Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

A	For th	e 1999 calendar year, OR tax year period beginning January 1, 1999, and ending	June 30, 1999
В	Check	,	Employer identification number
	Change o	daddress label or	95 3090596
_	nitial re	print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite	Telephone number
	Final ret		818) 773-9999
		d return Specific City or town, state or country, and ZIP+4 F	Check > [] If exemption application
	(require) state rej	also to I tions. Chatswarth CA 91311	is pending
	-	forganization—▶X Exempt under section 501(c)(3) ◀ (insert number) OR ▶ ☐ section 4	947(a)(1) nonexempt charitable trust
		tion 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a	
H(a)	Is this	a group return filed for affiliates?	is checked "Yes," enter four-digit group
		exemption numb	er (GEN) >
(b)	if "Yes	" enter the number of affiliates for which this return is filed:	
_(c)	Is this	a separate return filed by an organization covered by a group ruling? Tyes X No Other (speci	
ĸ	Check	here ► if the organization's gross receipts are normally not more than \$25,000. The organization need not f	ile a return with the IRS; but if it received
		990 Package in the mail, it should file a return without financial data. Some states require a complete return	
Not	e: For	n 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets les	ss than \$250,000 at end of year.
P		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Spe	cific Instructions on page 15.)
<u>-</u>	1	Contributions, gifts, grants, and similar amounts received:	
00 %	¹a	Direct public support	
Ŋ	ь	Indirect public support	
€O	c	Government contributions (grants)	
U	d	Total (add lines 1a through 1c) (attach schedule of contributors)	
N M D	:	(cash \$ noncash \$)	1d 305,782
U)	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 459
_	3	Membership dues and assessments	3
アニニ語の	4	Interest on savings and temporary cash investments	4 4,773
듬	5	Dividends and interest from securities	5
=	6a	Gross rents	
==; (b	Less: rental expenses	
~		Net rental income or (loss) (subtract line 6b from line 6a)	6c 0
Ë	7	Other investment income (describe >)	7
Revenue	8a	Gross amount from sale of assets other (A) Securities (B) Other	
쫎		than inventory	
	ь	Less: cost or other basis and sales expenses. 8b	
		Gain or (loss) (attach schedule)	
		Net gain or (loss) (combine line 8c, columns (A) and (B))	8d 0
	9	Special events and activities (attach schedule)	
	а	Gross revenue (not including \$ of	
	ĺ	contributions reported on line 1a) 9a	
	ь	Less: direct expenses other than fundraising expenses . 9b	
		Net income or (loss) from special events (subtract line 9b from line 9a)	9c 0
	10a	Gross sales of inventory, less returns and allowances 10a 2,911,578	_
	b	Less: cost of goods sold	
	С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) .	10c 2,018,397
	11	Other revenue (from Part VII, line 103)	11 7,941
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9d, 10c, 初年的民区	12 2,337,352
LA	13	Program services (from line 44, column (B))	13 1,425,199
Expenses	14	Management and general (from line 44, column (d))	14 523,753
per	15		15 0
Ã	16	Payments to affiliates (attach schedule)	16
	17	Total expenses (add lines 16 and 44, column (A))	17 1,948,952
ets	18	Excess or (deficit) for the year (subtract line 17 from-line 12)	18 388,400
Ass	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 1,595,070
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20
~	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 1,983,470

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 494 7(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 19.)

