# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

2001
Open to Public Inspection

90004

and ending A For the 2001 calendar year, or tax year period beginning 2001 JUN 30. D Employer identification number Name of organization Check if applicable Piesse usa IRS tabel or Address change 95-3090596 NARCOTICS ANONYMOUS WORLD SERVICES, print a Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 9737 NORDHOFF PLACE 818-773-9999 Specific|1 Instruc ]Fınal retur Cash X Accrual F Accounting method City or town, state or country, and ZIP + 4 Amende CHATSWORTH, CA 91311 Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and I are not applicable to section 527 organizations must attach a completed Schedule A (Form 990 or 990-EZ) H(a) Is this a group return for affiliates? H(b) If Yes, enter number of affiliates G Web site ▶ H(c) Are all affiliates included? N/A (If "No," attach a list.) J Organization type (check only one) ► X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or [ Check here \( \bigcup \) if the organization's gross receipts are normally not more than \$25,000. The H(d) Is this a separate return filed by an organization covered by a group ruling? 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 Enter 4-digit GEN Check Lift the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF) Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 6533394 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received 583903 Direct public support 12 Indirect public support 15 1c Government contributions (grants) Total (add lines 1a through 1c) 583903. 583903. noncash\$ 12355. Program service revenue including government fees and contracts (from Part VII, line 93) 2 2 3 3 Membership dues and assessments 20975. 4 Interest on savings and temporary cash investments 5 5 Dividends and interest from securities MECENTELIGA 6 a Gross rents Less rental expenses Net rental income or (loss) (subtract line 6b from line 6a) 6c APR 2 9 2003 7 Other investment income (describe (B) Other 8 a Gross amount from sale of assets other OGDEN than inventory b Less cost or other basis and sales expenses 8c Gain or (loss) (attach schedule) 8d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions 9a reported on line 1a) Less direct expenses other than fundraising expenses 9ь Net income or (loss) from special events (subtract line 9b from line 9a) 90 5879128 10a 10 a Gross sales of inventory, less returns and allowances 1805265. Less cost of goods sold STMT 1 4073863. Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 37033. 11 11 Other revenue (from Part VII, line 103) 12 4728129. Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 3084740. 13 13 Program services (from line 44, column (B)) 14 1661014. Management and general (from line 44, column (C)) 14 15 Fundraising (from line 44, column (D)) 15 16 16 Payments to affiliates (attach schedule) 4745754. 17 17 Total expenses (add lines 16 and 44, column (A)) -17625. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 3148471. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 0. 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 3130846. 21 Form 990 (2001) For Paperwork Reduction Act Notice, see the separate instructions.

2001.08000 NARCOTICS ANONYMOUS WORLD S

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Part II Statement of All or	ganizal ganiza	tions must complete column tions and section 4947(a)(1	(A) Columns (B), (C), and ) nonexempt charitable trus	I (D) are required for sections but optional for others	in 501(c)(3) and
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)					
24 Benefits paid to or for members (attach schedule)	24			<del> </del>	
25 Compensation of officers, directors, etc	25	305783.	198759.	107024.	0.
26 Other salaries and wages	26	1591189.	1034273	<u>556916.</u>	
27 Pension plan contributions	27	42168.	27409.	14759.	
28 Other employee benefits 29 Payroll taxes	28	181926. 167789.	118252.	63674.	<del></del>
30 Professional fundraising fees	30	10//09.	109063.	58726.	
31 Accounting fees	31	48929.	31804.	17125.	
32 Legal fees	32	32639.	21215.	11424.	<del></del> -
33 Supplies	33	32033.		11363.	-
34 Telephone	34	77941.	50662.	27279.	
35 Postage and shipping	35	48137.	31289.	16848.	
36 Occupancy	36	365199.	237379.	127820.	
37 Equipment rental and maintenance	37	144520.	93938.	50582.	
38 Printing and publications	38	277023.	180065.	96958.	_
39 Travel	39	715395.	465007.	250388.	
40 Conferences, conventions, and meetings	40	22747.	14786.	7961.	
41 Interest	41	9964.	6477.	3487.	<u> </u>
42 Depreciation, depletion, etc. (attach schedule)	42	94788.	61612.	_ 33176.	
43 Other expenses not covered above (itemize)	1				
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 2	43e	619617.	402750.	216867.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	4745754.	3084740.	1661014.	0.
Joint Costs Check ▶  if you are following SOP 98				_	
Are any joint costs from a combined educational campai					Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos					
(iii) the amount allocated to Management and general \$			v) the amount allocated to	Fundraising \$	
Part III Statement of Program Servi		<del></del>			
What is the organization's primary exempt purpose?	SEI	STATEMENT 3			Program Service
All organizations must describe their exempt purpose achievement	a m a c	lear and concise manner. State th	a number of clients served, pub	lications issued, etc. Discuss	Expenses
achievements that are not measurable. (Section 501(c)(3) and (4) or					(Required for 501(c)(3) and (4) orgs and 4947(a)(1)
allocations to others)	ATT	NOR WINE NAD	CONTOC ANON	MOTIC (NA)	trusts but optional for others)
a MAINTENANCE OF CORRESPO GROUPS AND SERVICE COMM			G AND DISTRI		
WORLD SERVICE CONFERENCE					
OF THE ARCHIVES AND FIL			ants and allocations \$	ATHIENANCE	3084740.
b	<u></u>	<u> </u>	anto tilla anostationo p		30047401
		<del></del>	···		
		<del>-</del>			
		(Gr	ants and allocations \$	)	
c					
		·			
		(Gr	ants and allocations \$	)	
d					
e Other program services (attach schedule)			ants and allocations \$ ants and allocations \$	··· -· )	
f Total of Program Service Expenses (should equal I	ine 44	·			3084740.
	1				

