

Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: NARCOTICS ANONYMOUS WORLD SERVICES, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 19737 NORDHOFF PLACE City or town, state or country, and ZIP + 4: CHATSWORTH, CA 91311-6606

D Employer identification number: 95-3090596 E Telephone number: (818) 773-9999 F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify)

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

M and N are not applicable to section 527 organizations. M(a) Is this a group return for affiliates? [ ] Yes [X] No M(b) If "Yes" enter number of affiliates: M(c) Are all affiliates included? [ ] Yes [ ] No M(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No I Group Exemption Number: M Check [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.NA.ORG

J Organization type (check only one) [X] 501(c)(3) (insert no) 4947(a)(1) or 527

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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 8,573,447.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with 21 rows and 4 columns: Description, Sub-row, Amount, Total. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning/end of year.

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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 (See page 22 of the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above (itemize), 44 Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] 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 Accomplishments (See page 25 of the instructions)

What is the organization's primary exempt purpose? STMT 4

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)

Table with 2 columns: Description, Program Service Expenses. Rows include: a STMT 5, b, c, d, e Other program services (attach schedule), f Total of Program Service Expenses (should equal line 44, column (B), Program services).

**Part IV Balance Sheets** (See page 25 of the instructions.)

**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	1,974,450	45	2,097,241
	46 Savings and temporary cash investments	1,338,052	46	2,346,587
	47a Accounts receivable	47a 693,048		
	b Less allowance for doubtful accounts	47b 71,000	615,609	47c 622,048
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		667,231	52 660,158
	53 Prepaid expenses and deferred charges	STMT 6	50,801	53 359,280
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments - land, buildings, and equipment, basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)			56	
57a Land, buildings, and equipment basis, STMT 7	57a 2,768,134			
b Less accumulated depreciation (attach schedule)	57b 1,625,305	1,149,764	57c 1,142,829	
58 Other assets (describe <input type="checkbox"/> STMT 8)		447,931	58 429,128	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>		<b>6,243,838</b>	<b>59 7,657,271</b>	
Liabilities	60 Accounts payable and accrued expenses	445,194	60	248,430
	61 Grants payable		61	
	62 Deferred revenue	NONE	62	1,043,580
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)			64b
	65 Other liabilities (describe <input type="checkbox"/> STMT 9)		845,455	65 752,647
<b>66 Total liabilities (add lines 60 through 65)</b>		<b>1,290,649</b>	<b>66 2,044,657</b>	
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		4,953,189	67 5,612,614
	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
<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>		<b>4,953,189</b>	<b>73 5,612,614</b>	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		<b>6,243,838</b>	<b>74 7,657,271</b>	

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 VII Other Information (See page 28 of the instructions.)

		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		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	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? If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		X
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	
81b	Did the organization file Form 1120-POL for this year?		X
82a	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?		X
82b	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 in Part III).	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	N/A
87b	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
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A, section 4955 <input type="checkbox"/> N/A		
89b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	52
91	The books are in care of <input type="checkbox"/> TOM RUSH Telephone no <input type="checkbox"/> 818-773-9999 Located at <input type="checkbox"/> 19737 NORDHOFF PLACE, CHATSWORTH, CA ZIP + 4 <input type="checkbox"/> 91311-6606		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 <input type="checkbox"/> 92		N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
96 Interest on savings and temporary cash investments			14	22,654	
98 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					5,434,390
103 Other revenue a					
b CONVERSION GAINS			01	78,329	
c TRADEMARK FEES			15	22,297	
d MISCELLANEOUS			01	2,002	
e					
104 Subtotal (add columns (B), (D), and (E))				125,282	5,434,390
105 Total (add line 104, columns (B), (D), and (E))					5,559,672

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** (See page 34 of the instructions)

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	TO PRODUCE AND DISTRIBUTE NARCOTICS ANONYMOUS LITERATURE AS INFORMATION FOR THE FELLOWSHIP OF NARCOTICS ANONYMOUS.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions)

(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	%			
	%			
	%			
	%			

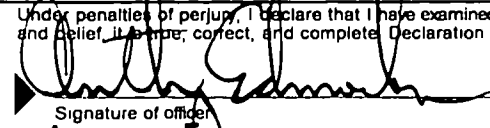
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions)

- (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)

