etc. Discuss
c


Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particularorganization. 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.

Form990(1998)
NARCONON, INC
04-2606410 Page4

Reconciliation of Revenuee per Audited financial statements wíth Revenue per Return
a Total revenue, gains, and other support per audited financial statements.
b Amounts included on line a but not on line 12, Form 990:
(1) Net unrealized gains on investments. . . . : \$ \$
2) Donated services and use of facilities...\$ $\qquad$
(3) Recoveries of prior veargrants.
(4) Other (specify):


S H^ I H Reconciliation of Expenses per Audited
hinancial $\overline{\text { Sutatements wîth }} \mathbf{h x p}$ Return
a Total expenses and losses! per audited financial statements.
b Amounts included on line a but not on line 17, Form 990:
(1) Donated services
and use of facilities. .. $\$$
(2) Prior year adjustments reported on line 20, Form 990. $\qquad$ . $\$$
(3) Losses reported on line 20, Form 990 ...\$
(4) Other (specify):

\$
\$;
(1) through (4).
c Line a minus line $b$.
d Amounts included on line, 17, Form 990 but not on line a:
(1) Investment expenses not Included on line 6b, Form 990 ... \$
(2) Other (specify):
$\qquad$ \$
\$ $\qquad$
Total expenses perline 17, Form 990 (line c plus lined).
i
$\qquad$
$\qquad$


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

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if notpaid, enter $-\quad-\mathrm{U}-\mathrm{I}$ | (D) Contributions to employee benefit plans \& deferred comoensation. | (£) Expense accountand other allowances |
| :---: | :---: | :---: | :---: | :---: |
| SUSAN BIRKENSHAW | $\begin{aligned} & \text { TREASURER } \\ & 40+ \end{aligned}$ | $119,874 .$ | 0 | 0. |
| 167 SHARON STREET |  |  |  |  |
| MEDFORD, MA 02155 |  |  |  |  |
| ROBERT WIGGINS | 2LERK | 118,950. | 0. | 0. |
| 167 SHARON STREET |  |  |  |  |
| MEDFORD, MA 02155 |  |  |  |  |
| GREGORY HANCOCK | $\begin{aligned} & \text { PRESIDENT } \\ & \text { AS NEEDED } \end{aligned}$ | 0. |  |  |
| 148 BELLINGHAM STREET |  |  |  |  |
| CHELSEA, MA 02150 |  |  | 0 | 0 |
| SUSAN BIRKENSHAW | DIRECTORAS NEEDED | 0. | 0 | 0 |
| 167 SHARON STREET |  |  |  |  |
| MEDFORD, MA 02155 |  |  |  |  |
| ROBERT WIGGINS | DIRECTORAS NEEDED |  |  | 0. |
| 167 SHARON STREET |  |  |  |  |
| MEDFORD, MA 02155 |  |  |  |  |
| GREGORY HANCOCK | DIRECTORAS NEEDED | $0$ | 0. | 0. |
| 148 BELLINGHAM STREET |  |  |  |  |
| CHELSEA, MA 02150 |  |  |  |  |
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## Part VII Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes,* attach a detailed description of each activity
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.
78 a Did the organization have unrelated business gross income of $\$ 1,000$ or more during the year covered by this re'turn?
b If 'Yes," has it filed a tax return on Form 99Q-T forthis year?.
N. A..

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
If "Yes,' attach a statement;
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?.
b If "Yes," enter the name of the $\begin{gathered}\text { organization } \\ \text { and check whether it ls }\end{gathered}$
81 a Enter the amount of political expenditures, direct or Indirect, as described in the Instructions for line 81.
b Did the organization file Form 1120-POL forthis year?


82 a Did the organization receive donated senvices or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.
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 ill). $\qquad$ $N / A$
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?... , j. $\qquad$ NA

84 a Did the organization solicit any contributions or gifts that were not tax...deductible? ..... $\qquad$ N.J.A. b If "Yes," did the organization Include with every solicitation an express statement that such contributions or gifts were not tax deductible? e?...
$\qquad$
.N./.A...
85501 (c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members?..
N, / A..........
b Did the organization make only in-house lobbying expenditures of $\$ 2,000$ or less?.
N.L.A.

If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waivorfor proxy tax owed forthe prior year.

- Dues, assessments, and similar amounts from members
d Section 162(e) lobbying and political expenditures.
a Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
$\qquad$
f Taxable amount of lobbying and political expenditures (line 85d less 85e)
e)....