## Part IV Balance Sheets

		re required, attached schedules and amounts will ld be for end-of-year amounts only	thin the c	lescription column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			934637.	45	1661581.
	46	Savings and temporary cash investments			683575.	46	165555.
		Accounts receivable Less allowance for doubtful accounts	47a	820315. 6329.	712864.	47c	813986
	48 a	Pledges receivable	48a				
	-	Less allowance for doubtful accounts	48b			48c	
┨.	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees				50	
<u>ن</u>	51 a		51a			30	
Assets		Less allowance for doubtful accounts	51b			51c	
. (	52	Inventories for sale or use	[ 015 ]		513581.	52	562840
- 1	53	Prepaid expenses and deferred charges			46569.	53	649651
- 1	54	Investments - securities	•	Cost FMV	100,001	54	<u> </u>
- 1		Investments - land, buildings, and	_				
		equipment basis	55a				
	b	Less accumulated depreciation	55b			55c	
- 1	56	Investments - other	, ,			56	
- 1	57 a	Land, buildings, and equipment basis	57a	1933657.			
	þ	Less accumulated depreciation STMT 4	57b	1140616.	<u>627670.</u>	57c	793041
	58	Other assets (describe S	EE S7	PATEMENT 5	101349.	58	97504
	59	Total assets (add lines 45 through 58) (must equal in	ne 74)		3620245.	59	4744158
- 1	60	Accounts payable and accrued expenses		<u></u>	292608.	60	541624
- 1	61	Grants payable				61	
tes	62	Deferred revenue				62	938355
ا ق	63	Loans from officers, directors, trustees, and key emp	loyees	<u> </u>		63	
ַן ב		Tax-exempt bond liabilities		<u> </u>	150166	64a	12222
1		Mortgages and other notes payable		,  -	179166.	64b	133333
	65	Other liabilities (describe		, <u> </u>		65	<u>-</u>
_	66	Total liabilities (add lines 60 through 65)	1 .		471774.	66	1613312
	Organ		) and com	plete lines 67 through			
ន្ទ	67	69 and lines 73 and 74			3148471.	67	3130846
<u>ĕ</u>	67 68	Unrestricted Temporarily restricted		<del> </del>	21404/1.	68	2120040
396	69	Permanently restricted		<u>}-</u>		69	
֓֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		izations that do not follow SFAS 117, check here		nd complete lines	<del></del> -	- 03	
로	o i ya ii	70 through 74	•	na complete unes			
ნ	70	Capital stock, trust principal, or current funds				70	
Set	71	Paid-in or capital surplus, or land, building, and equip	ment fund	<u>,</u> –		71	
Ä.	72	Retained earnings, endowment, accumulated income				72	
ا ب	73	Total net assets or fund balances (add lines 67 throu					
-		column (A) must equal line 19, column (B) must equa		-,	3148471.	73	3130846
- 1	74	Total liabilities and net assets / fund balances (add	_	nd 73)	3620245.	74	4744158.

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	Part IV-B Reconciliation of Expenses per Audited
Financial Statements with Revenue per Return	Financial Statements With Expenses per Return
Total revenue, gains, and other support per audited financial statements	a Total expenses and losses per
b Amounts included on line a but not on line 12, Form 990	line 17, Form 990 (1) Donated services
(1) Net unrealized gains on investments \$	and use of facilities \$
(2) Donated services	reported on line 20,
and use of facilities \$	Form 990 <b>\$</b>
(3) Recoveries of prior	(3) Losses reported on
year grants \$	line 20, Form 990 \$
(4) Other (specify)	(4) Other (specify)
<u></u> \$	<u> </u>
Add amounts on lines (1) through (4)	
c Line a minus line b	c Line a minus line b
d Amounts included on line 12, Form 990 but not on line a	d Amounts included on line 17, Form 990 but not on line a
(1) Investment expenses	(1) Investment expenses
not included on	not included on
line 6b, Form 990 \$	line 6b, Form 990 \$   (2) Other (specify)
\$	\$
Add amounts on lines (1) and (2)	Add amounts on lines (1) and (2)  d 0
e Total revenue per line 12, Form 990	e Total expenses per line 17, Form 990
(line c plus line d) ▶ e 4728129.	(line c plus line d) ▶ e 4745754.
Part V List of Officers, Directors, Trustees, and Key I	
(A) Name and address	(B) Title and average hours per week devoted to position (If not paid, enter plans a deterred compensation other allowance:
	205702 10500 0370
SEE STATEMENT 6	305783. 19599. 8379.
<b></b>	

NARCOTICS ANONYMOUS WORLD SERVICES, INC

.Form 990 (2001)