	Tallottolla Exporto o		<u> </u>	'		
	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 \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule).	24				
25	Compensation of officers, directors, etc	25	79,449	41,310	38,139	
26	Other salaries and wages	26	736,656	552,492	184,164	
27	Pension plan contributions	27	20,149	15,112	5,037	
28	Other employee benefits	28	72,937	54,703	18,234	
29	Payroll taxes	29	81,169	60,877	20,292	
30	Professional fundraising fees	30	20.062		20.062	
31	Accounting fees	31	20,063		20,063	
32	Legal fees	32	2,750		2,750	
33	Supplies	33	20.007	72 120	7 177	
34	Telephone ,	34	29,907	22,430	7,477	
35	Postage and shipping	35	22,257	16,692	5,565	
36	Occupancy	36	180,146	135,109	45,037	
37	Equipment rental and maintenance	37	54,709	41,032	13,677	
38	Printing and publications	38	85,031	63,773	21,258	
39	Travel	39	243,135	182,351	60,784	
40	Conferences, conventions, and meetings	40	16,085	12,064	4,021	
41	Interest	41	1,503	67 101	1,503	
42	Depreciation, depletion, etc. (attach schedule)	42	76,655	57,491	19,164	
43	Other expenses (itemize): a See attached	43a	<u> </u>	-		
b		43b	226,351	169,763	56,588	<u> </u>
C		43c	420,331	102,703	20,200	
d		43d				
. е		43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,948,952	1,425,199	523,753	0
educ II "Ya (iii) ti	orting of Joint Costs. Did you report in column cational campaign and fundraising solicitation? as," enter (i) the aggregate amount of these joint cost amount allocated to Management and general \$ till Statement of Program Service Acceptable.	ts \$; (ii) the	e amount allocated amount allocated	to Program service to Fundraising \$	
	t is the organization's primary exempt purpose?					Program Service
All o	rganizations must describe their exempt purpose a tents served, publications issued, etc. Discuss ach nizations and 4947(a)(1) nonexempt charitable trusts	chieve iievem	ments in a clear an ents that are not m	d concise manner. leasurable. (Section	n 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a) (1) trusts; but optional for others.)
	Maintenance of correspondence with Narcotics Ano committees, printing and distribution of World Serv maintenance of the archives and files of NA.	ice Co				1,425,199
b .						
		. 		,		
_	((Grants	and allocations	\$.)	·
C.						
		. 				
		. 				
	(0	Grants	and allocations	<u>\$</u>)	
d.	,					•
				·		
-			and allocations	\$		
			and allocations	\$		4 4-4 4 444
	otal of Program Service Expenses (should equ	ial line	44, column (B), F	rogram services)	<u></u> ▶	1,425,199

Part IV Balance Sheets (See Specific Instructions on page 22.)

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
45	Cash—non-interest-bearing	585,567	45	621,672
46	Savings and temporary cash investments	171,081	46	373,587
	Accounts receivable	512,036	47c	433,102
48a	Pledges receivable ,			
49	Less: allowance for doubtful accounts	0	48c 49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
S C	Other notes and loans receivable (attach schedule)	-		0
g b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use	449,234 29,255	52	402,138 16,654
53	Prepaid expenses and deferred charges	49,255	53	10,034
54	Investments—securities (attach schedule)		54	
	Investments—land, buildings, and equipment: basis	-		
b	Less: accumulated depreciation (attach schedule) 55b	0	55c	0
1	Schodato,		56	
1	Investments—other (attach schedule) Land, buildings, and equipment: basis 57a 1,068,554			
b	Less: accumulated depreciation (attach schedule) 57b 787,676	258,592	57c	280,878
58	schedule)	131,577	58	133,907
		2 127 2 12		2.261.020
59	Total assets (add lines 45 through 58) (must equal line 74)	2,137,342	59	2,261,938
60	Accounts payable and accrued expenses	483,152	60	261,848
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach	}		
63 64a	schedule),	ļ	63	
64a	Tax-exempt bond liabilities (attach schedule)	10.00	64a	
b	Mortgages and other notes payable (attach schedule)	42,500	64b	0
65	Other liabilities (describe deferred revenue)	16,620	65	16,620
66	Total liabilities (add lines 60 through 65)	542,272	66	278,468
L.	inizations that follow SFAS 117, check here ► 🗓 and complete lines 67 through 69 and lines 73 and 74.			
67 68 69 Orga	Unrestricted	1,595,070	67	1,983,470
68	Temporarily restricted		68	
69	Permanently restricted		69	-
Orga	inizations that do not follow SFAS 117, check here ▶ □ and			
[~'y	complete lines 70 through 74.	}		
	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines			
70 71 72 73	70 through 72; column (A) must equal line 19 and column (B) must			
	equal line 21)	1,595,070	73	1,983,470
1	Total lightifican and not appets I found halances (add lives CC and 72)	2,137,342	74	2,261,938

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.

