## Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1345-0047

This Form Is Open

Note: The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service A For the 1998 calendar year, OR taxyaar period beginning^ 1998, and ending a Check if: G Name of organization D Employer Identification number Please —jCtang. **\_\_\_of** address usalfiS label or NARCONON, INC. 04-2606410 print or Initial type. Room/suite E Telephone number. Number and street (or P.O. box if mail is not delivered to street address) 459 BROADWAY #102 617-389-1107 Specifio return Amended return [required also torstata City or town, state or country, and ZIP+4 F Check •• I I if exemption EVERETT, MA 02149 application is pending H (Insert number) OR •• [~t section 4947(a)(1) nonexempt charitable trust TypQ of organization - • u QEDx Exemptou another 501 (co) {3J Note: Section 501(g)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990). this a group return filed for affiliates? \_\_\_EH Yes [X] No I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) •\_\_\_\_\_ (b) If "Yes," enter the number of affiliates for which this ?<u>5</u>?.<sup>5</sup>,, \_ J'X' | Accrual J Accounting method: EZ] Cash (c) Is this a separate return filed by an organization covered by a group ruling? QTIYes II No EZI Other (specify) • K Check here • I 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. JEPIRTI Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received: 120,326 a Direct public support..... b Indirect public support..... C Government contributions (grants)...... STMT Total (add lines 1a through 1c) (attach schedule of contributors) 500 • ) 120,326. <u>119,826.</u> noncash \$\_\_\_\_\_ Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments. 3 Interest on savings and temporary cash investments 4 Dividends and Interest from securities. Net rental Income or (loss) (subtract line 6b from line 6a) 6c Revenue Otharlnvestment Income (describe • 8 a Gross amount from salo of assets other (A) Securities fB) Other 8a than Inventory..... b Less: cost or other basis and sales expenses. 8b Br. Gain or (loss) (attach schedule)..... d Net gain or (loss) (combine line 8c, columns Special events and activities (attach schedule): L u 1990 a Gross revenue (not including \$ of contributions reported on line 1a). b Less: direct expenses other than fundraising e x p e n s e s .... C Net income or (loss) from special events (subtract line 9b from linei9a) 10 a Gross sales of inventory, less returns and allowances ....\_\_\_\_\_\_ b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a), STMT 2 422. 10c 11 Other (from Part 11 Total revenue (add lines 1d, 2,3,4,5,6c. 7.8d. 9c. 10c. and 11)..... 12 148,920 12 88,226 13 Program services (from line 44, column (B)) 13  $48,5\overline{24}$ Management and general (from line 44, column (C)) 14 14 14.217 15 Fundraising (from line 44, column (D)) 15 16 Paymentsto affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44. column (A)) 17 50,967 18 Excess or (delicit) fortife year (subtract line 17 from line 12) 18 < 2,047.> Net assets or fund balances at beginning of year (from line 73, column (A)) 19 19 26.773. Other changes In net assets orfund balances (attach explanation) 20 Net assets or fund balances at end of year (combine lines 18,19, and 20) 24,726

