

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2000Open to Public
Inspection**A** For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001****B** Check if applicable:

- ☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return (use also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**NARCOTICS ANONYMOUS WORLD SERVICES, INC**

Number and street (or P.O. box if mail is not delivered to street address)

19737 NORDHOFF PLACE

City or town, state or country, and ZIP

CHATSWORTH, CA 91311**D** Employer identification number**95-3090596****E** Telephone number**818-773-9999****F** Check ☐ if application pending**G** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 527
OR ☐ 4947(a)(1)

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

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit group exemption no. (GEN) ▶**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	619922.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 619922. noncash \$)	1d	619922.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	113526.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	39537.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7			
	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
			8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory, less returns and allowances	10a	5702574.	
	b	Less: cost of goods sold	10b	1827513.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 1 3875061.	
Expenses	11	Other revenue (from Part VII, line 103)	11	91078.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4739124.	
	13	Program services (from line 44, column (B))	13	3374937.	
	14	Management and general (from line 44, column (C))	14	595580.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	3970517.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	768607.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2379864.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3148471.	

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Attorney General's
Registry of Charitable Trusts

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ noncash \$	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	322136.	273816.	48320.
26	Other salaries and wages	26	1361003.	1156852.	204151.
27	Pension plan contributions	27	43258.	36769.	6489.
28	Other employee benefits	28	150004.	127503.	22501.
29	Payroll taxes	29	166673.	141672.	25001.
30	Professional fundraising fees	30			
31	Accounting fees	31	11511.	9784.	1727.
32	Legal fees	32	47956.	40763.	7193.
33	Supplies	33			
34	Telephone	34	78078.	66366.	11712.
35	Postage and shipping	35	27988.	23790.	4198.
36	Occupancy	36	344066.	292456.	51610.
37	Equipment rental and maintenance	37	139715.	118758.	20957.
38	Printing and publications	38	223052.	189594.	33458.
39	Travel	39	286608.	243617.	42991.
40	Conferences, conventions, and meetings	40	31500.	26775.	4725.
41	Interest	41	21256.	18067.	3189.
42	Depreciation, depletion, etc. (attach schedule)	42	69975.	59479.	10496.
43	Other expenses (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 2	43e	645738.	548876.	96862.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	3970517.	3374937.	595580.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	MAINTENANCE OF CORRESPONDENCE WITH NARCOTICS ANONYMOUS (NA) GROUPS AND SERVICE COMMITTEES, PRINTING AND DISTRIBUTION OF WORLD SERVICE CONFERENCE APPROVED LITERATURE AND MAINTENANCE OF THE ARCHIVES AND FILES OF NA (Grants and allocations \$)	3214877.
b		
c		
d		
e	Other program services (attach schedule) (Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	3214877.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	757614.	45	934637.
	46 Savings and temporary cash investments	651990.	46	683575.
	47 a Accounts receivable	726864.		
	47b Less: allowance for doubtful accounts	14000.	47c	712864.
	48 a Pledges receivable			
	48b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	51b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	430565.	52	513581.
	53 Prepaid expenses and deferred charges	16530.	53	46569.
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment: basis			
	55b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	1673498.			
57b Less: accumulated depreciation STMT 4	1045828.	57c	627670.	
58 Other assets (describe SEE STATEMENT 5)	139507.	58	101349.	
59 Total assets (add lines 45 through 58) (must equal line 74)	3069920.	59	3620245.	
Liabilities	60 Accounts payable and accrued expenses	419815.	60	292608.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64b Mortgages and other notes payable	229167.	64b	179166.
	65 Other liabilities (describe DEFERRED REVENUE)	41074.	65	0.
66 Total liabilities (add lines 60 through 65)	690056.	66	471774.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2379864.	67	3148471.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	2379864.	73	3148471.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3069920.	74	3620245.

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

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

a	Total revenue, gains, and other support per audited financial statements	a	<u>4739124.</u>
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 ... \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	<u>4739124.</u>
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	<u>4739124.</u>

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

a	Total expenses and losses per audited financial statements	a	3970517.
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 \$		
(3)	Losses reported on line 20, Form 990 ... \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	3970517.
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): \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3970517.

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☒ Yes ☐ No

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed CALIFORNIA			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		0

91 The books are in care of TOM RUSH Telephone no. 818-773-9999

Located at 19737 NORDHOFF PLACE, CHATSWORTH, CALIFORNIA ZIP code 91311

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

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **CONVENTION RECEIPTS**

b

c

d

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:

a **MISCELLANEOUS**

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

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

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

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).