Pai	t IV-A	Reconciliation of Revenu Financial Statements with Return (See Specific Instru	h Revenue	per	Part	F	leconciliation of inancial Stater leturn			
а		nue, gains, and other support	2	337,352	a		enses and lo			1,948,952
b	•	d financial statements , Included on line a but not on orm 990:	a 2	30 (002	b	Amounts i	nancial statemer included on line , Form 990:	· · ·	a	1,710,702
(1)		lized gains			(1)	Donated and use of	services			
(2)		services of facilities			(2)	Prior year acreported on	line 20,			
(3)		es of prior ts , , , \$			(3)	Form 990 . Losses rep				
(4)	Other (sp	· · · · · · · · · · · · · · · · · · ·				line 20, Fo	rm 990 , <u>\$</u>			
		\$			· (4)	Other (spe	ecify):			
	Add amou	ints on lines (1) through (4) ▶	b	0	ļ 1		<u>\$</u>			Λ.
С	Line a mi	nus line b	c 2.	337,352	С		nts on lines (1) th		b	1,948,952
d	Amounts	included on line 12, but not on line a:			d	Amounts i	ncluded on line but not on line	17,		
(1)		: expenses ed on line			(1)					
	6b, Form 9					not include 6b, Form 99				
(2)	Other (sp	ecify):			(2)	Other (spe	ecify):			
	See attacl	1ed \$					<u>\$</u> _			
e Pai	Total reve (line c plu	unts on lines (1) and (2) tenue per line 12, Form 990 is line d) tof Officers, Directors, T		337,352 and Key	e Fmnl	Total exper	nts on lines (1) nses per line 17, s line d)	Form 990	e	1,948,952 red: see Specifi
		tructions on page 24.)					, · · · · · · · · · · · · · · · · · · ·	<u> </u>		
		(A) Name and address		(8) Title a week o	nd avera levoted	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contributions employee benefit p deferred compens	lans &	(E) Expense account and other allowances
See a	ttached sta	tement					79,449	5,9	89	0
						·				
								<u> </u> 		
								<u> </u>		
								<u> </u>		
								ı +		
				 			 	! !	;	·
								! !	<u> </u>	
								•]	
75	organizatio	ficer, director, trustee, or key em n and all related organizations, o ttach schedule—see Specific	f which mor	e than \$10	,000 w	npensation of as provided	of more than \$100 by the related org),000 from you anizations?	בריים בריים בריים	☐ Yes 🏻 No.

Pai	Other Information (See Specific Instructions on page 25.)		Yes					
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.							
78a	8a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.							
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b						
7 9	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		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?	80a	******	X				
b	If "Yes," enter the name of the organization ▶							
	and check whether it is exempt OR nonexempt.							
81a	Enter the amount of political expenditures, direct or indirect, as described in the							
	instructions for line 81							
b	Did the organization file Form 1120-POL for this year?	81b		<u> </u>				
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			3,				
	or at substantially less than fair rental value?	82a		X				
b	If "Yes," you may indicate the value of these items here. Do not include this amount							
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in							
	Part III.)		X					
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	 -				
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		X				
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a						
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions	84Ь	N/A	\$33 . 333				
٥.	or gifts were not tax deductible?	85a		-				
85	501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by members?	85b						
g	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	000						
	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. Dues, assessments, and similar amounts from members							
-	المسال							
d	Section 162(e) lobbying and political expenditures							
e	Taxable amount of lobbying and political expenditures (line 85d less 85e)							
q		85g						
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable							
11	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h						
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12							
	Gross receipts, included on line 12, for public use of club facilities							
87	501(c)(12) orgs. 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.)							
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							
	301.7707-2 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 ▶; section 4912 ▶; section 4955 ▶	ļ						
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	1 1						
	during the year or did it become aware of any excess benefit transaction from a prior year? If "Yes," attach	[,]		x				
	a statement explaining each transaction	89b						
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under							
	sections 4912, 4955, and 4958							
	Enter: Amount of tax on line 89c, above, reimbursed by the organization,							
	List the states with which a copy of this return is filed California Number of employees employed in the pay period that includes March 12, 1999 (See inst.) 90b		3	6				
	Trained of displaced military pay posted that majordos maior 12, 1000 (000 mist)	773-00						
91	10727 Nowthoff Place Chairmanth CA	, , , , , ,	<i>::</i>					
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		 I	· []				
J.L.	and enter the amount of tax-exempt interest received or accrued during the tax year		'					