95-3090596

Page 4

	990 (2001) NARCOTICS ANONYMOUS WORLD SERVICES, INC 95-3090			Page 5
Pai	rt VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	_	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X_
	If "Yes," attach a conformed copy of the changes			
78 s	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
13	If "Yes," attach a statement	'	-	
۵0 م	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
00 a	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		х
		OUA		
D	If "Yes," enter the name of the organization			
	and check whether it is exempt OR nonexempt.			
	Enter direct or indirect political expenditures. See line 81 instructions.  81a 0.			7.7
	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
þ	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			ĺ
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<u> </u>	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	<u> </u>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u>X</u>
Ь	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	852		<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	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	ļ		
С	Dues, assessments, and similar amounts from members 85c N/A	1		
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	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A	1		ł
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?  N/A	85g		l
9	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues	000		$\vdash$
h	allocable to nondeductible lobbying and political expenditures for the following tax year?  N/A	85h		ł
00		03/1		$\vdash$
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12  86a N/A	1		
_ b	Gross receipts, included on line 12, for public use of club facilities  86b N/A	1 1		
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 ) 876 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 .			1
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			1
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			1
	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.
	List the states with which a copy of this return is filed   CALIFORNIA			
Ь	Number of employees employed in the pay period that includes March 12, 2001			44
=				
91	The books are in care of ► TOM RUSH  Telephone no ► 818-77	3-9	999	
	Located at ► 19737 NORDHOFF PLACE, CHATSWORTH, CALIFORNIA ZIP+4 ► 9	131	1	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		▶ſ	
V-	and enter the amount of tax-exempt interest received or accrued during the tax year 92	N/	A	
12304				(200.1)

Analysis of Income-Producing Enter gross amounts unless otherwise		business income		y section 512 513 or 514	
licated	(A) Business	(B) Amount	(C) Exclu	(D) Amount	(E) Related or exempt
Program service revenue	code	Amount	sion code	Amount	function income
CONVENTION RECEIPTS		<u> </u>	0.3	12355.	
	_		_		
	_				
	_	· · · · · · ·			
Medicare/Medicaid payments					
Fees and contracts from government agencies	<u> </u>				
Membership dues and assessments			$\bot$		
Interest on savings and temporary					
cash investments		_	14	20975.	
Dividends and interest from securities					=
Net rental income or (loss) from real estate					
debt-financed property		<del></del>			<del> </del>
not debt-financed property	<del></del>				
Net rental income or (loss) from personal property			<del></del>		
Other investment income	<del></del>	<u>.</u>			
Gain or (loss) from sales of assets					
other than inventory	-	<del></del>			
Net income or (loss) from special events		-			407206
Gross profit or (loss) from sales of inventory Other revenue					4073863
MISCELLANEOUS			01	37033.	
	- <del>                                    </del>		101	3/033.	
	-	· · · ·	<del></del>		
		<del></del>			
	_				
Subtotal (add columns (B), (D), and (E))	-	0		70363.	4073863
Total (add line 104, columns (B), (D), and (E))		<del>-</del>	•, ,	, , , , , , , , , , , , , , , , , , ,	414422
Line 105 plus line 1d, Part I, should equal the ai	mount on line 12. F	Part I		-	
rt VIII Relationship of Activities to ti	he Accomplish	ment of Exen	npt Purpo:	ses (See Specific Instruct	ions on page 32 )
No Explain how each activity for which income is r	eported in column (E	) of Part VII contribu	ted importantly	to the accomplishment of	the organization's
<ul> <li>exempt purposes (other than by providing fund</li> </ul>	ds for such purposes	<u>)</u>		·	•
PRODUCTION AND DISTRIB	BUTION OF	NARCOTICS	ANONY	MOUS LITERAT	URE AS
INOFRMATION FOR THE FI					

(D) Total income (B) Percentage of ownership interest (E) End-of-year assets Name, address, and EIN of corporation, partnership, or disregarded entity (C) Nature of activities % N/A % % Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X No Yes (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X No ] Yes

npanying schedules and statements and to the best of my knowledge and belief it is true mation of which prepare has any knowledge

ANTHOMY Edmondow Exec Directions of the part of the best of my knowledge and belief it is true mation of which prepare has any knowledge

ANTHOMY Edmondow Exec Directions of the best of my knowledge and belief it is true mation of which prepare has any knowledge and belief it is true.

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

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-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2001

Employer identification number

OMB No 1545-0047

Department of the Treasury Internat Revenue Service Name of the organization

NARCOTICS ANONYMOUS WORLD SERVICES, INC 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.") d) Contributions to employee benefit plans & deferred (b) Title and average hours (e) Expense (a) Name and address of each employee paid (c) Compensation per week devoted to account and other more than \$50,000 position allowances MICHAEL POLIN EVENTS MGR 19737 NORDHOFF PL, CHATSWORH, CA 9131140 56800. 5724. ROBERTA TOLKAN H R MANAGER 19737 NORDHOFF PL, CHATSWORH, CA 9131140 54371 6028 PROD MANAGER ANN PETERS \_\_\_ 19737 NORDHOFF PL, CHATSWORH, CA 9131140 54565. 5203. ROBERT STEWART MKTG MANAGER 19737 NORDHOFF PL, CHATSWORH, CA 9131140 51136. 6782. PEREA DUNNELL CONV MGR 19737 NORDHOFF PL, CHATSWORH, CA 9131140 2692 52501 Total number of other employees paid over \$50,000 0 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 Total number of others receiving over \$50,000 for professional services For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

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Scredule A (Form 990 or 990-EZ) 2001 NARCOTICS ANONYMOUS WORLD SERVICES, INC 95-305	059	6 P	age 2
Part III Statements About Activities (See page 2 of the instructions )		Yes	No
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    S			
or line i of Part VI-B )	1	-	<u>X</u>
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 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	Ì	Х
b Lending of money or other extension of credit?	2b		<u> </u>
c Furnishing of goods, services, or facilities?	2c		<u>X</u>
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_		<u>X</u>
9. Done the expensively a make experts for exhabitations falloushing student loans at 2 / See Note halous	,		v
<ul> <li>Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)</li> <li>Do you have a section 403(b) annuity plan for your employees?</li> </ul>	3		<u>X</u>
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans	<del>  ''</del>	I	
from it in furtherance of its charitable programs "qualify" to receive payments			
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			
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.)			
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			
12 X 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.)			
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described by the controlled by any disqualified persons (other than foundation managers) and supports organizations described by the controlled by any disqualified persons (other than foundation managers) and supports organizations described by the controlled by	ıbed ın		
(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)Lin	e numt ım abo	
		460	
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
Schedule & (Form	10 APP	09N_F7	3 2001