85f?

| 85'c | N/A |
| :---: | :---: |
| 85ri | $\sim$ N7A |
| 85 B I | N/ A |
| 855 | $\mathrm{N} / \mathrm{A}$ |

h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in $85 f$ to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures forthe following tax year?_,.......................A.
88501 (c)(7) organizations.-Enter;
a Initiation fees and capital contributions Included on line 12. $\qquad$ ..............................................
b Gross receipts, included on line 12 , for public use of club facilities.
87501 (c)(12) organizations. - Enter: a Gross Income from members or shareholders.
b Gross Income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).


| i |  |
| :---: | :---: |
| 86 b | $\mathrm{~N} / \mathrm{A}$ |
| 87 a | $\underline{\mathrm{N}} / \overline{\mathrm{A}}$ |
| 87 b | $\mathrm{~N} / \mathrm{A}$ |

88 At any time during the year, did the organization own a $50 \%$ or greater interest In a taxable corporation or partnership? If "Yes," complete Part IX.,',
89 a 501 (c)(3) organizations. - Enter; Amount of tax Imposed during the year under: section 4911 - $\qquad$ $0^{\wedge}$ ^; section 4912 • $\qquad$
$\square$
b 501 (c)(3) and 501 (o)(4) organizations. - Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement éxplaining each transaction_i -
c Enter: Amount of tax Imposed on the organization managers or disqualified persons during the year under sections 4912,4955, and 4958. $\qquad$
il Enter: Amount of tax In 89c, above, reimbursed by the organization. $>$
go a List the states with which a copy of this return is filed • MASSACHUSETTS
b Number of employees employed in the pay period that includes March 12,1998. $\qquad$
91 The books are in care of $\cdot$ SUSAN BIRKENSHAW
Locted at • 459 BROADWAY, EVERETT, MA

$$
\mathrm{ZIP}+4 \wedge 02149
$$

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Farm 1041.- Check here,

93 Program senvice revenue:
(aj PUBLIC SCHOOL EDUCATION
(b)
(c)
on
(e)
(f) Medicare/Medicaid payments .
(g) Fees and contracts from government agencies

94 Membership dues and assessments
95 Interest on savings and temporary cash investments
96 Dividends and Interest from securities
97 Net rental income or (loss) from real estate:
(a) debt-financed property
(b) not debt-financed property.

98 Net rental income or (loss) from personal property
99 Other investment income
100 Gain or (loss) from sales of assets other than inventory
101 Net income or (loss) from special events
102 Gross profit or (loss) from sales of inventory
103 Other revenue:


104 Subtotal (add columns (B), (D), and (E))
105 TOTAL (add line 104, columns (B), (D), and (E))

| Unrelated business Income |  | Excluded by Section 512,513 , or 514 |  | (E) <br> Related or exempt function income |
| :---: | :---: | :---: | :---: | :---: |
| $\begin{gathered} \text { (A) } \\ \begin{array}{c} \text { Business } \\ \text { code } \end{array} \end{gathered}$ | (B) Amount | $\begin{array}{\|c\|c\|c\|c\|c\|c\|c\|c\|c\|} \substack{\text { x.colo } \\ \text { coded }} \end{array}$ | i $\begin{gathered}\text { (D) } \\ \text { Amount }\end{gathered}$ |  |
|  |  |  |  | 28,172. |
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|  | 422. | N, | 0. | 28,172. |

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Parti.)
HiUJIl Relationship of Activities to the Accomplishment of Exempt Purposes
Line No. Explain how each activity for which income is reported In column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A THE ORGANIZATION PROVIDES INFORMATION TO STUDENTS REGARDING THE HARMFUL EFFECTS OF DRUGS. IT FURTHERS IT'S EXEMPT PURPOSE BY PROMOTING AND EDUCATING ON A DRUG FREE SOCIETY..
102 THE ORGANIZATION'S BOOK AND VIDEO SALES FURTHER IT'S EXEMPT PURPOSE BY PROVIDING EDUCATIONAL MATERIALS TO THE PUBLIC.


| Name, address, and employer identification number of corporation or partnership | Percentage of ownership interest | Nature of business activities | Total income | End-of-year assets |
| :---: | :---: | :---: | :---: | :---: |
| N/A | \% |  | : |  |
|  | \% |  |  |  |
|  | $\%$ |  |  |  |
|  | \% |  | . |  |
|  |  | áccompanying schedules and statements,' and to the best olmy knowledge and belief. It Is true, All Information of which preparer has any knowledge. |  |  |