102 PRODUCTION AND DISTRIBUTION OF NARCOTICS ANONYMOUS LITERATURE AS INFORMATION FOR THE FELLOWSHIP OF NARCOTICS ANONYMOUS

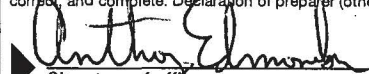

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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. (Important: See General Instruction W.)

Please Sign Here  5/14/02  Anthony Edmondson Executive Co-directorPaid Preparer's signature  CPA 5/7/02 Check if self-employed ☐ Preparer's SSN or PTIN

Preparer's Use Only Firm's name (or yours) THOMAS HAVEY LLP EIN 36-2131790

(If self-employed) and address, and ZIP code 3 POINTE DRIVE, SUITE 313 BREA, CALIFORNIA 92821

Phone no. 714-257-0100

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
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 990-EZ.**

OMB No. 1545-0047

2000

Name of the organization

NARCOTICS ANONYMOUS WORLD SERVICES, INC

Employer identification number

95 3090596

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>EDMONDSON, A</u>	EXEC DIR			
<u>19737 NORDHOFF PL, CHATSWORH, CA 91311</u>		88241.	5806.	
<u>HOLLAHAN, G</u>	CO EXEC DIR			
<u>19737 NORDHOFF PL, CHATSWORH, CA 91311</u>		2328.		
<u>MEYER, R</u>	ASST DIR			
<u>19737 NORDHOFF PL, CHATSWORH, CA 91311</u>		66684.	5684.	
<u>PETERS, A</u>	PROD MGR			
<u>19737 NORDHOFF PL, CHATSWORH, CA 91311</u>		50154.	4999.	
<u>POLIN, M</u>	CONV MGR			
<u>19737 NORDHOFF PL, CHATSWORH, CA 91311</u>		50972.	2787.	
Total number of other employees paid over \$50,000	0			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
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 Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____				
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:	2a		X
a	Sale, exchange, or leasing of property?	2b		X
b	Lending of money or other extension of credit?	2c		X
c	Furnishing of goods, services, or facilities?	2d	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2e		X
e	Transfer of any part of its income or assets?	3		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.?	4a		X
4 a	Do you have a section 403(b) annuity plan for your employees?			
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2000

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	5495562.	2332579.	5317540.	5137075.	18282756.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	19454.	4773.	2635.	2073.	28935.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	5515016.	2337352.	5320175.	5139148.	18311691.
24 Line 23 minus line 17	19454.	4773.	2635.	2073.	28935.
25 Enter 1% of line 23	55150.	23374.	53202.	51391.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) 0. (1998) 0. (1997) 0. (1996) 0.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) 0. (1998) 0. (1997) 0. (1996) 0.					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 18282756. 20 _____ 21 _____					27c 18282756.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 18282756.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 18311691.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.8420%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .1580%
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					NONE

Part V Private School Questionnaire

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

N/A

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

Schedule A (Form 990 or 990-EZ) 2000

Part VI-A Lobbying Expenditures by Electing Public Charities

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

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.

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

Yes	No
-----	----

51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

b(i)	X
------	---

b(ii)		X
-------	--	---

b(iii)		X
--------	--	---

b(iv)		X
-------	--	---

$b(y)$		x
--------	--	-----

$b(y_i)$		x
----------	--	-----

C	X
---	---

N/A

b If "Yes," complete the following schedule:

N/A

Schedule A (Form 990 or 990-EZ) 2000

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE & EQUIPMENT	VARI	ESSL	.000	19	1158879.			1158879.	400029.		32888.
2	LEASEHOLD IMPROVEMENTS	VARI	ESSL	.000	19	514619.			514619.	575824.		37087.
	* TOTAL 990 PAGE 2 DEPR					1673498.		0.	1673498.	975853.	0.	69975.