Sch	edule A (Form 990 or 990-EZ) 2001 N	ARCOTICS AN	ONYMOUS WOR	LD SERVICES	, INC	95-	3090596 Page 3
Pa	rrt IV-A │ Support Schedule (C	Complete only if you ch	ecked a box on line 10 tructions for converting	11 or 12 Hise cash	method of acc	ountin	ng Ounting
	ndar year (or fiscal year	(a) 2000	(b) 1999		<u> </u>	<u> </u>	
15	Gifts grants and contributions received (Do not include unusual grants. See line 28.)	(a) 2000	(0) 1999	(c) 1998	(d) 1997		(e) Total
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	5702574.	5495562.	2332579.	53175	40.	18848255.
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	39537.	19454.	4773.	26	35.	66399.
19	Net income from unrelated business activities not included in line 18						<del></del>
20	Tax revenues levied for the organization s benefit and either paid to it or expended on its behalf				<u></u>		
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	5742111.	5515016.	2337352.	53201	75.	18914654.
24	Line 23 minus line 17	39537.	19454.	4773.		35.	66399.
25	Enter 1% of line 23	57421.	55150.	23374.	532		<del></del>
26 b	Organizations described on lines 10 Prepare a list for your records to sho		· "		<b>▶</b>	26a	N/A
U	unit or publicly supported organization			•			
	Do not file this list with your return	-	-	co ilic amount shown iii i	IIII	26b	N/A
С	Total support for section 509(a)(1) to				•	26c	N/A
	Add Amounts from column (e) for h				_		
		22		)	<u> </u>	26d	N/A
е	Public support (line 26c minus line 2	6d total)			<u> </u>	26e	N/A
<u>f</u>	Public support percentage (line 26e				<u></u>	26f	<u>N/A %</u>
27	Organizations described on line 12 to show the name of, and total amou for each year						
		• (1999)	0. (			(1997)	0.
b	,						
	amount received for each year, that v						
	lines 5 through 11, as well as individu				tween the amour	il receiv	ed and the larger
	amount described in (1) or (2), enter (2000)	• (1999)	ces (the excess amounts)	•	0.	(1997)	0.
	(2000)	• (1999)	0. (	1990)	0.	(1331)	0.
¢	Add Amounts from column (e) for in	<del></del>		16	<del></del>		
_		848255. 20	075 1-1-1	21		27c	18848255.
a e	Add Line 27a total  Public support (line 27c total minus I		ne 27b total		<u>0.</u>	27d	10040255
f	Total support for section 509(a)(2) to	•	23 column (e)	•   27f   18	3914654.	27e	18848255.
	Public support percentage (line				• <u>• • • • • • • • • • • • • • • • • • </u>	27g	99.6490%
•	Investment income percentage		•	**	or))	27h	.3510%
28 L	Jnusual Grants For an organization	described in line 10, 11,	or 12, that received any ur	nusual grants during 199	7 through 2000,	prepare	a list for your records to
١	show, for each year, the name of the co eturn Do not include these grants in li	mulbutor, the date and an ne 15	nount of the grant, and a b	rief description of the nat		DO not f	ile this list with your

9 Schedule A (Form 990 or 990-EZ) 2001

N/A

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
23	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	- 00_	_	
31	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			ŀ
	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			i
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		<del></del>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		<del> </del>
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d		
		_		
33	Does the organization discriminate by race in any way with respect to	1		ŀ
2	Students' rights or privileges?	33a		<u> </u>
b	Admissions policies?	335	<u> </u>	
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e	_	
f	Use of facilities?	331		<del>                                     </del>
9	Athletic programs?	33g		1
h	Other extracurricular activities?	33h		<del>  -</del>
	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		
Ь	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) 2001