SCHEDULE A (Form 990) ,
Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501 (e), 501 (f), 501(H),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust ; Supplementary Information

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

Name of the organization

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See Instructions, list each one. If there are none, enter"None.")
iliiiii Compensation of the Five Highest Paid Indepelndent Contractors flor profession:al Services
(See Instructions. List each one (whether individuals or firms). If there are none, enter 'None.')


| UUiIII Statement About Activities |  | Yes | No |
| :---: | :---: | :---: | :---: |
| Duning 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? | 1 |  | x |
| If "Yes,* entarthe total expenses paid or Incurred in connection with the lobbying activites. - \$_ i $\qquad$ Organizazions that made an election under section 501(h) by filing Fom 5768 must complete Part VI-A. Oher . organizations checking "Yes," must complete Part Vi-B AND attach a statement giving a detailed description of ! the lobbying activities. <br> 2 Duning the year, has the oganization, 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? | a |  | X |
| b Lending of money or other extension of credit? | 20 |  | X |
| c Fumishing of goods, services, orfacilities? | 2 c |  | X |
|  | 2 L | X |  |
| e Transfer of ary part of its income or assets? | 28 |  | X |
| If the answer to any question is "Yes," attach a detailed statement explaining the transactions. 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 foryour employees?, | 4 a |  | X |
| b Attach a statement to explain how tile organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See Instructions.) |  |  |  |

IIIfiliI Reason for Non-Private Foundation Status (See 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 $170(b)(I)(A)(i i)$. Also complete Part V, page 4.)
$7 \square$ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
$8 \square$ A Federal, state, orlocal govemment orgovemmental 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 -

- An organization operated for the benefit of a college or university owned or operated by a govemmental innit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a X An organization that nomally receives a substantial part of its support from a govemmental unit of 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 Scliedulo in Part IV-A.) \}
12 - | An organization that nomally receives: (1) more than $331 / 3 \%$ 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 $331 / 3 \%$ 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 Pat IV-A.)

13 EH An organization that is not controlled by any disqualifed persons (otherthan foundation managers) and supports organizations described In:
(1) lines 5 through 12 above: or (2) section 501 fc)(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 instuctions on page $<y$

| (a)Name(s) of supported organizations) | : | (b) Line number from above |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |

14 EH An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)

| Part TV, A Support, Schedule (C'omplete only if you checked a box on line 10,11 , or 12 above.) Uife cash method of acicounting. No: You may use tile worksheet in the instructions forconverting from the accrual to tly cash method of aceounting |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar year (or fissal year bealnning In) | (a) 1997 | (b) 1996 | (c) 1995 | (d) 1994 |  | (e) Total |
| $15 \begin{array}{l}\text { Gilts, grants, and contributions received. } \\ \text { (Do not nclude unusual grants. Sea } \\ \text { IIne 28.)........................... }\end{array}$ | 111,267, | 85,895. | 89,697 | 66,1 |  | 352,977. |
| 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 $\qquad$ | 29,341. | 21,965. | 30,212 | 31,3 |  | 112,836. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a) (5)), rents, royalties, and (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 ... |  |  |  |  |  |  |
| 28 $\left.\begin{array}{l}\text { Tax revenues levied for the organization's } \\ \text { benefit and lether } \\ \text { on its behaff } \\ \ldots\end{array}\right) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ~$ |  |  |  |  |  |  |
| 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., |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 23 Total of lines 15 through 22 | 140,608. | 107,860. | 119,909 | 97,4 |  | 465,813. |
| 24 Line 23 minus line 17 | 111,267. | 85,895. | 89,697 | 66,1 |  | 352,977. |
| 25 Enter $1 \%$ of line 23 | 1,406. | 1,079. | 1,199 |  | 74. |  |
| 26 Organizations described in lines 10 or 11: a Enter $2 \%$ of amount in column (a), line 24. $\qquad$ b Attach a list (which is not open to public inspection) showing the name of and amount contributedbyeachperson (other than a governmental unit or publicly supported organization) whose total gifts for 1994 through $19: 97$ exceeded the amountshown In line 26a. Enterthe sum of all these excess amounts $\qquad$ |  |  |  |  | 26 a | 7,060. |
|  |  |  |  |  |  |  |
|  |  |  |  |  | 26 b | 0. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e)............................................................... |  |  |  |  |  |  |
|  |  |  |  |  | 260 | 352,977. |
| d Add: Amounts from column (e) for lines: 18 |  |  | 19 |  |  |  |
|  |  |  |  |  | 26 d |  |
| e Public support (ine 26 c minus line 26 d total) . |  |  |  |  | 26 s | 352,977. |
| f Public support percentage (line 2613 (numerator) divided by lin 268 ( denominatior)) |  |  |  |  | 266 | 100.0000\% |