NARCON 1

Form 990 (1998) NARCONON	HIN	ons must complete column	(A) Calmana (D) (O)	U4-20	000410 Page2
5'fcSis£t'ii*1 kt k*tomsnt of All ord Functional Expenses (4) ord	anization Janizat	ons must complete column ions and section 4947(a)(1)	(A). Columns (B), (C), and nonexempt charitable trus	ו (ט) are required for sectiol sts but optionalforothers	r porte)(a) and
Do notinc^jda amounts reported on line			(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Parti.	-	(A) Total	services	` and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
cash \$noncash \$	22				
23 Specific assistance to Individuals (attach schedule)	23				
24 Benefits paidito orfor members (attach schedule)	24 25	38,824.	18,950.	11,924.	7,950,
25 Compensation of officers, directors, etc.	26	24,080.	24,080.	. 11,324.	7,930,
26 Other salaries and wages	27	24,000.	24,000.	1	<del> </del>
27 Pension planlcontributions,	28			<del>-</del>	
28 Other employee benefits	29	3,011.	1,491.	912.	608.
29 Payrolltaxes <sup>1</sup>	30	3,011.	1,431.1	. 312.	000.
30 Professional fundraising fees	31	1,200.		1,200.	
31 Accounting fees	32	1,200.		: 1,200.	
33 Supplies '	L33	2,967.	1,187.	1,187.	593.
34 Telephone J		3,783.	1,287.	1,248.	1,248.
35 Postage and shipping		4,317.	2,590.	432.	1,295.
3B Occupançy	36	10,738.	_,,	10,738.	.,200.
37 Equipment rental and maintenance	37	916.		916.	
38 Printing and publications	38	7,702.	6,932.	'	770.
39 Travel	39	6,926.	6,372.	554.	
40 Conferences, conventions, and meetings	40		,		
41 Interest	41			1	
42 Depreciation, depletion, etc. (attach schedule)	42	2,094.		2,094.	
43 Other expenses (itemize):				;	
ai	43a			}	
b	43IJ_	·		i	
G	43c			<u>:</u>	·
d	43 d			•	
o SEE STATEMENT 3	43c	44,409.	25,337.	17,319.	1,753.
44 Total functional, expenses (add lines 22 through 43) Organizations completing columns (8)-(D), cany these totals to lines 13-15	44	150,967.	88,226.	48,524.	14,217.
Reporting of Joint Costs Did you report In column (I		gram services) any joint cos	sts from a combined educ	cational campaign and	
fundraising solicitation?				. <u>.</u>	_I Yes QT] No
If "Yes," enter (I) tfie aggregate amount of these joint co	osts \$_	; (ii	) the amount allocated to	Program services \$	
(III) the amount allocated to Management and general		; and (in	v) the amount allocated to	Fundraising \$	
BH Statement of Program Service	e A	ccomplishments		- p	
What is the organization's primary exempt purpose?	·			•	
DRUG EDUCATION FACILITY					Program Service Expanses
All organizations mu#t describe their exempt purpose achievement achievements that are not measurable. (Section 501(c)(3) and (4) o					(Required for 501 (c)(3J arid (4) orgs., and 4947(a)(1)
allocations to others,)			<u> </u>		trusts; but optional for others.)
a THE ORGANIZATION OPERAT					
EDUCATES THE PUBLIC DIR				; SEMINARS	
IN SCHOOLS REACHING OVE	<u>:R_4</u>	-		<del>- </del>	00 00
; 		(Gr	ants and allocations \$	1	88,226.
b				•	
				;	
j , , , , , , , , , , , , , , , , , , ,	· -				
		(Gr	rants and allocations \$	)	
<u> </u>			, a to the second secon		
<u> </u>				<u>.</u>	
1				<u>'</u>	
A		( <u>G</u> i	rants and allocations \$	<u> </u>	
u			<u> </u>	;	·
· · · · · · · · · · · · · · · · · · ·					
			ronto and alleget f	· · · · · · · · · · · · · · · · · · ·	
e Other program services (attach schedule)			rants and allocations \$ rants and allocations \$	1	
f Total of Program Service Expenses (should equal li	ine 44			, <u>II</u>	88,226
823011   12.11.09		2	<u> </u>		50,220