**Please Sign Here**

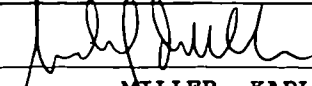
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

  
Signature of officer  
**ANTHONY EDMONDSON**  
Type or print name and title

12/24/06  
Date

Executive Director

**Paid Preparer's Use Only**

Preparer's signature  Date 2/13/06 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **MILLER, KAPLAN, ARASE & CO., LLP**  
**4123 LANKERSHIM BLVD.**  
**NORTH HOLLYWOOD, CA 91602-2828**

EIN **95-2036255**  
Phone no **818-769-2010**

Preparer's SSN or PTIN (See Gen. Inst. W)

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

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
**Supplementary Information - (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

**2004**

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 page 1 of the 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>REBECCA MEYER</u> 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	ASST EXECUTIVE DIR 40	90,961.	8,932.	
<u>TOM RUSH</u> 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	CONTROLLER 40	62,355.	8,388.	
<u>ROBERTA TOLKAN</u> 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	HR MANAGER 40	60,014.	7,799.	
<u>STEVE RUSCH</u> 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	TEAM LEADER 40	61,164.	4,570.	
<u>STEVE LANTOS</u> 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	IT MANAGER 40	60,459.	4,720.	
Total number of other employees paid over \$50,000	▶ 7			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services	▶ NONE	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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.)
- 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.)



**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	697,993.	703,367.	583,903.	619,922.	2,605,185.
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	9,175,722.	8,195,475.	5,891,483.	5,816,100.	29,078,780.
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 . . . . .	19,484.	26,233.	20,975.	39,537.	106,229.
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	STMT 15 16,611.	90,811.	37,033	91,078.	235,533.
23 Total of lines 15 through 22 . . . . .	9,909,810.	9,015,886.	6,533,394.	6,566,637.	32,025,727.
24 Line 23 minus line 17 . . . . .	734,088.	820,411.	641,911.	750,537.	2,946,947.
25 Enter 1% of line 23 . . . . .	99,098.	90,159.	65,334.	65,666.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (c), line 24 <b>NOT APPLICABLE</b> . . . . . ▶ 26a					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b					
c Total support for section 509(a)(1) test: Enter line 24, column (c) . . . . . ▶ 26c					
d Add: Amounts from column (c) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d					
e Public support (line 26c minus line 26d total) . . . . . ▶ 26e					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶ 26f %					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2003) <u>1,969,291.</u> (2002) <u>1,973,795.</u> (2001) <u>2,089,741.</u> (2000) <u>2,096,177.</u>					
c Add: Amounts from column (e) for lines 15 <u>2,605,185.</u> 16 _____ 17 <u>29,078,780.</u> 20 _____ 21 _____ ▶ 27c <u>31,683,965.</u>					
d Add: Line 27a total _____ and line 27b total <u>8,129,004.</u> . . . . . ▶ 27d <u>8,129,004.</u>					
e Public support (line 27c total minus line 27d total) . . . . . ▶ 27e <u>23,554,961.</u>					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (c) . . . . . ▶ 27f <u>32,025,727.</u>					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶ 27g <u>73.5501 %</u>					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶ 27h <u>0.3317 %</u>					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire (See page 7 of the instructions.)** **NOT APPLICABLE**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check  a If the organization belongs to an affiliated group Check  b If you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	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 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	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

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 11 of the instructions )

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying colling amount (150% of line 45(c)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots colling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

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
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h ) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h ) . . . . .			

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



FORM 990, PART I - COST OF GOODS SOLD

DESCRIPTION	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS ENDING INVENTORY	COST OF GOODS SOLD
INVENTORIES FOR SALE	667,230	2,204,303.			660,158.	2,211,375.
TOTALS	667,230	2,204,303			660,158.	2,211,375.