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 [1st to show the name of, and total amounts received In each year from, each 'disqualified person." Enterthe sum of such amounts for'each year. N / A
(1997).
(1996).
(1995).
(1994).
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 forthe 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 decribed in (I):or (2), enterthe sum of these differences (the excess amounts) for each year: N/A
(1997).
-... (1996).
(1995).
.(1994)
c Add: Amounts from column (e) for lines: $\qquad$
17 $\qquad$ 20 $\qquad$
16 $\qquad$ and line 27b total .................... $\quad 1$
$\qquad$

| 27c | N/A |
| :---: | :---: |
| 27d | N/A |
| 27 e | N/A |
| ill | N74** |
| - $\sim^{\text {a }}$ | N7A* \% |
| $27 \%$ | N/A \% |

d Add: Line 27a total.. $\qquad$ -
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). . .

$\qquad$ .... •
g Public support percentage (line 27 e (numerator) divided by line 271, (denominator))
_h Investment income percentage (line 18 column (e) (numerator) divided by line 27 f (denominator))
..........

- 27 h
R

28 Unusual Grants: For an organization described in line 10,11, or 12, that received any unusual grants during 1994 through 1997, 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 instructions.)


Check here '• a $\underline{\underline{\sim H}}$ if the organization belongs to an affiliated group.
Check here • b I If you checked "a" above and "limited control" provisions apply.

## Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)
37 Total lobbying expenditures to influence a legislative body (direct lobbying).
38 Total lobbying expenditures (add lines 36 and 37 )
39 Other exempt purpose expenditures.
40 Total exempt purpose expenditures (add lines 38 and 39)
41 Lobbying nontaxable amount. Enterthe amount from the following table -

If the amount an line 40 Is -
Not over $\$ 500,000$
Over\$500,00Qbutnotover\$1,Q00,000
Over $\$ 1,000,000$ but not over $\$ 1,500,000$
Over $\$ 1,500,000$ but not over $\$ 17,000,000$ $\qquad$ $\$ 225,000$ plus $5 \%$ of the excess over $\$ 1,500,000$
Over $\$ 17,000,000$ $\qquad$ $\$ 1,000,000$,
42 Grassroots nontaxable amount (enter $25 \%$ of line 41)
43 Subtract line 42 from line 36 . Enter-O- if line 42 is more than line 36 .
44 Subtract line 41 from line 38 . Enter-O- 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 .)

|  | Lobbying Expenditures During 4-Year Averaging Period <br> N/A |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar year(or fiscal year beginning In) | $\begin{gathered} \text { (a) } \\ 1998 \\ \hline \end{gathered}$ | $\begin{gathered} \text { (b) } \\ 1997 \end{gathered}$ | $\begin{gathered} \text { W } \\ 1996 \\ \hline \end{gathered}$ | $\begin{gathered} 00 \\ 1995 \end{gathered}$ | (日) Total |
| 45 Lobbying nontaxable amount. |  |  |  |  | 0. |
| 46 Lobbying ceiling amount . ( $150 \%$ of line $45(\mathrm{e})$ ). . |  |  |  |  | 0. |
| 47 Total lobbying expenditures. |  |  |  | i | 0. |
| 48 Grassroots nontaxable <br> amount $\qquad$ |  |  |  | $\therefore$ | 0. |
| 49 Grassroots ceiling amount $\qquad$ (150\% of line 48(e)). |  |  |  |  | 0. |
| 50 Grassroots lobbying expenditures. |  |  |  |  | 0. |

Part VI- Lobbying/Activity by Noneleciting 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:
a Volunteers
b Paid staff or management (include compensation in expenses reported on lines cthroughh),
c Media advertisements
d Mailings to members, legislators, or the public
s Publications or published or broadcast statements
f Grants to other organizations for lobbying .purposes
g Direct contact with legislators, thoir staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means_,
I Total lobbying expenditures (add lines cthrough h) $\qquad$ ..
.............
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

N/A

$0)$
To be completed for ALL electing organizations

Schedule A (Fam 990) 1998 NARCONON, INC.

## Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described In section
501 (c) of the Code (other than section 501 (c)(3) organizations) or in section 527 , relating to political organizations?
a Transfers from the reporting organization to a noncharitable exempt organization of:
(i) Cash.
(II) Other assets
b Othertransactions:
(I) Sales of assets to a noncharitable exempt organization.
(II) Purchases of assets from a noncharitable exempt organization.
(III) Rental of facilities or equipment.
(Iv) Reimbursement arrangements.
(v) Loans or loan guarantees.
(vl) Performance ofservicesormembershiporfundraisingsolicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

|  | Yes | No |
| :---: | :---: | :---: |
| 51a(i) |  | $\mathbf{X}$ |
| $a(H)$ |  | $\mathbf{X}$ |
|  |  |  |
| $b b(I)$ |  | $\mathbf{X}$ |
| $b(H)$ |  | $\mathbf{X}$ |
| $b(I I I)$ |  | $\mathbf{X}$ |
| $b(l v)$ |  | $\mathbf{X}$ |
| $b(v)$ |  | $\mathbf{X}$ |
| $b(v)$ |  | $\mathbf{X}$ |
| $c$ |  | $\mathbf{X}$ |

d If the answerto any of the above is "Yes," complete the following schedule. Column (b) should always Indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, orservices received.

| (a) Line no. | $\begin{aligned} & 00 \\ & \text { Amount involved } \end{aligned}$ | (c) <br> Name of noncharitable exempt organization | $:$ Description ot transfers, transactions, and sharing arrangements |
| :---: | :---: | :---: | :---: |
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52 a Is the organization directly or Indirectly affiliated with, or related to, one or more tax-exempt organizations described In section 501(c) of the
Code (otherthan section 501 (c)(3)) orin section 527 ?,.,
. ...
....• U3 Yes
EX] No
b If "Yes," complete the following schedule.
(a)

| $\substack{\text { (a) } \\ \text { Name of organization }}$ | (b) <br> Type of organization | (c) <br> Description of relationship |
| :--- | :--- | :--- |
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| FORM 990' | ' | INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10 | STATEMENT | 2 |
| :---: | :---: | :---: | :---: | :---: |

INCOME

1. GROSS RECEIPTS
.422
2. RETURNS AND ALLOWANCES
3. LINE 1 LESS LINE 2.

| .422 |
| :--- |

4. COST OF GOODS SOLD (LINE 13) . . . . . . .
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .

COST OF GOODS SOLD
6. INVENTORY AT BEGINNING OF YEAR . . . . . . .
7. MERCHANDISE PURCHASED $. ~ . ~ . ~ . ~ . ~ . ~ . ~ . ~ . ~ . ~ . ~$ .
12. INVENTORY AT END OF YEAR.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .
NARCONON, INC.

| FORM 990' $\quad: \quad$ OTHER EXPENSES |
| :--- |


| DESCRIPTION | (A) TOTAL | $\begin{gathered} \text { (B) } \\ \text { PROGRAM } \\ \text { SERVICES } \end{gathered}$ | $\begin{aligned} & \text { MANA } \\ & \text { AND } \end{aligned}$ | (C) GEMENT GENERAL | (D) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| CONSULTING | 2, 670. | 2,670. |  |  |  |
| EDUCATIONAL |  |  |  |  |  |
| PUBLICATIONS | 6, 172. | 6,172. | : |  |  |
| INSURANCE | 458. |  |  | 458. |  |
| MAILINGS \& PROMOTION | 17,530. | 15,777. |  |  | 1; 753. |
| MISCELLANEOUS | -1, 697. | 718. |  | 979. |  |
| OUTSIDE SERVICES | 1;546. |  |  | 1,546. |  |
| TRADEMARK LICENSE |  |  |  |  |  |
| FEES | 14,336. |  |  | 14,336. |  |
| TOTAL TO FM 990, LN 43 | 44,409. | 25,337. |  | 17,319. | 1,753. |


| FORM 990 | DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT | STATEMENT |
| :--- | :--- | :--- | :--- |