Schedule A (	Form 990 or 990-EZ)	2001 NARCOTICS A	NONYMOUS WOR	LD SE	RVICE	S. INC	95	-3090596	Page 5
	A Lobbying E	xpenditures by Elec d ONLY by an eligible organiza	ting Public Charities					N/A	
Check 🕨 a	if the organiza	tion belongs to an affiliated gro	oup Check 🕨	b 🛄 ıt	you checke	d a and limited o	ontrol	provisions apply	
	Lii	mits on Lobbying Ex	penditures			(a) Affiliated group		(b) To be completed for	
_	(The terr	n "expenditures" means amour	nts paid or incurred )	_		totals		electing organizatio	ns ———
						N/A			
		influence public opinion (gras			36	<del></del>			
		influence a legislative body (d	lirect lobbying)		37				
	bying expenditures (a	· · · · · · · · · · · · · · · · · · ·			38			<u>-</u>	
	empt purpose expend				39 40				
		itures (add lines 38 and 39) Enter the amount from the fol	lounna table -		40			<del></del>	
	y nontaxable amount nount on line 40 is -		nontaxable amount is -						
Not over \$		20% of the amoun		,					
	0 000 but not over \$1 000		% of the excess over \$500 000	1					
Over \$1 00	00 000 but not over \$1 50		% of the excess over \$1 000 000		41				
Over \$1 56	00 000 but not over \$17 0	00 000 \$225 000 plus 5%	of the excess over \$1 500 000	ĺ					
Over \$17	000 000	\$1 000 000		J					
42 Grassro	ots nontaxable amoun	it (enter 25% of line 41)			42				
43 Subtract	t line 42 from line 36	Enter -0- if line 42 is more thar	ı line 36		43				
44 Subtract	t line 41 from line 38	Enter -0- if line 41 is more than	ı line 38		44			_	
_		unt on either line 43 or line							
	(	Some organizations that made	ear Averaging Period Under a section 501(h) election do actions for lines 45 through 50	not have to	complete		ากร		
	_		Lobbying Expendit	ures Durin	ig 4-Year A	veraging Period		N/A	
Calendar ye: Iiscal year b	ar (or eginning in)	(a) 2001	(b) 2000	(c) 1999	9	(d) 1998		(e) Total	
45 Lobbying amount	g nontaxable								0.
46 Lobbyin	g ceiling amount		-			.1			<del></del>
	of line 45(e))	1					_		_
47 Total lob		·							0.
oueendd									
expendil	lures								0.
48 Grassroo	lures ots nontaxable								0.
48 Grassroo amount	lures ots nonlaxable								
48 Grassroo amount 49 Grassroo	lures ots nontaxable								0.
48 Grassroo amount 49 Grassroo (150% c	lures ots nontaxable ots ceiling amount								0. 0.
48 Grassroo amount 49 Grassroo (150% d 50 Grassroo expendit	ots nontaxable ots ceiling amount of line 48(e)) ots lobbying								0.
48 Grassroo amount 49 Grassroo (150% c	ots ceiling amount of line 48(e)) ots lobbying tures  Lobbying A	activity by Nonelection by by organizations that did no	~	age 12 of tl	ne instructi	ons )		N/A	0. 0.
48 Grassroo amount 49 Grassroo (150% o 50 Grassroo expendit Part VI-I	ots celling amount of line 48(e)) ots lobbying tures    Lobbying A		ot complete Part VI-A) (See pa				No		0. 0.
48 Grassrot amount 49 Grassrot (150% c 50 Grassrot expendit Part VI-	ots ceiling amount of line 48(e)) ots lobbying tures  B Lobbying (For reporting or	nly by organizations that did no	ot complete Part VI-A) (See pa I, state or local legislation, inc			- 1	No	N/A Amount	0. 0.
48 Grassroo amount 49 Grassroo (150% c 50 Grassroo expendit Part VI- During the ye influence put a Voluntee	ots ceiling amount of line 48(e)) ots lobbying tures  B Lobbying A  (For reporting or ear, did the organization	nly by organizations that did no on attempt to influence nationa lative matter or referendum, thi	ot complete Part VI-A) (See part, I, state or local legislation, incrough the use of	luding any			No		0. 0.
48 Grassroo amount 49 Grassroo (150% o 50 Grassroo expendit Part VI-I During the ye influence put a Voluntee b Paid stal	ots celling amount of line 48(e)) ots lobbying tures  B Lobbying A (For reporting of ear, did the organization of the opinion on a legisters ff or management (Inc.)	nly by organizations that did no on attempt to influence nationa	ot complete Part VI-A) (See part, I, state or local legislation, incrough the use of	luding any			No		0. 0.
48 Grassroo amount 49 Grassroo (150% c 60 Grassroo expendit Part VI-I  During the ye influence put a Voluntee b Paid stal c Media ac	ots celling amount of line 48(e)) ots lobbying tures  B Lobbying A  (For reporting or ear, did the organization blic opinion on a legislers ff or management (Incodvertisements	nly by organizations that did no on attempt to influence nationa lative matter or referendum, this clude compensation in expense	ot complete Part VI-A) (See part, I, state or local legislation, incrough the use of	luding any			No		0. 0.
48 Grassroo	lures ots nontaxable ots celling amount of line 48(e)) ots lobbying tures  B Lobbying A  (For reporting or ear, did the organization blic opinion on a legislers off or management (Incodvertisements is to members, legislate	nly by organizations that did no on attempt to influence national lative matter or referendum, this clude compensation in expense ors, or the public	ot complete Part VI-A) (See part, I, state or local legislation, incrough the use of	luding any			No		0. 0.
48 Grassrot amount 49 Grassrot (150% c 50 Grassrot expendit Part VI-I  During the ye influence put a Voluntee b Paid stal c Media ac d Mailings e Publicati	ots nontaxable ots ceiling amount of line 48(e)) ots lobbying tures  B Lobbying (For reporting or ear, did the organization off or management (Indiversements to members, legislations, or published or	nly by organizations that did not on attempt to influence national lative matter or referendum, this clude compensation in expense ors, or the public proadcast statements	ot complete Part VI-A) (See part, I, state or local legislation, incrough the use of	luding any			No		0. 0.
48 Grassroo	lures ots nontaxable ots ceiling amount of line 48(e)) ots lobbying tures  B Lobbying (For reporting of ear, did the organization office opinion on a legislers ff or management (Indiductisements to members, legislate ions, or published or I o other organizations	nly by organizations that did not on attempt to influence national lative matter or referendum, this clude compensation in expense ors, or the public proadcast statements for lobbying purposes	ot complete Part VI-A) (See part, state or local legislation, incrough the use of es reported on lines c through	luding any			No		0. 0.
48 Grassroo	lures ots nonlaxable ots ceiling amount of line 48(e)) ots lobbying tures  B Lobbying (For reporting of ear, did the organization office opinion on a legislers off or management (Incoductive members, legislate ions, or published or loo other organizations ontact with legislators	nly by organizations that did not on attempt to influence national lative matter or referendum, this lide compensation in expense ors, or the public proadcast statements for lobbying purposes, their staffs, government official	ot complete Part VI-A) (See part, state or local legislation, incrough the use of es reported on lines c through the use of the use of through the use of	luding any			No		0. 0.
48 Grassroo	lures ots nonlaxable ots ceiling amount of line 48(e)) ots lobbying tures  B Lobbying (For reporting of ear, did the organization off or management (Incompanies) it of members, legislate off or members, legislate off other organizations ontact with legislators, demonstrations, semiobying expenditures (A	nly by organizations that did not on attempt to influence national lative matter or referendum, this clude compensation in expense ors, or the public proadcast statements for lobbying purposes	ot complete Part VI-A) (See part, state or local legislation, incrough the use of es reported on lines c through the local legislative body ectures, or any other means	luding any	attempt to		No		0. 0.