Part	VII Analysis of Income-Producing Activ	vities (See S	pecific Instruct	ions on pag	je 29.)	
Enter	gross amourits unless otherwise	Unrelated bi	usiness income	Excluded by sec	tion 512, 513, or 514	(E)
	ated.	(A)	(B)	(C)	(D)	Related or exempt function
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	income
a	Convention receipts			03	459	
b			·			
C			ļ			
d						
е		<u> </u>			<u> </u>	
f	Medicare/Medicaid payments			ļ		
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments		ļ	14	4,773	
96	Dividends and interest from securities			<u> </u>		
97	Net rental income or (loss) from real estate:					
а	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	1				
101	Net income or (loss) from special events				'	
102	Gross profit or (loss) from sales of inventory .			Ì		2,018,397
103	Other revenue: a		T			
b	Miscellaneous			01	7,941	
c						
d						
e						
_	subtotal (add columns (B), (D), and (E))		0	1 3,40 144	13,173	2,018,397
						2,031,570
Note:	(Line 105 plus line 1d, Part I, should equal the a	mount on line	12, Part I.)	• • • •		
	VIII Relationship of Activities to the Accon			ses (See Sp	ecific Instruction	ns on page 30.)
Line	and the second of the second o	reported in colu	mn (E) of Part VII	contributed in	portantly to the a	ccomplishment
			<u> </u>		1.1-	
10	<u> </u>	ymous iiteratui	re as information	tor the fellows	nıp	
	of Narcotics Anonymous.					
						
					~	
						
	<u></u>					
_			·····			
			<u></u>	<u></u>		 .
Part				s (See Spec		
	(A) Name, address, and EIN of corporation, Per	(B) rcentage of	(C) Nature of ac	tivitice	(D) Total income	(E) End-of-year
		rship interest	Tradule Of ac		- Otal IIICOME	assets
		%				
		%				
		%				
		% <u> </u>				

SCHEDULE A (Form 990)

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the or	ganization			Employer identifica	tion number
Narcotics Ar	onymous World Services			95 3090596	
Part I	Compensation of the Five High (See page 1 of the instructions.				nd Trustees
(a) Name a	nd 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
None					
•					
•			<u> </u>		
\$50,000 . Part II	er of other employees paid over Compensation of the Five High				
(a) Na	(See page 1 of the instructions. Li une and address of each independent contractors.)		(b) Type		(c) Compensation
None					
· ———					
••••••					
•••••					
Total numbe	r of others receiving over \$50,000 for services				

Pa	rt III	Statements About Activities		¹Yes	No
1	attem	the year, has the organization attempted to influence national, state, or local legislation, includir to influence public opinion on a legislative matter or referendum?	Ĭ L	1	X
	Organ organi	," enter the total expenses paid or incurred in connection with the lobbying activities \$	Other		
2	of its	the year, has the organization, either directly or indirectly, engaged in any of the following acts wi trustees, directors, officers, creators, key employees, or members of their families, or with any to zation with which any such person is affiliated as an officer, director, trustee, majority owner, or pri ciary:	axable		
а	Sale,	exchange, or leasing of property?	2	a !	X
b	Lendi	ng of money or other extension of credit? ,	2	b	X
С	Furnis	hing of goods, services, or facilities? ,	2	<u>c </u>	X
d	Paymo	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2	d X	-
е	Transl	er of any part of its income or assets?	2	e	x
		answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3 4a		the organization make grants for scholarships, fellowships, student loans, etc.?	• • •	3 . a i	X
b	Attach	a statement to explain how the organization determines that individuals or organizations receiving is from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instruc	grants 🎇		
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 2 through 4 of the instruc	ctions.)		
The	organiz	ation is not a private foundation because it is: (Please check only ONE applicable box.)			
5	_	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)			
7		hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8 9	□ A	Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter t d state ►	he hospital	's name	, city
10	☐ An	organization operated for the benefit of a college or university owned or operated by a governmental up- so complete the Support Schedule in Part IV-A.)	nit. Section	170(Б)(1)	(A)(iv)
11a		organization that normally receives a substantial part of its support from a governmental unit or ction 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	from the o	jeneral p	oilduc
11b	□ A	community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	re: its	organization that normally receives: (1) more than 33½% of its support from contributions, mentioper from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) support from gross investment income and unrelated business taxable income (less section 511 tax) the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule	no more t from busine	han 33 7 sses acc	5% o
13	de	organization that is not controlled by any disqualified persons (other than foundation managers) are scribed in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test ction 509(a)(3).)	of section		
		Provide the following information about the supported organizations. (See page 4 of the instruction			
	_	(a) Name(s) of supported organization(s)	(b) Line nui from ab		
	_		. <u> </u>		
14	_ 	organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 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.

