82704

Form **1023**
(Rev. September 1990)
Department of the Treasury
Internal Revenue Service

Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0056

If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.
A User Fee must be attached to this application.
If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

Part I Identification of Applicant

1a Full name of organization (as shown in organizing document)
National Recovery Self-Help Network, Inc.

2 Employer identification number (If none, see instructions.)
1811500

1b c/o Name (if applicable)

3 Name and telephone number of person to be contacted if additional information is needed
Thomas M. Barse, Secretary

1c Address (number, street, and room or suite no.)
129-11 West Patrick Street

(301) 695-7266

1d City or town, state, and ZIP code
Frederick, Maryland 21701

4 Month the annual accounting period ends
December

5 Date incorporated or formed
12/30/92

6 Activity codes (See instructions.)
573

7 Check here if applying under section:
a ☐ 501(e) b ☐ 501(f) c ☐ 501(k)

8 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? ☐ Yes ☒ No
If "Yes," attach an explanation.

9 Has the organization filed Federal income tax returns or exempt organization information returns? ☐ Yes ☒ No
If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.

RECEIVED
JUN 2 1993
EP/EO Division
User Fee Unit
Baltimore

RECEIVED
APR 15 1993

10 Check the box for your type of organization. BE SURE TO ATTACH A COMPLETE COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING.

a ☒ Corporation— Attach a copy of your Articles of Incorporation, (including amendments and restatements) showing approval by the appropriate State official; also include a copy of your bylaws.

b ☐ Trust— Attach a copy of your Trust Indenture or Agreement, including all appropriate signatures and dates.

c ☐ Association— Attach a copy of your Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of your bylaws.

If you are a corporation or an unincorporated association that has not yet adopted bylaws, check here ▶ ☐

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here

Thomas M. Barse (Signature)

Secretary (Title or authority of signer)

3/1/93 (Date)

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Complete the Procedural Checklist (page 7 of the instructions) prior to filing.

Part II Activities and Operational Information

1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in your organizational document. Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

The primary activity of the corporation is to organize, operate and support Rational Recovery Self Help groups where persons will learn techniques for recovering from alcohol and other addictive substances.

The self-help groups supported by the corporation are free and are open to the public at large who may have chemical dependency problems. The corporation supports these self-help groups by providing form, training and literature to the participants and leaders of said groups so that they may apply the principals of Rational Recovery and stay abstinent.

The corporation will publish and distribute literature to participants in its self-help groups and to the public at large which contains information useful in the rehabilitation of chemically dependent persons.

The corporation will provide an administrative network of persons who will work to insure that the self-help groups provide the means to recovery for their participants, and which will help provide direct support to the leaders of said groups who are known as "coordinators".

This administrative network is made up of the board of directors of the corporation.

The Rational Recovery self-help groups are conducted nation-wide in over 500 cities. Rational Recovery Self-Help Network, Inc. was formed to formalize and unitize these groups which have existed since 1986 as a division of the Humanist Society of Friends.

The corporation will publish and sell literature useful to the participants of the self-help groups as part of its fund raising activities.

2 What are or will be the organization's sources of financial support? List in order of size.

Contibutions 40%
Donations (inividual) 20%
Grants 15%
Sales of literature 25%

3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

Fund raising activities will include requests for contibutions, selective mailings to professionals in the Mental Health field for donations, making applications for public and private grants for operating funds and publication and sales of literature about chemical dependency.

Part II Activities and Operational Information (Continued)

4 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.	(b) Annual Compensation
See attached addendum "A"	0

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? . . . . . ☐ Yes ☒ No

If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See the specific instructions for line 4d.) . . . . ☐ Yes ☒ No

If "Yes," explain.

5 Does the organization control or is it controlled by any other organization? . . . . . ☐ Yes ☒ No

Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? . . . . ☐ Yes ☒ No

If either of these questions is answered "Yes," explain.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than 501(c)(3) organizations): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? . . . . . ☐ Yes ☒ No

If "Yes," explain fully and identify the other organizations involved.

7 Is the organization financially accountable to any other organization? . . . . . ☐ Yes ☒ No

If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

Part II **Activities and Operational Information** *(Continued)*

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If "None," indicate "N/A."

N/A

9a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? . . . . . ☐ Yes ☒ No

b Is the organization a party to any leases? . . . . . ☐ Yes ☒ No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

10 Is the organization a membership organization? . . . . . ☐ Yes ☒ No

If "Yes," complete the following:

a Describe the organization's membership requirements, and attach a schedule of membership fees and dues.

b Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.

c What benefits do (or will) your members receive in exchange for their payment of dues?

11a If the organization provides benefits, services or products, are the recipients required, or will they be required, to pay for them? . . . . . ☐ N/A ☒ Yes ☐ No

If "Yes," explain how the charges are determined, and attach a copy of your current fee schedule.