123 14 1 12 29-01

Schedule A (Form 990 or 990-EZ) 200	1 NARCOTICS ANONY	MOUS WORLD S	SERVICES, INC 95.	<u>-309059</u>	6	Page 6
Part VII Information Re	garding Transfers To an	d Transactions and	d Relationships With Nonch	arıtable		
Exempt Organi	zations (See page 12 of the instr	ructions )		_		
	directly or indirectly engage in any of		-			
	section 501(c)(3) organizations) or ii		olitical organizations?	j		
	ganization to a noncharitable exempt	t organization of			Yes	No
(ı) Cash				51a(ı)		<u>X</u>
(ii) Other assets				<b>a</b> (11)		<u>X</u>
b Other transactions						
• • • • • • • • • • • • • • • • • • • •	ets with a noncharitable exempt orga	nization		b(1)		<u>X</u>
` ·	a noncharitable exempt organization			p(11)		<u> </u>
(iii) Rental of facilities, equipme				b(m)		<u>X</u>
(iv) Reimbursement arrangeme	ents			b(IV)		X
(v) Loans or loan guarantees				b(v)		<u>X</u>
	r membership or fundraising solicitat			p(A1)		<u>X</u>
	, mailing lists, other assets, or paid e			[ C ]		<u> </u>
			always show the fair market value of the			
	s given by the reporting organization nent, show in column (d) the value o				T / 7	
		i tile goods, otiler assets, o		·	N/A	
(a) (b) Line no Amount involved	(c) Name of noncharitable ex	empt organization	(d) Description of transfers, transactions,	and sharing arr	angerr	enis
			,			
<del></del>	<del></del>	<u></u>	-	<del></del>		
	_		<del></del>			
			** **			
·						
		<del></del>				
-						
	-					
			-			-
				•		
	_					
2 a Is the organization directly or in	idirectly affiliated with, or related to, o	one or more tax-exempt org	anizations described in section 501(c) of	the		
Code (other than section 501(c)		, ,	•	Yes	X	No
b If Yes, complete the following			ŕ			
(a)	)	(b)	(c)			
Name of or	ganization	Type of organization	Description of relat	ionship		
		- <del>-</del>				
		<u> </u>	<u> </u>	<u></u>		
			<u> </u>			
<del></del>	<u></u>	<u> </u>				
		<u></u>				
<del></del>		<del> </del>		<del></del>		
23151	<u> </u>	l	<u> </u>			
2-29-01		4.0	Schedule A	(Form 990 or 9	90-EZ)	2001

FORM 990 PAGE 2

990

Bus % Basis - Depreciation Salvage Salvage 1158879, 432917	1158879. 432917. 514619. 612911.	0. 1673498. 1045828. 0.		
Bus % Basis - Depreciation Salvage Salvage 1158879, 432917	432917	. 1673498. 1045828		
Bus % Basis For Basis For Excl (170, 179, Deprecation Salvage 1158879		. 1673498		
Bus % Excl			 	
-				
11 Sec.	1158879.	1673498.		(D) Asset disposed
1 S S S	16 16		 	
Life	000.			
thod		<u></u>		
Date Acquired VARIES	VARIESSI VARIESSI			
Description  1FURNITURE & EQUIPMENT	1FURNITURE & EQUIPMENT 2LEASEHOLD IMPROVEMENTS	* TOTAL 990 PAGE 2 DEPR		
Agadt No	<u> </u>			128-102 10-03-01

FÓRN	I 990 INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 1
INCO	DME		
2.		7020845 1141717	5879128
	COST OF GOODS SOLD (LINE 13)	1805265	4073863
COST	OF GOODS SOLD		
7.	INVENTORY AT BEGINNING OF YEAR	513581	
9. 10.		1854524	2368105
	INVENTORY AT END OF YEAR	562840	1805265