Cale	endar year (or fiscal year beginning in) . >	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					0
16	Membership fees received					0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	5,317,540	5,137,075	4,467,207	4,505,769	19,427,591
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	2,635	2,073	2,495	4,074	11,277
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0
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.					0
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23	Total of lines 15 through 22	5,320,175	5,139,148	4,469,702	4,509,843	19,438,868
24	Line 23 minus line 17	2,635	2,073	2,495	4,074	11,277
25	Enter 1% of line 23	53,202	51,391	44,697	45,098	
26	Organizations described on lines 10 or 11:	a Enter 2% of a	mount in column	ı (e), line 24	▶ 26a	
b	Attach a list (which is not open to public inspect person (other than a governmental unit or public 1998 exceeded the amount shown in line 26a.	ly supported organ Enter the sum of a	nization) whose to all these excess a	otal gifts for 1995 amounts	through 26b	N/A
C	Total support for section 509(a)(1) test: Enter lin				P19200000	
d	Add: Amounts from column (e) for lines: 18				▶ 26d	
_					• • •	
f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera	tor) divided by lin		ator))	. ▶ 26f	%
27	Organizations described on line 12: a For person," attach a list to show the name of, and of such amounts for each year:	r amounts include	d in lines 15, 16	, and 17 that w	ere received from	m a "disqualified
b	(1998) 0 (1997) For any amount included in line 17 that was recreeived for each year, that was more than thorganizations described in lines 5 through 11, and the larger amount described in (1) or (2), en	ceived from a nonce e larger of (1) the as well as individu	disqualified perso amount on line als.) After compu	on, attach a list t 25 for the year uting the differen	o show the nam or (2) \$5,000. (I ace between the	e of, and amount include in the list amount received
	(1998) (1997)	0	(1996)	0	(1995)	0
С	Add: Amounts from column (e) for lines: 15 20 Add: Line 27a total0	0	1621 21	0	► 27c	19,427,591
d	Add: Line 27a total	and line 27b total		<u> </u>	▶ 27d	0
е	Public support (line 27c total minus line 27d tot	:al)			. ▶ 27e	19,427,591
f	Total support for section 509(a)(2) test: Enter ar	nount on line 23,	column (e)	► 27f! 19,	,438,868	90.01.04
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, column					99.94 % 0.06 %
28	Unusual Grants: For an organization described attach a list (which is not open to public inspection, and a brief description of the nature of the	tion) for each year	showing the nar	me of the contrit	outor, the date as	nd amount of the

Part V

Private School Questionnaire (See page 4 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
c	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
d	with student admissions, programs, and scholarships?	32c 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:	33a		
a b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d e	Scholarships or other financial assistance?	33d 33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		 _
h	Other extracurricular activities?	133h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		-
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
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		<u>-</u>