NARCOTICS ANONYMOUS WORLD SERVICES, INC.  
E I N 95-3090596  
FORM 990, PART II - LINE 42  
LAND, BUILDINGS AND EQUIPMENT  
JUNE 30, 2005

Asset Description	Method/ Class	Fixed Asset Detail				Accumulated Depreciation Detail			
		Beginning Balance	Additions	Disposals	Ending Balance	Beginning Balance	Additions	Disposals	Ending Balance
Building, Building Equipment and Improvements	SL	<u>\$ 2,561,229</u>	\$ 206,905	\$ -	<u>\$ 2,768,134</u>	<u>\$ 1,411,465</u>	\$ 213,840	\$ -	<u>\$ 1,625,305</u>

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
COMPUTER, SOFTWARE & SUPPLIES	130,772.	117,695.	13,077.
CONTRACT LABOR	2,088.	1,879.	209.
OFFICE EXPENSES	108,015.	97,214.	10,801.
AUTOMOBILE EXPENSES	2,339.	2,105.	234.
BAD DEBTS	28,327.	25,494.	2,833.
BANK SERVICE FEES	7,481.	6,733.	748.
CREDIT CARD SERVICE FEES	52,486.	47,237.	5,249.
COPYRIGHTS	5,041.	4,537.	504.
DUES AND FEES	10,781.	9,703.	1,078.
INFORMATION MANAGEMENT	28,138.	25,324.	2,814.
INSURANCE - GENERAL	56,090.	50,481.	5,609.
PUBLIC INFORMATION	30,762.	27,686.	3,076.
LITERATURE DEVELOPMENT	206,155.	185,540.	20,615.
AMORTIZATION	112,998.	101,698.	11,300.
STAFF DEVELOPMENT	104,998.	94,498.	10,500.
MEMBERSHIP DEVELOPMENT	197.	177.	20.
MISCELLANEOUS EXPENSES	1,509.	1,358.	151.
TOTALS	888,177.	799,359.	88,818.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

PROVIDER OF COMMUNICATIONS AND INFORMATION FOR FELLOWSHIP OF  
NARCOTICS ANONYMOUS.



FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)  
=====

ITEM	DESCRIPTION	EXPENSES
----	-----	-----
A	MAINTENANCE OF CORRESPONDENCE WITH NARCOTICS ANONYMOUS GROUPS AND SERVICE COMMITTEES, PRINTING AND DISTRIBUTION OF WORLD SERVICE CONFERENCE APPROVED LITERATURE, AND MAINTENANCE OF THE ARCHIVES AND FILES OF NARCOTICS ANONYMOUS	5,132,383.
TOTAL		<u>5,132,383.</u>

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAIDS AND DEFERRED CHARGES	359,280.
TOTALS	----- 359,280. =====

NARCOTICS ANONYMOUS WORLD SERVICES, INC.

E.I.N. 95-3090596

FORM 990, PART IV - LINE 57

LAND, BUILDINGS AND EQUIPMENT

JUNE 30, 2005

<u>Asset Description</u>	<u>Method/ Class</u>	<u>Fixed Asset Detail</u>				<u>Accumulated Depreciation Detail</u>			
		<u>Beginning Balance</u>	<u>Additions</u>	<u>Disposals</u>	<u>Ending Balance</u>	<u>Beginning Balance</u>	<u>Additions</u>	<u>Disposals</u>	<u>Ending Balance</u>
Building, Building Equipment and Improvements	SL	<u>\$ 2,561,229</u>	\$ 206,905	\$ -	<u>\$ 2,768,134</u>	<u>\$ 1,411,465</u>	\$ 213,840	\$ -	<u>\$ 1,625,305</u>

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
-----	-----
TRADEMARKS AND COPYRIGHTS NET	404,868.
DEPOSITS	24,260.
TOTALS	----- 429,128. =====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
ACCRUED SALARIES & W/H PAYABLE	151,442.
CAPITAL LEASE LIABILITY	601,205.
	-----
TOTALS	752,647.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

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---

DESCRIPTION  
-----

AMOUNT  
-----

FOREIGN CURRENCY EXCHANGE LOSS

4,707.

TOTAL

-----  
4,707.  
=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
FOREIGN CURRENCY EXCHANGE LOSS	4,707.
TOTAL	----- 4,707. =====

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JANE NICKELS 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	FORMER CHAIRPERSON PART-TIME	NONE	NONE	NONE
BOB JORDAN 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	CHAIRPERSON PART-TIME	NONE	NONE	NONE
CRAIG ROBERTSON 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	VICE CHAIRPERSON PART-TIME	NONE	NONE	NONE
JIM BUERER 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	TREASURER PART-TIME	NONE	NONE	NONE
TOM MCCALL 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	SECRETARY PART-TIME	NONE	NONE	NONE
BELLA BLAKE 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	FORMER BOARD MEMBER PART-TIME	NONE	NONE	NONE
DANIEL SCHUESSLER 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	BOARD MEMBER PART-TIME	NONE	NONE	NONE
DAVID JAMES 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	BOARD MEMBER PART-TIME	NONE	NONE	NONE



## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
GIOVANNA GHISAYS 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	BOARD MEMBER PART-TIME	NONE	NONE	NONE
LIB EDMONDS 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	FORMER BOARD MEMBER PART-TIME	NONE	NONE	NONE
RON HOFIUS 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	FORMER BOARD MEMBER PART-TIME	NONE	NONE	NONE
SAUL ALVARADO 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	BOARD MEMBER PART-TIME	NONE	NONE	NONE
TONY WALTERS 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	FORMER BOARD MEMBER PART-TIME	NONE	NONE	NONE
MUKAM HARZENSKI-DEUTSCH 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	BOARD MEMBER PART-TIME	NONE	NONE	NONE
MARY BANNER 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	BOARD MEMBER PART-TIME	NONE	NONE	NONE
MICHAEL COX 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	BOARD MEMBER PART-TIME	NONE	NONE	NONE

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
RON MILLER 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	BOARD MEMBER PART-TIME	NONE	NONE	NONE
PIET DEBOER 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	BOARD MEMBER PART-TIME	NONE	NONE	NONE
RON BLAKE 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	BOARD MEMBER PART-TIME	NONE	NONE	NONE
ANTHONY EDMONDSON 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	EXECUTIVE DIRECTOR 40	118,382.	4,788.	7,897.
REBECCA MEYER 19737 NORDHOFF PLACE CHATSWORTH, CA 91311	ASST. EXECUTIVE DIR. 40	90,961.	8,932.	NONE
	GRAND TOTALS	209,343.	13,720.	7,897.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION -----	2003 ----	2002 ----	2001 ----	2000 ----	TOTAL -----
GAINS FR FOREIGN CURRENCY EXCH	16,611.	90,811.	37,033.	91,078.	235,533.
TOTALS	<u>16,611.</u>	<u>90,811.</u>	<u>37,033.</u>	<u>91,078.</u>	<u>235,533.</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

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)

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Form header section including Type or print, Name of Exempt Organization (Narcotics Anonymous World Services Inc), Employer Identification number (95-3090596), and address (19737 Nordhoff Place, Chatsworth, CA 91311).

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

- Form 990 [X]
Form 990-BL [ ]
Form 990-EZ [ ]
Form 990-PF [ ]
Form 990-T (corporation) [ ]
Form 990-T(sec 401(a) or 408(a) trust) [ ]
Form 990-T (trust other than above) [ ]
Form 1041-A [ ]
Form 4720 [ ]
Form 5227 [ ]
Form 6069 [ ]
Form 8870 [ ]

The books are in the care of [ ]

Telephone No [ ] FAX No [ ]

- 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-months for a Form 990-T corporation) extension of time until February 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for [ ] calendar year [ ] or [X] tax year beginning July 1, 2004, and ending June 30, 2005.

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. \$ [ ]

Caution If you are going to make an electronic fund withdrawal with this Form 8868 see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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 <b>Narcotics Anonymous World Services Inc</b>	Employer Identification number <b>95-3090596</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>19737 Nordhoff Place</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Chatsworth, CA 91311</b>	

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

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

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

- The books are in the care of \_\_\_\_\_  
Telephone No \_\_\_\_\_ FAX No \_\_\_\_\_
- 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, 2006
- 5 For calendar year \_\_\_\_\_ or other tax year beginning July 1, 2004 and ending June 30, 2005
- 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 Additional time is required in order to file a complete and accurate return.

- 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 \$ \_\_\_\_\_ 0
- 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 \$ \_\_\_\_\_ 0
- 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 \$ \_\_\_\_\_ 0

**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  Title C. P. A. Date 2/13/06

**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 a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

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 <b>Miller, Kaplan, Arase &amp; Co., LLP Attn: RK</b>
	Number and street (include suite, room, or apt no) or a P.O. box number <b>180 Montgomery Street, Suite 1840</b>
	City or town, province or state, and country (including postal or ZIP code) <b>San Francisco, CA 94104</b>