FÖRM 990	OTHER ————————————————————————————————————	R EXPENSES		STATEMENT 2
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
SELLING EXPENSES	8531.	5545.	2986.	<del></del>
OFFICE EXPENSE COMPUTER SOFTWARE &	105119.	68327.	36792.	
SUPPLIES AMORTIZATION OF COPYRIGHTS AND	97968.	63679.	34289.	
TRADEMARKS INSURANCE EXPENSE	79908. 42842.	51940. 27847.	27968. 14995.	
BAD DEBT EXPENSE COPYRIGHTS	0. 0.	0.	14333.	
FOREIGN CURRENCY TRANSLATION	23620.	15252	9267	
DUES AND FEES	13502.	15353. 8776.	8267. <b>4</b> 726.	
EMPLOYEE TRANING SERVICE CHARGES	29311. 42815.	19052. 27830.	10259. 14985.	
ENTERTAINMENT OTHER EXPENSES	7781. 88117.	5058. 57276.	2723. 30841.	
CONSULTING COMPUTER CONSULTING	2200. 77903.	1430. 50637.	770. 27266.	
TOTAL TO FM 990, LN 43	619617.	402750.	216867.	
FORM 990 STATEMENT OF	' ORGANIZATION'		MPT PURPOSE	STATEMENT 3

### EXPLANATION

PROVIDER OF COMMUNICATIONS AND INFORMATION FOR FELLOWSHIP OF N/A

FORM 990 DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 4
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT LEASEHOLD IMPROVEMENTS	1158879. 514619.	477467. 663149.	681412. -148530.
TOTAL TO FORM 990, PART IV, LN 57	1673498.	1140616.	532882.

FORM 990	OTHER AS	SETS		STATI	EMENT	
DESCRIPTION				Al	TOUNT	
DEPOSITS					6159	92.
TRADEMARKS AND COPYRIGH AMORTIZATION	TS NET OF ACCUMULA	TED			3591	12.
TOTAL TO FORM 990, PART	IV, LINE 58, COLU	MN B			9750	)4.
	V - LIST OF OFFICE TRUSTEES AND KEY E	-	ORS,	STATI	EMENT	6
NAME AND ADDRESS	TITL	E AND	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
MICHAEL MCDERMOTT 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA	BOARD 10 91311	MEMBER	0.	0.		0.
SUSAN CHESS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA	BOARD 1 10 91311	MEMBER	0.	0.		0.
BELLA BLAKE 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA	BOARD : 10 91311	MEMBER	0.	0.		0.
LIB EDMONDS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA	BOARD : 10 91311	MEMBER	0.	0.		0.
DAVID JAMES 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA	BOARD 1 10 91311	MEMBER	0.	0.		0.
JANE NICKELS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA	10	HAIRPERSON	0.	0.		0.
DANIEL SCHUESSLER 19737 NORDHOFF PLACE	BOARD 1	MEMBER	0.	0.		0.

CHATSWORTH, CALIFORNIA 91311

JON THOMPSON CHAIRPERSON 19737 NORDHOFF PLACE 10 CHATSWORTH, CALIFORNIA 91311  CARY SELTZER TREASURER		0.	0.
CARY SELTZER TREASURER	•		
19737 NORDHOFF PLACE 10 CHATSWORTH, CALIFORNIA 91311	0.	0.	0.
CLAUDIO LEMIONET BOARD MEMBER 19737 NORDHOFF PLACE 10 CHATSWORTH, CALIFORNIA 91311	0.	0.	0.
ANTHONY EDMONDSON EXEC. CO-DIR. 19737 NORDHOFF PLACE 40 CHATSWORTH, CALIFORNIA 91311	101366.	5027.	8379.
REBECCA MEYER ASST. EXEC. DIR. 19737 NORDHOFF PLACE 40 CHATSWORTH, CALIFORNIA 91311		6219.	0.
BOB JORDAN SECRETARY 19737 NORDHOFF PLACE 10 CHATSWORTH, CALIFORNIA 91311	0.	0.	0.
STEPHAN LANTOS BOARD MEMBER 19737 NORDHOFF PLACE 10 CHATSWORTH, CALIFORNIA 91311	0.	0.	0.
TONY WALTERS BOARD MEMBER 19737 NORDHOFF PLACE 10 CHATSWORTH, CALIFORNIA 91311	0.	0.	0.
LARRY ROCHE BOARD MEMBER 19737 NORDHOFF PLACE 10 CHATSWORTH, CALIFORNIA 91311	0.	0.	0.
CRAIG ROBERTSON BOARD MEMBER 19737 NORDHOFF PLACE 10 CHATSWORTH, CALIFORNIA 91311	0.	0.	0.
TOM MCCALL BOARD MEMBER 19737 NORDHOFF PLACE 10 CHATSWORTH, CALIFORNIA 91311	0.	0.	0.
RON HOFIUS BOARD MEMBER 19737 NORDHOFF PLACE 10 CHATSWORTH, CALIFORNIA 91311	0.	0.	0.
GIOVANNA GHISAYS BOARD MEMBER 19737 NORDHOFF PLACE 10 CHATSWORTH, CALIFORNIA 91311	0.	0.	0.

'NARCOTICS ANONYMOUS WORLD SERV	VICES, INC		95-	3090596
SAUL ALVARADO 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
GEORGE HOLLAHAN 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	EXECUTIVE CO-D:	IRECTOR 83040.	0.	0.
TOM RUSH 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	CONTROLLER 40	58463.	8353.	0.
TOTALS INCLUDED ON FORM 990, PAI	RT V	305783.	19599.	8379.