04-2606410

Balance Sheets

	re required, attached schedules and amounts within the description column shound-of-year amounts only.	uld be	(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	L	16,986.	45	17,971
46	Savings and temporary cash investments		68.	46	20
47 a	Accounts receivable	2,000.	•		
b	Less: allowance for doubtful accounts ,		3,150.	47c	2,000
			1	m	
48 a	Pledges receivable 48a		1		1
b	Less: allowance fordoubtful accounts			48c	
49	Grants receivable			49	
50	Receivables from officers, directors, trustees, and key employees (attach		1		
	schedule).			58	
51a	Other notes and loans receivable51a		>	S8MSS	
	Less: allowance for doubtful accounts51b			51C	
52	Inventories for sale or use		. 2,623.	52	2,719
53	Prepaid expenses and deferred charges		;	53	
54	Investments-securities (attach schedule)		7	54	
55 a	Investments - land, buildings, and				
	equipment: basis55a		1		
b	Less: accumulated depreciation (attach		•		
	schedule), 55b		,	55c	
56	Investments - other		····-	56	
57 a	Land, buildings, and equipment: basis57a 1	0,468.		mm	
	Less:accumulated depreciation STMT .4 57b	0,468. 5,379.	7,484.	57c	5,08
58	Other assets (describe •	)		58	
			1		
59	Total assets (add lines 45 through 58) (must equal line 74)		<sup>;</sup> 30,311.	59	27,799
GO	Accounts payable and accrued expenses		320.	6D	27,799 1,129
61	Grants payable ,			61	
62	Deferred revenue		:	62	
63	Loans from officers, directors, trustees, and key employees	l.		63	
	a Tax-exempt bond liabilities	•	:	64a	
	b Mortgages and other notes payable			64b	
65	Other liabilities (describe • PAYROLL TAXES PAYABLE		: 3,218.	65	1,94
	1	Ì	, , , , , , , , , , , , , , , , , , , ,		2.07
66	_Total liabilities (add lines 60 through 65)		\ 3,538.	66	3,073
Orga	anizationsthatfQiiQwSFAS117,checkherB • I % 1 and complete lines 67	hrough	!		
	69 and lines 73 and 74		, AOC 770		0.4.70
67	Unrestricted		^26,773.	67	24,72
68	Temporarily restricted		<u> </u>	68	· .
69	Permanently restricted			69	
Orga	inizations that do not follow SFAS117, check here • EZZI and complete lin	es	:		
	70 through 74		1		
70	Capital stock, trust principal, or current funds	1		70	
71	Paid-in or capital surplus, or land, building, and equipment fund			71	
72	Retained earnings, endowment, accumulated income, or otherfunds			72	
	Total net assets or fund balances (add lines 67 through 69 CIR lines 70 through	gh 72;	í		
73	,		26,773.		<u>24,720</u>

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

716044

financial statements with Revenue per Return	Reconciliation of Expenses per Audited hinancial Statements with hxpenses per Return					
a Total revenue, gains, and other support	a Total expenses and lo	ossest ner		NI / A		
per audited financial statements•" a N/A	audited financial states  b Amounts included or		• a	N/A		
b Amounts included on line a but not on	b Amounts included or line 17, Form 990:	i iiile ja but not on				
line 12, Form 990:	(1) Donated services	;				
(1) Net unrealized gains	8888 <b>f</b> ` ′	\$1				
on investments \$	(2) Prior year adjustmen	·				
(2) Donated services	888					
` '	reported on line 20,					
and use of facilities\$	Form 990		<del></del>			
(3) Recoveries of prior	(3) Losses reported on					
yeargrants\$	line 20, Form 990 .	\$ <u> </u>	III			
(4) Other (specify):	(4) Other (specify):					
\$		\$ ;				
Add amounts on lines (1) through (4) • b	Add amounts on line	s (1) through (4)	> b			
c Line a minus line b						
	d Amounts included or	•				
d Amounts included on line 12, Form 990 but not on line a:	990 but not on line a	, ,				
		•				
(1) Investment expenses	(1) Investment expenses	9 <sup>i</sup>				
not included on	not Included on					
line 6b, Form 990\$	line 6b, Form 990 .	\$				
(2) Other (specify):	(2) Other (specify):	÷				
	(2) Gallor (openity).	¢ .				
\$	A del	_ Ψ		000000000000000000000000000000000000000		
Add amounts on lines (1) and(2)	Add amounts on line		• a			
e Total revenue perline 12, Form 990	e Total expenses perlir	ne 17, Form 990				
(line c plus line d) p. e	(line c plus lined)		<i>p,</i> e			
Part V List of Officers, Directors, Vustees, and Key	Employees (List each one	e even if not comper	nsated.)	(a) =		
(A) Name and address	(B) Title and average hours per week devoted to position	(c) Compensation (if notpaid, enter ; -U-)	employee benefit plans & deferred comoensation	(£) Ex accou other allo		
SUSAN BIRKENSHAW	TREASURER	1				
167 SHARON STREET	· ·		ľ			
MEDFORD, MA 02155		119,874.	0.			
ROBERT WIGGINS	2LERK	, , , , , , ,	<u> </u>	<del> </del>		
167 SHARON STREET		1				
	<b>⊣</b> ₄0.	110 050		ļ		
MEDFORD, MA 02155	40+	118,950.	0.	<del> </del>		
GREGORY HANCOCK	PRESIDENT					
148 BELLINGHAM STREET						
CHELSEA, MA 02150	AS NEEDED	0.	0.			
SUSAN BIRKENSHAW	DIRECTOR	1				
167 SHARON STREET	<del>-  </del>	į.	ŀ			
MEDFORD, MA 02155	AS NEEDED	; 0	.l o.			
		<u> </u>	0.	├──		
ROBERT WIGGINS	DIRECTOR	,	'			
167 SHARON STREET		1 .				
MEDFORD, MA 02155	AS NEEDED	0.	0.	<u> </u>		
GREGORY HANCOCK	DIRECTOR					
148 BELLINGHAM STREET	<del>-</del>	1 :				
CHELSEA, MA 02150	AS NEEDED	0.	0.			
JILLOLA, WA UZIOU	NO NEEDED	0.	1	<del> </del>		
	┥ .					
	<u> </u>	<u>  :</u>				
		1				
		'		-		
	· · · · · · · · · · · · · · · · · · ·	,		<u> </u>		
		1:				
-						
		,				
,		4 1	1	1		
			<u> </u>			