The corporation will sell literature about alcohol and chemical dependency for wich there will be a sales price, but the corporation has not made a price list at this time, other than those now published by Lotus Press, which price list is attached hereto.

b Does or will the organization limit its benefits, services or products to specific individuals or classes of individuals? . . . . . ☐ N/A ☐ Yes ☒ No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

12 Does or will the organization attempt to influence legislation? . . . . . ☐ Yes ☒ No

If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds which it devotes or plans to devote to this activity.

13 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? . . . . . ☐ Yes ☒ No

If "Yes," explain fully.

Form 1023 PartII question 11(a)

ADDENDUM Literature price list from Lotus Press. Some of these publications will be taken over by the new corporation

From Lotus Press

Box 800, Lotus CA 95651
916-621-2667

Official RRSN Manual for Coordinators and Advisors

Three-ring binder, now 65 pages, a wealth of practical and organizational information essential for forming and running a local RRSN project. $20, plus $3.50 p/h, includes newly-edited materials as it comes out for one year.
CA add $1.45

More Revealed:

A Critical Analysis of Alcoholics Anonymous and the Twelve Steps

"...highly recommended for anyone who has ever been in a 12-step program, but a reading responsibility for people in the helping professions." — Jack Trimpey, LCSW
Pbk., 250 pp., $12.95 + $3.50 p/h. CA add 98¢

New audio and video materials are under production.

The RR Workbook

by Leo Polizoti, Ph.D., Advisor, RR-Worcester MA

is coming soon

Tame the "Feast beast"

In response to many requests for an application of the potent rational self-help approach to problems of overweight, overeating, obesity, and other eating disorders, Lotus Press presents:
Fatness: The Small Book, by Lois and Jack Trimpey.
Perfect bound, 160 pp., $14.95 + $3.50 p/h (CA add $1.08)

The Journal of Rational Recovery

Published by Lotus Press
every two months.
Subscriptions,
One year, $30 (CA add $2.18)
Two years, $52 (CA add $3.77)
ISSN 1065-2019
The Original and Oldest

The Unfair Advantage

by Tom Miller, Ph.D.

This workbook is included as a basic learning material at RR-Residential, where clients evaluated it very favorably. Written in an entertaining style, it is one of the best RET workbooks available. $17.95, plus $3.50 p/h, (CA add $1.30)

Form 1023 Part II Question 4(a)

ADDENDUM

Board of Directors:

Jack Trimpey, Executive Director and CEO
Box 800, Lotus, CA 95651

Lois Trimpey (same address)

Peter Bishop
705 W. Washington Ave.
Sunnyvale, CA 94086

Vincent Fox
5351 E. 9th St.
Indianapolis, IN 46219

Marc Kern

1851 E. 1st. St.
Santa Anna, CA 92705

Guy Lamunyon
22332 Torino
Laguna Hills CA 92653

Ann Parmenter
30 Perkins St.
W. Newton, MA 02165

Michler Bishop
45 E. 65th St.
NY NY 10021

Hank Robb
4550 Kruse Way #325
Lake Oswego, OR 97035

Bob Muscala
4010 W. 65th St. #102
Edina, MN 55435

Joseph Gerstein
400 Highland St.
Weston, MA 02193

Rich Dowling
59 Madison St.
Morristown, NJ 07960

David Trippel
2204 Green Bay Rd.
Evanston, IL 60201

Philip Tate
240 Lake Destiny Tr.
Altamont, FL 32714

Tom Horvath
8950 Villa La Jolla,
Suite 1130
La Jolla, CA 92037

Emmett Velton
719 Castro St.
San Francisco, CA
94114

Part III Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed? ☒ Yes ☐ No
If you answer "Yes," do not answer questions 2 through 6.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.
Exceptions—You are not required to file an exemption application within 15 months if the organization:

☐ (a) Is a church, interchurch organization, local unit of a church, a convention or association of churches, or an integrated auxiliary of a church;

☐ (b) Is not a private foundation and normally has gross receipts of not more than $5,000 in each tax year; or,

☐ (c) Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If you do not meet any of the exceptions in question 2, do you wish to request relief from the 15-month filing requirement? . . . . . ☐ Yes ☐ No

4 If you answer "Yes" to question 3, please give your reasons for not filing this application within 15 months from the end of the month in which your organization was created or formed. **(See the instructions before completing this item.)**

5 If you answer "No" to both questions 1 and 3 and do not meet any of the exceptions in question 2, your qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date you were formed? . . . . . ☐ Yes ☐ No

6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date you were formed and ending with the date your Form 1023 application was received (the effective date of your section 501(c)(3) status), check here ► ☐ and attach a completed page 1 of Form 1024 to this application.