Schedule .	A /Earns	OOOL	1000
cneame .	u iroimi	9901	1999

20116	oule A (Form						Page 5
Pa	rt VI-A	Lobbying Expenditures by El (To be completed ONLY by an				instructions.)	
	ck here 🕨	a ☐ if the organization belongs tb ☐ if you checked "a" above a		•		·	
Cne	ck nere 🚩	b [] if you checked "a" above an			piy.	(a) Affiliated group	(b) To be completed
		(The term "expenditures" mea	- ,			totalš	for ALL electing organizations
36	Total lobb	pying expenditures to influence public	opinion (grassro	ots lobbying) .	36		
37		oying expenditures to influence a legis			37	-	
38 39		oying expenditures (add lines 36 and a compt purpose expenditures	•		38		
40		mpt purpose expenditures (add lines					
41		nontaxable amount. Enter the amount					
			bbying nontaxab				,
			f the amount on t)		
		,000 but not over \$1,000,000 \$100,00 10,000 but not over \$1,500,000 \$175,00	•		1 7	0	
		10,000 but not over \$17,000,000 . \$225,00	•		,0,000		
			000)		
42		ts nontaxable amount (enter 25% of I			I		
43 44		line 42 from line 36. Enter -0- if line 4 line 41 from line 38. Enter -0- if line 4			- 1		
44							
	Caution:	If there is an amount on either line 43	3 or line 44, you n	nust file Form 47	720.		
	10		eraging Period			. c	-1
	(5)	ome organizations that made a section See the ins	in 501(n) election tructions for <u>line</u> s	45 through 50 c	complete all of the i	e rive columns be nstructions.)	elow.
			Lob	bying Expendite	ıres During 4-Ye	ar Averaging Pe	riod
	Calendar fiscal yea	year (or ar beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45	Lobbying	nontaxable amount					
46	Lobbying	ceiling amount (150% of line 45(e)).					
47	Total lobb	oying expenditures					
48	Grassroot	ts nontaxable amount , .					
49	Grassrool	s ceiling amount (150% of line 48(e))					
50	Grassroot	s lobbying expenditures					
Pa	rt VI-B	Lobbying Activity by Nonelec		narities	·		·
		(For reporting only by organiza	tions that did r	not complete l	Part VI-A) (See	page 8 of the	instructions.)
		r, did the organization attempt to influence public opinion on a legislative m				ony Yes No	Amount
		s,				· ·	
b c		or management (Include compensation vertisements	•	•	-		
d		o members, legislators, or the public					
e	-	ns, or published or broadcast stateme					
f		other organizations for lobbying purp					
g G		ntact with legislators, their staffs, government		•	•	1 1	 -
h j		emonstrations, seminars, conventions bying expenditures (add lines c throug	•	<u>-</u>			L
•		o any of the above, also attach a state	•			si_fsta_	· · · · · · ·
						DOTHUTTOC	

Pa	rt VI		n Regarding Tra ganizations (Se	ansfers To and Transaction se page 8 of the instruction	ons and Relationships With Noncharit	table
51		the reporting orga	nization directly or	indirectly engage in any of the	e following with any other organization descrition 527, relating to political organizations?	bed in section
_				• • • • • • • • • • • • • • • • • • •	* ,	Yes No
а				to a noncharitable exempt orga	anization or:	
					a(ii	\ ''
	٠.	Other assets			· · · · · · · · · · · · · · · · · · ·	
b		er transactions:	af		ation b(i)	\mathbf{x}
				noncharitable exempt organiza		
				ritable exempt organization .		7
				ner assets	I	''-
			_			
		•			1	
				ship or fundraising solicitations		7
С		•		ists, other assets, or paid emplo		
d	qoo	ds, other assets, or	services given by th	ne reporting organization. If the or	Column (b) should always show the fair market ganization received less than fair market value in ds, other assets, or services received:	value of the n any
(i	a)	(b)		(c)	(d)	
Line	no.	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, and sharing	arrangements
N/A						
	-					
						-
						
						-
						
						
	•	-				
		<u> </u>		·		
	des	cribed in section 50 es," complete the	01(c) of the Code (other than section 501(c)(3)) or		'es 🗓 No
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationship	
						
		····				<u> </u>
		-				
		·				
				<u></u>		
				<u> </u>		
				<u> </u>	_:	
					ļ	

ATTACHMENT TO FORM 990

For The Six Months Ended June 30, 1999

Part II, Line 42 - Depreciation & Part IV, Line 57 - Fixed Assets

Fixed Assets - At Cost			
Leasehold improvements			\$ 482,761
Furniture and equipment			585,793
Total Fixed Assets - At Cost			1,068,554
Less - Prior Years Accumulated Depreciation:			
Leasehold improvements			330,978
Furniture and equipment			<u>330,043</u>
1 (
Total Prior Years Accumulated Depreciation			711,021
Less - Current Year Depreciation Expense:			
Leasehold improvements			56,725
Furniture and equipment			19,930
m.10 (T D // T			
Total Current Year Depreciation Expense			<u>76,655</u>
Total Accumulated Depreciation at 6/30/99			787,676
Net Fixed Assets			\$ 280,878
Part I, Line 10 - Income and Cost of Goods Sold:		2 402 402	
Gross Receipts	\$	3,502,732	
Less: Returns and allowances		591,154	A 014 AND
Sales of publications and program materials			2,911,578
Cost of goods sold		893,181	
Gross Profit		075,101	2,018,397
Cost of Goods Sold			
Inventory at beginning of year	\$	449,234	
Merchandise purchased	Ψ	846,085	
Cost of labor		-0-	
Materials and supplies		-0-	
Other costs		-0-	
Total			1,295,319
Inventory at end of year		402,138	
Cost of goods sold			\$ <u>893,181</u>