Form	990 (1998) <u>NARCONON, INC.</u>	04-2606	410		Pages					
Ра	rt VI Other Information			Yes	No					
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes,* attach a detailed description	on of each activity	76		_ <b>X</b>					
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		77		X					
	If "Yes," attach a conformed copy of the changes.			Uρ						
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this re	turn?	78a	·	X					
b										
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?		79		Χ_					
	If "Yes,' attach a statement;									
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common common statement of the organization of the organiz									
	governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?		_80a_		X					
þ	If "Yes," enter the name of the organization •									
	and check whether it Is	exempt OR_J nonexempt.								
81 a	Enter the amount of political expenditures, direct or Indirect, as described in the	ا م								
	Instructions for line 81			******	**************************************					
b	Did the organization file Form 1120-POL forthis year?		_81b.	****	_X					
82 a		ubstantially less than	00-	*******	X					
<b>L</b>	fair rental value?	*******	82a.		<u> </u>					
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,									
02 -	expense In Part II. (See Instructions for reporting in Part iII).		83a	~						
	Did the organization comply with the public inspection requirements for returns and exemption applications? "			_X_						
b			83b 84a							
84 a	If "Yes," did the organization Include with every solicitation an express statement that such contributions or gifts		U+a							
D	tax deductible?		84b		  -					
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		85a							
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b							
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization rec									
	owed forthe prior year.									
0	Dues, assessments, and similar amounts from members	N/A								
d	Section 162(e) lobbying and political expenditures.									
a	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<u>N/A</u>								
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	f I N/A								
S	Does the organization elect to pay the section 6033(e) tax on the amount In 85f?	N/A>	85q							
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reason	onable estimate of dues	·							
	allocable to nondeductible lobbying and political expenditures forthe following tax year?,	N/A	85h							
88	501(c)(7) organizationsEnter;									
a	Initiation fees and capital contributions Included on line 12	a N/A								
b	Gross receipts, included on line 12, for public use of club facilities	<u> </u>								
87	501 (c)(12) organizations Enter: a Gross Income from members or shareholders ;	N/A								
b	Gross Income from other sources. (Do not net amounts due or paid to other sources	1								
	against amounts due or received from them.)									
88	At any time during the year, did the organization own a 50% or greater interest In a taxable corporation or partners.	ership?								
	If "Yes," complete Part IX.',		88		X					
89 a	501 (c)(3) organizations Enter; Amount of tax Imposed during the year under:									
	section 4911 •Oj^-; section 4912 •Oj^-; section 4955 •	0.								
D	501 (c)(3) and 501(o)(4) organizations Did the organization engage in any section 4958 excess benefit				Χ					
_	transaction during the year? If "Yes," attach a statement explaining each transactioni		89b							
C	Enter: Amount of tax Imposed on the organization managers or disqualified persons during the year under				Λ					
	sections 4912,4955, and 4958				<u>0.</u> 0.					
II	Enter: Amount of tax In 89c, above, reimbursed by the organization				<u> </u>					
go a	List the states with which a copy of this return is filed • MASSACHUSETTS  Number of employees employed in the pay period that includes March 12,1998	II	006		3					
υ	Number of employees employed in the pay period that includes March 12,1998		90b_							
91 7	The books are in care of •SUSAN BIRKENSHAW 7	Telenhoneno> 617-38	Q <sub>-</sub> 1	107						
<b>/1</b> .	DODAN GO II GOO OF SOSTILLY DIRECTION IN THE STATE	.cicpitoticito/ 017-30	<i>y</i> − 1	10/						
	Located at • 459 BROADWAY, EVERETT, MA	ZIP+4 ^0	214	9						
	7		- ·							
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Farm 1041 Check here,			•	•					
	and enterthe amount of tax-exempt interest received or accrued during the tax year	▶   92	N/							