Form 8868 (12-2000)			Page 2
If you are filing for an Additional (not automatic) 3-Month E	xtension, complete only Part	t II and check this bo	»× ► X
Note Only complete Part II if you have already been granted	an automatic 3-month exter	nsion on a previous	ly filed Form 8868
<ul> <li>If you are filing for an Automatic 3-Month Extension, complete</li> </ul>		<del></del>	
Part II Additional (not automatic) 3-Month E	xtension of Time - Mu	st file Original a	nd One Copy
The or Name of Exempt Organization			Employer identification number
NARCOTICS ANONYMOUS WORLD S			95-3090596
extended Number, street, and room or suite no If a PO box, due date for filing the 19737 NORDHOFF PLACE	see instructions		For IRS use only
return See City, town or post office, state, and ZIP code For a chartsworth, CA 91311	foreign address, see instruction	ons	
Check type of return to be filed (File a separate application for	each return)		<del></del>
X Form 990	ec 401(a) or 408(a) trust) rust other than above)	Form 1041 A Form 4720	Form 5227 Form 8870 Form 6069
STOP Do not complete Part II if you were not already grante	d an automatic 3-month exte	ension on a previou	sly filed Form 8868
If the expense on deep and have as office as place of hydroxic	on the Hestard Ctates, about	this boy	
<ul> <li>If the organization does not have an office or place of busines</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group check this box ►</li> </ul>	Group Exemption Number (G	SEN) If th	is is for the whole group check this members the extension is for
4   request an additional 3 month extension of time until	MAY 15, 2003		
5 For calendar year or other tax year beginning _	JUL 1, 2001	and ending _	JUN 30, 2002
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 CO			ECAUSE INFORMATION
NECESSARY FOR THE ACCURATE CO	MPLETION OF THE	TAX KETUR	N HAS NOT YET BEEN
RECEIVED:			<del></del>
8a If this application is for Form 990 BL, 990 PF, 990 T, 4720 nonrefundable credits. See instructions	or 6069 enter the tentative ta	ax, less any	\$
<ul><li>b If this application is for Form 990 PF, 990 T, 4720, or 6069</li></ul>			
tax payments made Include any pnor year overpayment a previously with Form 8868	illowed as a credit and any air	nount paid	<u>\$</u>
<ul> <li>Balance Due Subtract line 8b from line 8a Include your p coupon or, if required, by using EFTPS (Electronic Federal</li> </ul>	payment with this form, or if re Tax Payment System) See in	equired, deposit with istructions	FTD <b>\$ N/A</b>
Sign	ature and Verification	<del></del>	
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this	ding accompanying schedules and	d statements, and to th	e best of my knowledge and belief,
Signature \ Signature			Date > 2-7-03
	ant - To Be Completed	by the IRS	
We have approved this application. Please attach this for	m to the organization's return		
We have not approved this application. However, we have			
date of the organization s return (including any prior exter			d extension of time for elections
otherwise required to be made on a timely return. Please			
We have not approved this application. After considering	the reasons stated in item 7, v	we cannot grant you	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	ofter the due date of the retur	m for which an exten	eion was ranijasted
Other			
Ву	·		
Oirector		. <del></del>	Date
Alternate Mailing Address - Enter the address if you want the different than the one entered above	copy of this application for an	additional 3 month	extension returned to an address
Name	<del></del>		<del></del>
LINDQUIST LLP	Or a D.O. have sumb-se	<del></del>	
Type Number and street (include suite, room, or apt no) or print THREE POINTE DRIVE, SUITE	312		
City or town, province or state, and country (include BREA, CALIFORNIA 92821	ng postal or ZIP code)		
<del></del>	23 08000 NARCOTICS	S ANOMAMOUS	Form 8868 (12-2000) S WORLD S 900041
100404 130030 30004 2001	COUL HARCOITCE	O THICHTHOU	,

Form **8868**' (December 2000)

Application for Extension of Time To File an Exempt Organization Return

OMB.	Nο	1545	1709
	NO.	1343	1103

Department of the Treasury Internal Revenue Service

File a separate application for each return

• If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box	<b>▶</b> 🗓
ou a	re filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)
e Do	not complete Part II unless you have already been granted an automatic 3-month extension on a pr	eviously filed Form 8868
Part !	Automatic 3-Month Extension of Time - Only submit original (no copies needed)	
Note For	m 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I	ontv ►
	orporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file incon	
returns P	artnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 10	66, or 1041
Type or	Name of Exempt Organization	Employer identification number
print	NARGOMICS ANOMOUS MORE TO SERVICE THE	05 300556
File by the	NARCOTICS ANONYMOUS WORLD SERVICES, INC	95-3090596
due date for filling your	Number, street, and room or suite no. If a P.O. box, see instructions  19737 NORDHOFF PLACE	
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions	<del></del>
	CHATSWORTH, CA 91311	
Charlet a		
	pe of return to be filed (file a separate application for each return)	
Fon		720
===	m 990 BL Form 990 T (sec 401(a) or 408(a) trust) Form 52	<del></del>
	m 990 EZ Form 990 T (trust other than above) Form 60	- <del>-</del>
L For	m 990 PF Form 1041 A Form 88	
to f ▶[	quest an automatic 3 month (6 month, for 990-T corporation) extension of time until <u>FEBRUARY</u> lie the exempt organization return for the organization named above. The extension is for the organization calendar year or x tax year beginning <u>JUL 1, 2001</u> , and ending <u>JUN 30, 2002</u> .	
	nis tax year is for less than 12 months, check reason Initial return Final return	Change in accounting period
3a If th	as application is for Form 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any	
nor	arefundable credits. See instructions	\$
b If th	nis 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	<u>s</u>
c Bal	ance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with	FTD
COL	ipon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	\$ N/A
	Signature and Verification	
Under pen	alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the orrect, and complete, and that I am authorized to prepare this form	e best of my knowledge and belief,
Signature	Title CPA	Date > 1/- /3- 02
	or Paperwork Reduction Act Notice, see instruction	Form <b>8868</b> (12-2000)