FORM 990

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

STATEMENT 1

INCOME

1. GROSS RECEIPTS	6785457	
2. RETURNS AND ALLOWANCES	1082883	
3. LINE 1 LESS LINE 2		5702574
4. COST OF GOODS SOLD (LINE 13)	1827513	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		3875061

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	430565	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	1910529	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		2341094
12. INVENTORY AT END OF YEAR	513581	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . .		1827513

FORM 990	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SELLING EXPENSES	666.	566.	100.	
OFFICE EXPENSE	84653.	71955.	12698.	
COMPUTER SOFTWARE & SUPPLIES	79933.	67943.	11990.	
AMORTIZATION OF COPYRIGHTS AND TRADEMARKS	0.			
INSURANCE EXPENSE	39013.	33161.	5852.	
BAD DEBT EXPENSE	13030.	11075.	1955.	
COPYRIGHTS	5439.	4623.	816.	
FOREIGN CURRENCY TRANSLATION	70490.	59916.	10574.	
DUES AND FEES	9434.	8019.	1415.	
EMPLOYEE TRAINING	36486.	31013.	5473.	
SERVICE CHARGES	17998.	15298.	2700.	
ENTERTAINMENT	19245.	16358.	2887.	
COMMITTEE EXPENSES	45022.	38269.	6753.	
AMORTIZATION OF COPYRIGHTS AND TRADEMARKS	70427.	59863.	10564.	
OTHER EXPENSES	153902.	130817.	23085.	
TOTAL TO FM 990, LN 43	645738.	548876.	96862.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 3
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EXPLANATION

PROVIDER OF COMMUNICATIONS AND INFORMATION FOR FELLOWSHIP OF N/A

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	1158879.	432917.	725962.
LEASEHOLD IMPROVEMENTS	514619.	612911.	-98292.
TOTAL TO FORM 990, PART IV, LN 57	1673498.	1045828.	627670.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
DEPOSITS	43246.
TRADEMARKS AND COPYRIGHTS NET OF ACCUMULATED AMORTIZATION	58103.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	101349.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL MCDERMOTT 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
SUSAN CHESS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
BELLA BLAKE 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
LIB EDMONDS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
DAVID JAMES 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
JANE NICKELS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	VICE CHAIRPERSON PART-TIME	0.	0.	0.
DANIEL SCHUESSLER 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
JON THOMPSON 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	CHAIRPERSON PART-TIME	0.	0.	0.
CARY SELTZER 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	TREASURER PART-TIME	0.	0.	0.
CLAUDIO LEMIONET 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
ANTHONY EDMONDSON 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	EXEC. CO-DIR. FULL-TIME	88241.	2907.	0.

NARCOTICS ANONYMOUS WORLD SERVICES, INC

95-3090596

REBECCA MEYER 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	ASST. EXEC. DIR. FULL-TIME	66684.	2711.	0.
BOB JORDAN 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	SECRETARY PART-TIME	0.	0.	0.
STEPHAN LANTOS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
TONY WALTERS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
LARRY ROCHE 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
CRAIG ROBERTSON 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
TOM MCCALL 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
RON HOFIUS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
GIOVANNA GHISAYS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
SAUL ALVARADO 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER PART-TIME	0.	0.	0.
GEORGE HOLLAHAN 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	EXECUTIVE CO-DIRECTOR PART-TIME	66085.	0.	0.
ANNE PETERS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	PRODUCTION MANAGER FULL-TIME	50154.	2500.	0.
MICHAEL POLIN 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	CONVENTION MANAGER FULL-TIME	50972.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		322136.	8118.	0.

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	NARCOTICS ANONYMOUS WORLD SERVICES, INC	95-3090596
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 19737 NORDHOFF PLACE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHATSWORTH, CA 91311	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning JUL 1, 2000, and ending JUN 30, 2001

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

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

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

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

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

Signature ▶ [Signature] Title ▶ C PA Date ▶ 11-7-01

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	NARCOTICS ANONYMOUS WORLD SERVICES, INC	95-3090596
	Number, street, and room or suite no. If a P.O. box, see instructions. 19737 NORDHOFF PLACE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHATSWORTH, CA 91311	

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

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
- ☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2002
- 5 For calendar year _____, or other tax year beginning JUL 1, 2000 and ending JUN 30, 2001
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
THE TAX RETURN WILL NOT BE COMPLETED BY THE DUE DATE BECAUSE INFORMATION NECESSARY FOR THE ACCURATE COMPLETION OF THE TAX RETURN HAS NOT YET BEEN RECEIVED.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N/A

Signature and Verification

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

Signature [Signature] Title C PA Date 2-12-02**Notice to Applicant - To Be Completed by the IRS**

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

Director _____ By: _____ Date _____

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

Type or print	Name THOMAS HAVEY, LLP
	Number and street (include suite, room, or apt. no.) Or a P.O. box number THREE POINTE DRIVE, SUITE 313
	City or town, province or state, and country (including postal or ZIP code) BREA, CALIFORNIA 92821