Form990(1998) NARCONO					04-	2606410 Page6
Bli\$ji  Analysis of Income-Prod	ducing Acti			,		
Enter gross amounts unless otherwise	<u> </u>		ed business Income		ded by Section 512,513, or 514	(E) :
indicated.	l <sub>B</sub>	(A) usiness	(B)	JG) Exclu-	i (D)	Related or exempt
93 Program service revenue:		code	Amount	sion code	Amount	function income
(aj PUBLIC SCHOOL EDUCA	ATION					28,172.
(b)					r	
(c)	t t					:
gn						
(e)						
(f) Medicare/Medicaid payments					;	
(g) Fees and contracts from government agen						
94 Membership dues and assessments						
95 Interest on savings and temporary					:	ł
cash investments					:	
96 Dividends and Interest from securities					,	
97 Net rental income or (loss) from real estate:						
(a) debt-financed property					i	
(b) not debt-financed property	ş			<del> </del>		
98 Net rental income or (loss) from personal prop				ļ		
99 Other investment income,				ļ	<del></del>	
100 Gain or (loss) from sales of assets	ŀ					
other than inventory					i	
101 Net income or (loss) from special events				<u> </u>		
102 Gross profit or (loss) from sales of inventory	<u> 81</u>	2900	422.		; -	
103 Other revenue:	-1				1	
a						
b					r r	
c					į ,	
d					,	
· · · · · · · · · · · · · · · · · · ·					;	
e			422.	I-IOK-K-	: 0.	28,172.
105 TOTAL (add line 104, columns (B), (D), and (E)	i))					
Note: (Line 105 plus line 1d, Part I, should equal th	e amount on line	e 12, Par	ti.)	*******	1	
HiUJII Relationship of Activities				t Pu	rposes	······································
Line No.   Explain how each activity for which inc			<del></del>		<del></del>	of the organization's
exempt purposes (other than by provident				л ппрог	tarity to the accomplishment	of the organizations
	ROVIDES			CITI	DENTS REGARDI	NIC TIE
HARMFUL EFFECTS OF		<u>TIAC</u>			EXEMPT PURPOS	
		VI 2/				E DI
	ATING O	_	DRUG FREE SO			TOTT DITTDDOCT
102 THE ORGANIZATION'S					HER IT'S EXEM	IPT PURPOSE
BY PROVIDING EDUCA	TIONAL :	MAIL.	RIALS TO THE	PU	BLIC.	
						<del></del>
<u> </u>						
ijjlijiil Information Regarding 1	axable Sul	<u>bsidiar</u>	res (ComplBtelhIsPart	IfthB^e	es"boxQn88lschacRBd.)	T
	rcentage of	Na	ature of business activities		Total income	End-of-year
	rship interest				,	assets
N/A	%				ı	
	%					
	%					
	<b>○</b> %				:	
			accompanying schedules	and stat	ements, and to the best olmy know	wledge and belief. It Is true,



## 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.

OMB No. 1545-0047

1998

Name of the organization NARCONON, INC.		:	Employer Identifi 04! 26064	
Part: Compensation of the Five Highest Paid Emplo (See Instructions, list each one. If there are none, enter "None.")	yees Other Than Off	icers, Directo	ors, and Trus	tees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(a) Contributions to employ ee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
		1		
		1		
· · · · · · · · · · · · · · · · · · ·				
	-	1 1		
<del></del>		;		
	-		-	
Total number of other employees paid over \$50,000.	. 0			
Compensation of the Five Highest Paid Indepensation of the Five Highest Paid Indepensations. List each one (whether individuals or firms). If there		or profession	al Services	
(a) Name and address of each independent contractor paid more the	nan \$50,000	[ (b) Type of	service	(c) Compensation
NONE		i		
		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·			
		• •		
Total number of others receiving over \$50,000 for professional services	0			
LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Fo		,	Schedule /	A (Form 990) 1998

