

Form **990-EZ**

**Short Form  
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 1545-1150

**2008**

**Open to Public Inspection**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

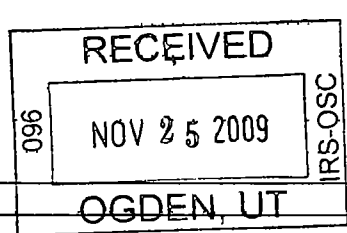
Department of the Treasury  
Internal Revenue Service

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>NARCONON WESTERN UNITED STATES</b>		<b>D Employer identification number</b> <b>65-1238009</b>
		Number and street (or P O box, if mail is not delivered to street address) <b>6161 SANTA MONICA BLVD.</b>		Room/suite <b>208</b>
		City or town, state or country, and ZIP + 4 <b>LOS ANGELES CA 90038-4406</b>		<b>E Telephone number</b> <b>323-871-8644</b>
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).				<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____
<b>I Website:</b> ▶ <b>None</b>				<b>H Check</b> <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Organization type</b> (check only one) — <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K Check</b> <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.				
<b>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ</b>				<b>\$ 672,860</b>

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	7,000
	2	Program service revenue including government fees and contracts	2	663,961
	3	Membership dues and assessments	3	
	4	Investment income	4	71
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ <b>See Statement 1</b> )	8	1,828	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	672,860	
Net Assets	10	Grants and similar amounts paid (attach schedule) <b>See Statement 2</b>	10	33,563
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	258,758
	13	Professional fees and other payments to independent contractors	13	24,940
	14	Occupancy, rent, utilities, and maintenance	14	91,484
	15	Printing, publications, postage, and shipping	15	27,406
	16	Other expenses (describe ▶ <b>See Statement 3</b> )	16	81,266
	17	<b>Total expenses.</b> Add lines 10 through 16	17	517,417
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	155,443
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	40,426
20	Other changes in net assets or fund balances (attach explanation)	20		
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	195,869	



SCANNED DEC 24 2009

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	23,863	163,359
23	Land and buildings	25,577	18,789
24	Other assets (describe ▶ <b>See Statement 4</b> )	34,772	34,772
25	<b>Total assets</b>	84,212	216,920
26	<b>Total liabilities</b> (describe ▶ <b>See Statement 5</b> )	43,786	21,051
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	40,426	195,869

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

Form **990-EZ** (2008)

*u*

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

Expenses  
(Required for 501(c)(3)  
and (4) organizations  
and 4947(a)(1) trusts,  
optional for others )

What is the organization's primary exempt purpose?

Technical assistance and supervision of drug rehabilitation centers.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 See Statement 6

(Grants \$ 33,563) If this amount includes foreign grants, check here

28a

362,160

29 See Statement 7

(Grants \$ ) If this amount includes foreign grants, check here

29a

45,951

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

408,111

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(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
Luria K Dion 6161 Santa Monica Blvd., Suite 208 Los Angeles CA 90038	Treas 10	15,600	0	0
Michael Kobrin 6161 Santa Monica Blvd., Suite 208 Los Angeles CA 90038	Sec/Dir 10	15,600	0	0
Lawrence Trahant 6161 Santa Monica Blvd., Suite 208 Los Angeles CA 90038	Exec Dir 10	17,891	0	0
Joshua Penn 6161 Santa Monica Blvd., Suite 208 Los Angeles CA 90038	Pres/Dir 1	0	0	0
John Huston 6161 Santa Monica Blvd., Suite 208 Los Angeles CA 90038	Director 1	0	0	0

**Part V Other Information (Note the statement requirements in the instructions for Part VI)**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		0
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	Section 501(c)(3) and (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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter amount of tax on line 40c reimbursed by the organization		0
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <u>CA</u>		
42a	The books are in care of <u>Luria K. Dion</u> Telephone no <u>323-871-8644</u> <u>6161 Santa Monica Blvd #208</u> Located at <u>LOS ANGELES, CA</u> ZIP + 4 <u>90038-4406</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial 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 and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
<b>49b</b> If "Yes," was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 ▶				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Shannon Farnsworth* Date: *11/16/09*  
 Type or print name and title: *Shannon Farnsworth, Secretary*

**Paid Preparer's Use Only**  
 Preparer's signature: *Roland W Fink CPA* Date: *11/16/09* Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Roland Fink & Co. CPA**  
**2441 Honolulu Ave., Suite 120**  
**Montrose, CA 91020**  
 Preparer's Identifying Number (See instr.):  
 EIN: ▶  
 Phone no: ▶ **818-249-4577**