Part III Technical Requirements *(Continued)*

7 Is the organization a private foundation?
- ☐ Yes (Answer question 8.)
- ☒ No (Answer question 9 and proceed as instructed.)

8 If you answer "Yes" to question 7, do you claim to be a private operating foundation?
- ☐ Yes (Complete Schedule E)
- ☐ No

After answering this question, go to Part IV.

9 If you answer "No" to question 7, indicate the public charity classification you are requesting by checking the box below that most appropriately applies:

THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:

(a)	☐ As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A).	Sections 509(a)(1) and 170(b)(1)(A)(i)
(b)	☐ As a school (MUST COMPLETE SCHEDULE B).	Sections 509(a)(1) and 170(b)(1)(A)(ii)
(c)	☐ As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (MUST COMPLETE SCHEDULE C).	Sections 509(a)(1) and 170(b)(1)(A)(iii)
(d)	☐ As a governmental unit described in section 170(c)(1).	Sections 509(a)(1) and 170(b)(1)(A)(v)
(e)	☐ As being operated solely for the benefit of, or in connection with, one or more of the organizations described in (a) through (d), (g), (h), or (i) (MUST COMPLETE SCHEDULE D).	Section 509(a)(3)
(f)	☐ As being organized and operated exclusively for testing for public safety.	Section 509(a)(4)
(g)	☐ As being operated for the benefit of a college or university that is owned or operated by a governmental unit.	Sections 509(a)(1) and 170(b)(1)(A)(iv)
(h)	☒ As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.	Sections 509(a)(1) and 170(b)(1)(A)(vi)
(i)	☐ As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).	Section 509(a)(2)
(j)	☐ We are a publicly supported organization but are not sure whether we meet the public support test of block (h) or block (i). We would like the Internal Revenue Service to decide the proper classification.	Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2)

If you checked one of the boxes (a) through (f) in question 9, go to question 14.
If you checked box (g) in question 9, go to questions 11 and 12.
If you checked box (h), (i), or (j), go to question 10.

Part II Technical Requirements *(Continued)*

10 If you checked box (h), (i), or (j) in question 9, have you completed a tax year of at least 8 months?
- ☐ Yes—Indicate whether you are requesting:
  - ☐ A definitive ruling (Answer questions 11 through 14.)
  - ☐ An advance ruling (Answer questions 11 and 14 and attach 2 Forms 872-C completed and signed.)
- ☒ No—**You must request an advance ruling by completing and signing 2 Forms 872-C and attaching them to your application.**

11 If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

N/A

12 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here ▶ ☐ and:

a Enter 2% of line 8, column (e) of Part IV-A _____

b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount you entered on line 12a above.

13 If you are requesting a definitive ruling under section 509(a)(2), check here ▶ ☐ and:

a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person."

b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than $5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. **Do not submit blank schedules.**)

	Yes	No	If "Yes," complete Schedule:
Is the organization a church?		X	A
Is the organization, or any part of it, a school?		X	B
Is the organization, or any part of it, a hospital or medical research organization?		X	C
Is the organization a section 509(a)(3) supporting organization?		X	D
Is the organization an operating foundation?		X	E
Is the organization, or any part of it, a home for the aged or handicapped?		X	F
Is the organization, or any part of it, a child care organization?		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.?		X	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution?		X	I

Part II Technical Requirements (Continued)

10 If you checked box (h), (i), or (j) in question 9, have you completed a tax year of at least 8 months?
- ☐ Yes—Indicate whether you are requesting:
  - ☐ A definitive ruling (Answer questions 11 through 14.)
  - ☐ An advance ruling (Answer questions 11 and 14 and attach 2 Forms 872-C completed and signed.)
- ☒ No—**You must request an advance ruling by completing and signing 2 Forms 872-C and attaching them to your application.**

11 If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor, the date and the amount of the grant, and a brief description of the nature of the grant.

N/A

12 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here ▶ ☐ and:
- a Enter 2% of line 8, column (e) of Part IV-A _____
- b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount you entered on line 12a above.

13 If you are requesting a definitive ruling under section 509(a)(2), check here ▶ ☐ and:
- a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person."
- b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than $5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

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	Yes	No	If "Yes," complete Schedule:
Is the organization a church?		X	A
Is the organization, or any part of it, a school?		X	B
Is the organization, or any part of it, a hospital or medical research organization?		X	C
Is the organization a section 509(a)(3) supporting organization?		X	D
Is the organization an operating foundation?		X	E
Is the organization, or any part of it, a home for the aged or handicapped?		X	F
Is the organization, or any part of it, a child care organization?		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.?		X	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution?		X	I