ATTACHMENT TO FORM 990

For The Six Mouths Ended June 30, 1999

Line 43 - Other Expenses:

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	<u>SERVICES</u>	AND GENERAL	<u>FUNDRAISING</u>
Insurance Expense	\$ 32,901	\$ -	\$ 32,901	<u>r ottoru nonto</u>
Consulting Expense	29,710	22,283	7,428	
Service Charges	11,423	23,203	11,423	
Computer Software	11,125	•	11, 123	
& Supplies	33,875	25,406	8,469	
Bad Dept Expense	25,396	25,700	25,396	
Copyrights	4,433	4,433	23,370	
Dues and Fees	1,230	4,433	1,230	
	8,709	-	8,709	
Employee Training Foreign Currency	6,709	-	8,709	
Translation	104		104	
Other Misc. Taxes	928	•	928	
		42 910		
Office Expenses	58,413	43,810	14,603	
Miscellaneous	8,268	6,201	2,067	
Amortization of				
Copyrights and	10.041	10.041		
Trademarks	<u> 10,961</u>	<u>10,961</u>	<u></u>	
Total	<u>\$226,351</u>	\$169,763	<u>\$ 46,588</u>	

Part III - Statement of Organization's Primary Exempt Purpose

Provider of communications and information for fellowship of narcotics anonymous.

Part IV, Line 58, Column B - Other Assets:

Deposits	\$ 17,439
Trademarks and copyrights net of accumulated amortization	116,468
Total	<u>\$133,907</u>

ATTACHMENT TO FORM 990

For The Six Months Ended June 30, 1999

Part V - 1, List of Officers, Directors, Etc.

Name/Address	Title/Hours	Compensation	Benefits	Expense Account
Michael McDermott	Chairperson Part-time	0	0	0
Susan Chess	Treasurer Part-time	. 0	0	0
Bella Blake	Board Member Part-time	0	0	0
Lib Edwards	Board Member Part-time	0	0	0
David James	Board Member Part-time		0	0
Jane Nickels	Board Member Part-time	0	0	0
Daniel Schuessler	Board Member Part-time	0	0	0
Jon Thompson	Vice Chairperson Part-time	0	0	0
Cary Seltzer	Board Member Part-time	0	0	0
Mario Tesoriero	Secretary Part-time	0	0	0
Claudio Lemionet	Board Member Part-time	.0	0	0
Anthony Edmondson	Exec. Co-Dir. Full-time	40,868	2,881	0
George Hollahan	Exec. Co-Dir. Full-time	38,581	3,108	. 0

ATTACHMENT TO FORM 990

For The Six Months Ended June 30, 1999

Part V - 1, List of Officers, Directors, Etc. (Cont'd.)

Name/Address	Title/Hours	Compensation	Benefits	Expense Account
Bob Jordan	Board Member Part-time	0	0	0
Mary Kay Berger	Board Member Part-time	0	0	0
Tony Walters	Board Member Part-time	0	0	0
Larry Roche	Board Member Part-time	0	0	0
Floyd Best	Board Member Part-time	0	0	0
Stephan Lantos	Board Member Part-time	0	0	0
Craig Robertson	Board Member Part-time	0	0	0
				