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

**NARCONON WESTERN UNITED STATES**

Employer identification number  
**65-1238009**

**Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)**

The organization is not a private foundation because it is. (Please check only one organization )

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )
- 9  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 exempt 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). (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III—Functionally Integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		<b>X</b>
11g(ii)		<b>X</b>
11g(iii)		<b>X</b>

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Narconon International</b>	<b>95-2769582</b>	<b>7</b>		<b>X</b>	<b>X</b>		<b>X</b>		<b>2,000</b>
<b>Total</b>									<b>2,000</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a <b>33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

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**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
Referral Commissions	\$ 1,828
Total	\$ 1,828

**Federal Statements**

**Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid**

Name and Address	Description of Property	Cash Contribution	Relationship to Organization	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Date of Gift	Purpose
NARCONON SOUTHERN CALIFORNIA 1810 W OCEAN FRONT Newport Beach, CA 92663		30,063				Drug Rehabilitation			
Total		30,063							

**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
Travel	43,672
Conferences & meetings	800
Interest	628
Insurance	4,234
Telephone	4,537
Licenses, permits & fees	233
Bank charges	250
Program Delivery Costs	1,472
Depreciation	8,065
Office & Administration	17,375
Total	<u>\$ 81,266</u>

**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Loan to Second Chance Program	\$ 20,000	\$ 20,000
Security deposits	14,772	14,772
	<u>34,772</u>	<u>34,772</u>

**Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Unsecured Notes and Loans Payable	\$ 35,000	\$ 17,000
Credit cards payable	1,876	3,857
Payroll liabilities	6,910	194
	<u>43,786</u>	<u>21,051</u>

**Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service  
Accomplishments**

Description

IN 2008, ITS FOURTH FULL YEAR OF OPERATION, NARCONON WESTERN UNITED STATES ("WUS") CONTINUED ITS EXPANSION AT EXISTING CENTERS AND PREPARED SEVERAL NEW CENTERS FOR OPENING IN 2009.

THE TOTAL NUMBER OF STUDENTS SERVICED ON THE NARCONON REHABILITATION PROGRAM IN THE WUS AREA DURING 2008 WAS APPROXIMATELY 930.

THE NUMBER OF INDIVIDUALS GRADUATING THE NARCONON DRUG REHABILITATION PROGRAM AND ATTESTING TO BEING ABLE TO LIVE A "DRUG FREE LIFE" IN THE WUS AREA IN 2008 WAS 540.

IN 2008 THERE WERE 11 NARCONON CENTERS OPERATING IN THE WUS AREA.

THE ORGANIZATION EXPECTS THAT, BY THE END OF 2009, THE NUMBER OF BEDS AVAILABLE IN THE WUS AREA WILL HAVE INCREASED SIGNIFICANTLY.

**Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service  
Accomplishments**

Description

AS PART OF ITS ACTIVITIES, THE ORGANIZATION OVERSAW AND COORDINATED ACTIVITIES IN THE WESTERN UNITED STATES AREA TO ENLIGHTEN THE PUBLIC ABOUT THE PROBLEMS ASSOCIATED WITH DRUG AND ALCOHOL ABUSE, AND THE SOLUTIONS FOR PREVENTION OF THESE PROBLEMS AND THE REHABILITATION OF PERSONS WHOSE LIVES HAVE BEEN ADVERSELY AFFECTED BY DRUG AND ALCOHOL ABUSE.

IN 2008 DRUG EDUCATION LECTURES AND VIDEOS REACHED MORE THAN 2400 CHILDREN AND ADULTS IN THE WESTERN UNITED STATES. BOOKLETS PROVIDING DRUG FACTS WERE HANDED OUT AT SCHOOLS, MEETINGS AND CIVIC EVENTS. THE ORGANIZATION DELIVERED SEVERAL "FIRST STEP" WORKSHOPS. ARTICLES ON DRUG ABUSE PREVENTION AND CURE WERE PROVIDED TO PRINT AND RADIO MEDIA IN MORE THAN 125 COMMUNITIES. APPROXIMATELY 60 COMMUNITY AND CIVIC EVENTS WERE ATTENDED WHERE THE ORGANIZATION PROMOTED DRUG ABUSE EDUCATION, PREVENTION AND REHABILITATION.