Schedule A (Form 990) 1998 NARCONON, INC.	04-260641	0	Page2
Uiili Statement About Activities		Yes	No
During the year, has the organization attempted to Influence national, state, or local legislation, including any att opinion on a legislative matter or referendum?	· ·		X
If "Yes,* entarthe total expenses paid or Incurred in connection with the lobbying activites. • \$_	77		
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	10000		
organizations checking "Yes," must complete Part Vi-B AND attach a statement giving a detailed description of	E0000		
the lobbying activities.			
	of its trustoca directors		
2 During the year, has the oganization, either directly or Indirectly, engaged in any of the following acts with any officers, creators, key employees, or members of their families, or with any taxable organization with which any	P2000		
affiliated as an officer, director, trustee, majority owner, or principal beneficiary:	sucrpeisoris		
a Sale, exchange, or leasing of property?	'ı	_	X
a Sale, exchange, or leasing or property:		a	
b Lending of money or other extension of credit?		b	X
c Furnishing of goods, services, orfacilities?,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?SEE!P.M.V	VJVFQRM _99.0   2	d X	<del>                                     </del>
e Transfer of any part of its income or assets?		8	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?_,		a	X
b Attach a statement to explain how tile organization determines that individuals or organizations receiving grants furtherance of its charitable programs qualify to receive payments. (See Instructions.)	* *******		
IIIfili Reason for Non-Private Foundation Status (See instructions.)			·····
The organization is not a private foundation because it is (Please check only ONE applicable box):	<del></del>		<del></del>
A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
A charact, while that of characters, of association of characters. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)	<u>-</u>		
· · · · · · · · · · · · · · · · · · ·			
A Federal, state, or local government or governmental unit. Section 170(b){1){A)(v).  A medical research organization operated In conjunction with a hospital. Section 170(b){1)(A)(iii). En	tor the beenital's name, city		
and state •	er the nospitals harne, city,		
An organization operated for the benefit of a college or university owned or operated by a governme (Also complete the Support Schedule in Part IV-A.)	ntal unit. Section 170(b)(1)(A)(iv).		
11a An organization that normally receives a substantial part of its support from a governmental unit or	from the general public		
Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	TOTT the general public.		
11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Scliedulo in Part IV-A.)			
12 An organization that normally receives: (1) more than 331/3% of its support from contributions, me			
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2)			
its support from gross investment income and unrelated business taxable Income (less section 511)			
by the organization after June 30,1975. See section 509(a)(2). (Also complete the Support Schedul			
13 EH An organization that is not controlled by any disqualified persons (otherthan foundation managers) and	supports organizations described	ln:	
(1) lines 5 through 12 above: or (2) section 501 fc)(4), (5), or (6), if they meet the test of section 509	- · ·		
Provide the following information about the supported organizations. (See instru			
(a)Name(s) of supported organizations)	(b	Line nui from ab	
14 EH An organization organized and operated to test for public safety. Section 509(a)(4), (See instructions of	nane 4)		<del></del>
	1 page 7.)		

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.)

N7A

Pa	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/.	A	
	!		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing Instrument, or in a resolution of its governing body?	[][9 _		- 10
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	LJL		
30	and other written communications with the public dealing with student admissions, programs, and scholarships!?	30	********	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 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.}	<b>-</b>		
	r	-		
		-		
		-		
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?_;;	<u>  32a</u>		
t	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?			
C	Copies of all material used by the organization or on its behalf to solicit contributions?	<u>I 32d</u>	********	
	If you answered "No <sup>1</sup> to any of the above, please explain. (If you need more space, attach a separate statement.):			
	, 1	-		
33	Does the organization discriminate by race In any way with respect to:	-		
33		33a	*********	
k				
(				
c				
e				
f	Use of facilities?;			
ç	Athletic programs?;,	. <u>33</u> q		
ŀ	Other extracurricular activities?	. 3311		
	If you answered "Yes* to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
		_		
34 a	Does the organization receive any financial aid orassistance from a governmental agency?	34a		
k	Has the organization's right to such aid ever been revoked or suspended?	34b	20201717	<u> </u>
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	4075 OC D 507 and which was the manufacture of the Manufacture of the second and	1 0-		