Total		<u>\$_79,449</u>	<u>\$ 5,985</u>	<u>\$0</u>

Form **2758**

Application for Extension of Time To File

				1	С.
		4			7
OMB	No	154	15-	014	я

(Rev. June 1998)		•	Certain Excise, Income, Information, and Other Returns				OMB No. 1545-0148			
	of the Treasury nue Service		► File a separate application for each return.							
	1	Name			<u> </u>				Employer idenlii	Icalian number
Please typ			tics Anna	omaus World!	Services, Inc.			``	95 3090	
print. File orlginal a		Narcotics Anonymous World Services, Inc. 95 3090596 Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)								
copy by t			Nordhoff			77,017,10 11.01 20117011	od in sileor dddidae)			
date for filing your return. See		19/3/	иотапон	riace						
instruction		City, to	wn or gost i	office state and	ZIP code. For a fore	inn address, see in	strictions			
back. 		-	worth, CA			.g., 202, 200, 200				
N-4 0					· · · · · · · · · · · · · · · · · · ·	4				
tru	ısts mus	t use F	orm 873	6 to request a	an extension of t	time to file For	n extension of time m 1065, 1066, or	1041.	inęrsnips, Hi	iMICs, and
-							to file (check only		_	
	Form 706				-T (sec. 401(a) or	•	Form 1120-ND	(sec. 4951 ta	_	Form 8612
	Form 700				-T (trust other than	•	☐ Form 3520-A		·	Form 8613
	Form 990		i-EZ	_	1 (estale) (see inst	ructions)	☐ Form 4720		_	Form 8725
	Form 990			☐ Form 104			Form 5227		닏	Form 8804
	Form 990			☐ Form 104			☐ Form 6069			Form 8831
							United States, che			. > []
							y 1 , 1999 and			,
	•						rn 🗆 Final return			
3 Has	s an exte	ension	of time to	ifile been pre	viously granted	for this tax yea	ar?		🗵 🖰	∕es ∐No
4 Sta	te in det	ail why	you nee	d the extension	on The tax retur	n will not be co	mpleted by the due	date		
bec	ause info	matio	necessor	y for the accur	ate completion of	the return has i	not yet been received	j,		
	<i></i>									
5a If th	nis form i	s for Fo	orm 706-G	iS(D), 706-GS(T), 990-BL, 990-F	PF, 990-T, 1041	(estate), 1042, 112	0-ND, 4720,		
606	9, 8612, 8	8613, 8	725, 8804,	or 8831, enter	the tentative tax,	less any nonrefu	ındable credits. See	instructions.	\$	
b If th	nis form	is for F	om 990-	-PF, 990-T, 10)41 (estate), 104	2, or 8804, ent	ter any refundable	credits and		
esti	imated to	ах рау	nents ma	ide. Include a	ny prior year ove	erpayment allo	wed as a credit .		\$	<u></u>
c Bai	ance du	e. Sub	tract line	5b from line 5	Sa. Include your	payment with t	this form, or depos	sit with FTD		
cou	ipon if re	equired	. See inst	ructions .	<u></u>	<u> </u>	<u> </u>	<u> </u>	\$	0
					Signature	and Verifica	tion			
Under pena	alties of pe	rjury, I d	eclare that I	have examined	this form, including a	ecompanying sche	edules and statements,	and to the best	of my knowled	go and belief,
it is true, c	orrect, and		ar and mat	i am autoponzeo (o prepare this form.					, ,
	1.	1)	V V I	11	n	·			_ /	' - l
Signature	/	Jane .		744	Title ► <	everne			Date >	2 00
						r or not your a	pplication is approv	ed and will r	eturn the cor	ıy. Y
Notice	to Appi	icant-	-To Be	Completed	by the IRS					
☐ We	HAVE a	pprove	d your ap	plication. Ple	ase attach this t	form to your re	eturn.			
☐ We	HAVE N	IOT ap	proved yo	our application	n. However, we	have granted a	a 10-day grace per	riod from the	alater of the	date
							ons). This grace p			
exte	ension of	f time f	or electio	ns otherwise	required to be r	nade on a time	ely return. Piease a	ittach this fo	orm to your i	eturn.
☐ We	HAVE N	IOT ap	proved yo	our application	n. After conside	ring the reason	is stated in item 4,	we cannot	grant your re	eguest for
an e	extensio	n of tin	ne to file.	We are not g	ranting the 10-d	ay grace perio	d.			
☐ We	cannot o	conside	er your ap	plication bec	ause it was filed	after the due	date of the return	for which a	n extension	was
requ	uested.									
☐ Oth	er:									
							••••			
					Ву:					
	,379	Direc	tor						Date	3
										
ryou want		this form	to be retur	ned to an addres	s other than that sho	wn above, please	enter the address to wi	nich the copy s	nould be sent.	
	Name	U'			_					
Please				usiness Service		h delinered to a	na malalanca l			
Type or				•	. box no. if mail is no	or delivered to stre	er adatezz)			
Print				y, Suite 400	For a foreign address	ne con instructions	 			

San Ramon, CA 94583

City, town or post office, state, and ZIP code. For a foreign address, see instructions.