Schedule A (Form 990) 193						<u> </u>		04-2	2606410	<u>Pages</u>
Part VI-a <b>Lobbying Ex</b> (To be complete	<b>(penditures by Ele</b> ed ONLY by an eligible orgar					. 1				N/A
Check here '• a <u>I~H</u> if the orga			<del></del>			:	'			
Check here • b I I If you che	ecked "a" above and "limited	I control" provisions apply.			1	· .				
Li	mits on Lobbying I	Expenditures			<u>ا</u>	; Affiliated gr		als	0 To be comple	
(The term	m "expenditures" means am	ounts paid or incurred)		<del></del>		)			electing org	anizations
						, N/A	١			
36 Total lobbying expenditures to				36 37	<del> </del>		<del></del>		<del> </del>	<del> </del>
<ul><li>37 Total lobbying expenditures to</li><li>38 Total lobbying expenditures (a</li></ul>				36		!				· <del>········</del>
39 Other exempt purpose expen				39		,				·
40 Total exempt purpose expend				40		;				
41 Lobbying nontaxable amount.	Enterthe amount from the	following table -								
If the amount an line 40 Is -	The lobbying	g nontaxable amount is -								
Nat over \$500,000			1							
Over\$500,00Qbutnotover\$1,Q0O				41		,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Over \$1,000,000 but not over \$1,500 Over \$1,500,000 but not over \$17,000				41						
Over \$17,000,000										
42 Grassroots nontaxable amou				42						
43 Subtract line 42 from line 36.	Enter-O- if line 42 is more the	nan line 36	,	43	ļ	:				
44 Subtract line 41 from line 38	3. Enter-O- if line 41 is more	than line 38	,	44		; 	TM	2000000000	**************************************	
Coution: If there is an am	ount on oither line 12 or li	no 44 you must file For	m 4720							
Caution: If there is an ame	ount on eliner line 43 or li	ne 44, you must me r on	11 4720.			1		*******		
	4	4-Year Averaging Period L	Jnder Section 5	01(h)		1				
	(Some organizations that ma			, ,	lete al	II of the five	e colum	ns		
	be	elow. See the instructions for	or lines 45 throu	gh 50.)	)	<u>:</u>				
		Lobbying Exp	penditures Durir	ng 4-Ye	ear Av	∤eraging P	eriod			N/A
Calendar year(or	(a)	(b)	W		•		00		1 (	<del></del>
fiscal year beginning In) •	1998	1997	199			:	1995			otal
45 Lobbying nontaxable						•				•
amount					*****				***	0.
46 Lobbying ceiling amount										0.
(150% of line 45(e))									<b></b>	<u> </u>
expenditures						i				0.
48 Grassroots nontaxable						,				
amount						:				0.
49 Grassroots ceiling amount										. 0
(150% of line 48(e))									<b>*</b>	0.
50 Grassroots lobbying										0.
expenditures Part VI- Lobbying/	Activity by Nonelec	ting Public Charit	ies		F					<u> </u>
	only by organizations that did									N/A
During the year, did the organizati	on attempt to influence nation	nal, state or local legislation	n, Including any	attemp	ot to	t	Yes	No	Amo	unt
Influence public opinion on a legis		-					18	110	AIIIO	uni
a Volunteers,										
b Paid staff or management (in						•				
<ul><li>c Media advertisements</li><li>d Mailings to members, legisla</li></ul>										
s Publications or published or l										
f Grants to other organizations			_							
g Direct contact with legislators										
h Rallies, demonstrations, sen		· ·								
I Total lobbying expenditures	(add lines c through h)	waterates and the second	.,,				HU	$B_{-}$		0.
If "Yes" to any of the above, a	aiso attach a statement givin	g a detailed description of t	ne lobbying acti	vities.						•

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? Yes No a Transfers from the reporting organization to a noncharitable exempt organization of: (II) Other assets....,,', **b** Othertransactions: (I) Sales of assets to a noncharitable exempt organization. (II) Purchases of assets from a noncharitable exempt organization. b(lv) (Iv) Reimbursement arrangements..... (vI) Performance of services or membership or fundraising solicitations...., C Sharing of facilities, equipment, mailing lists, other assets, or paid employees. 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 N/A transaction or sharing arrangement, show in column (d) the value of the goods, other assets, orservices received. (a) Line no **00** Amount involved W Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements 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 EX1 No b If "Yes," complete the following schedule. (b) (a) (c) Type of organization Name of organization Description of relationship

Deprec	iation and A	mortiza	tion Det	an p	QRM 990 PAGE	2	,	990
Asset					Description	of property	:	
Number	Date placed in service	Method/ RC sec.	Life or rate	Line No.	Cost or other basis	Basts reduction	Accumulated depreciation/amortization	Current year deduction
	MANAGEME	ENT AN	D GEN	ERA	L .			
	II	<u></u>						
J	MACHINER WARIES	Y & E		ENT 19	9,968.		3,285.	1,994
<u> </u>	COPIER	SL	3.00	19	9,908.		3,203.	1,994
	02,28,98	SL	5.00	19	500.			100
	** 990 P	AGE 2	TOTA		ANAGEMENT AND	GENERAL	i	
	i i				10,468.	٠,	3,285.	2,094
	** GRAND	TOTA	L 990	PAC	GE 2 DEPRECIA	ΓΙΟΝ	i 2 2 2 5 5	2 0 0 4
	j i	<u> </u>		<u> </u>	10,468.		3,285.	2,094
	1 1	<u> </u>					<u> </u>	
				!		<u> </u>		
	i I							
		· · · · · ·		r	· · · · · · · · · · · · · · · · · · ·	· · · · <del>- · · · ·</del>	<u> </u>	
	<u> </u>	<u> </u> i	<u>[</u>	<u> </u>			<u> </u>	
		<u> </u>						
	1 1	<u> </u>	L	<u> </u>			<u></u>	
	I t							
						· · · · · · · · · · · · · · · · · · ·		
	j j							
				ı	<u> </u>	I	<u>;                                    </u>	
	i 1	<u> </u>		L	<u> </u>	<u> </u>	i	
	LI			1				
							ì	
	<u> </u>	<u></u>	I	<u> </u>			'	
		<del></del>	<b>I</b>				, t	
	<u>i i</u>	<u> </u>	!				<u> </u>	
	, ,							
	1 1 1			/				
	i i			<u> </u>				
			Γ	ı		I	·	
	<u>i i</u>	<u> </u>		ļ		<u> </u>	<u> </u>	
	11		1	ı <sup>T</sup>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	
	Section 1	<u> </u>				I,	F	
	1 1							
	2222		<del></del>			1		
	1	<u> </u>	<u> </u>	<u> </u>			<u> </u>	
			<u> </u>	l		<u> </u>	<del></del>	
,	1 1	<u> </u>	!			<u>.</u>	i	
	i 1			1			<u>;</u>	
								<u> </u>
	1 1						1	
				1		1	<del>                                      </del>	
	1 1	1	l	<u> </u>		<u> </u>	1:	
			1			·	· 1	
		<del></del>	·	·			<u> </u>	
	1 i						;	

FORM 990'	OTI	STATEMENT 3		
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	•(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTING EDUCATIONAL PUBLICATIONS INSURANCE MAILINGS & PROMOTION MISCELLANEOUS OUTSIDE SERVICES TRADEMARK LICENSE FEES  TOTAL TO FM 990, LN 43	2, 670 6, 172 458 17, 530 •1, 697 1, 546 14, 336	. 6,172. . 15,777. . 718.	458. 979. 1,546. 14,336.	1;753.
FORM 990 DEPRECIATION	ON OF ASSET:	S NOT HELD FOR	INVESTMENT	STATEMENT 4
DESCRIPTION  MACHINERY & EQUIPMENT COPIER			ACCUMULATED DEPRECIATION 5,279.	BOOK VALUE 4,689. 400.
TOTAL TO FORM 990, PART	IV, LN 57	10,468.	5,379.	5,089.