

**Return of Organization Exempt From Income Tax**

**2001**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2001 calendar year, or tax year period beginning JUL 1, 2001 and ending JUN 30, 2002

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

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

**D** Employer identification number: 95-3090596

**E** Telephone number: 818-773-9999

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

H and I are not applicable to section 527 organizations  
 H(a) Is this a group return for affiliates?  Yes  No  
 H(b) If "Yes," enter number of affiliates: \_\_\_\_\_  
 H(c) Are all affiliates included? N/A  Yes  No (If "No," attach a list.)  
 H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
 I Enter 4-digit GEN: \_\_\_\_\_

**G** Web site: \_\_\_\_\_

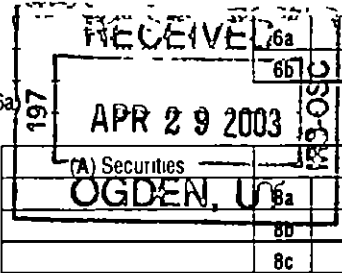
**J** Organization type (check only one):  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 6533394.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	583903.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <u>583903.</u> noncash \$ _____)	1d	583903.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	12355.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	20975.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe: _____)	7			
8a	Gross amount from sale of assets other than inventory	8a			
b	Less cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a	5879128.		
b	Less cost of goods sold	10b	1805265.		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 1 4073863.		
11	Other revenue (from Part VII, line 103)	11	37033.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4728129.		
Expenses	13	Program services (from line 44, column (B))	13	3084740.	
	14	Management and general (from line 44, column (C))	14	1661014.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	4745754.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-17625.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3148471.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3130846.	



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Part II Statement of Functional Expenses

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

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

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 3

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

Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)

Table with 2 columns: Description of program service, Program Service Expenses. Row a: MAINTENANCE OF CORRESPONDENCE WITH NARCOTICS ANONYMOUS (NA) GROUPS AND SERVICE COMMITTEES, PRINTING AND DISTRIBUTION OF WORLD SERVICE CONFERENCE APPROVED LITERATURE AND MAINTENANCE OF THE ARCHIVES AND FILES OF NA (Grants and allocations \$ ) 3084740. Row e: Other program services (attach schedule) (Grants and allocations \$ )

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 3084740

**Part IV Balance Sheets**

Note		(A) Beginning of year		(B) End of year		
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
Assets	45	Cash - non-interest-bearing	934637.	45	1661581.	
	46	Savings and temporary cash investments	683575.	46	165555.	
	47 a	Accounts receivable	820315.			
		b Less allowance for doubtful accounts	6329.	712864.	47c	813986.
	48 a	Pledges receivable				
		b Less allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees			50	
	51 a	Other notes and loans receivable				
		b Less allowance for doubtful accounts			51c	
	52	Inventories for sale or use	513581.	52	562840.	
	53	Prepaid expenses and deferred charges	46569.	53	649651.	
	54	Investments - securities			54	
		▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV				
	55 a	Investments - land, buildings, and equipment basis				
	b Less accumulated depreciation			55c		
56	Investments - other			56		
57 a	Land, buildings, and equipment basis	1933657.				
	b Less accumulated depreciation <b>STMT 4</b>	1140616.	627670.	57c	793041.	
58	Other assets (describe ▶ <b>SEE STATEMENT 5</b> )	101349.	58	97504.		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	3620245.	59	4744158.		
Liabilities	60	Accounts payable and accrued expenses	292608.	60	541624.	
	61	Grants payable		61		
	62	Deferred revenue		62	938355.	
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
		b Mortgages and other notes payable	179166.	64b	133333.	
	65	Other liabilities (describe ▶ )		65		
66	<b>Total liabilities</b> (add lines 60 through 65)	471774.	66	1613312.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	3148471.	67	3130846.	
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3148471.	73	3130846.	
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 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 VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>CONVENTION RECEIPTS</b>			03	12355.	
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	20975.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					4073863.
103 Other revenue					
a <b>MISCELLANEOUS</b>			01	37033.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		70363.	4073863.
105 Total (add line 104, columns (B), (D), and (E))					4144226.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
102	<b>PRODUCTION AND DISTRIBUTION OF NARCOTICS ANONYMOUS LITERATURE AS INFORMATION FOR THE FELLOWSHIP OF NARCOTICS ANONYMOUS</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 9870 and Form 4730 (see instructions).

I am preparing this return on behalf of the organization and to the best of my knowledge and belief it is true and correct to the best of my knowledge and belief.

103 **ANTHONY EDMONDSY** Exec Dir  
Type or print name and title

**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**

Name of the organization **NARCOTICS ANONYMOUS WORLD SERVICES, INC** Employer identification number **95 3090596**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>MICHAEL POLIN</u> ----- 19737 NORDHOFF PL, CHATSWORH, CA 91311	EVENTS MGR 40	56800.	5724.	
<u>ROBERTA TOLKAN</u> ----- 19737 NORDHOFF PL, CHATSWORH, CA 91311	H R MANAGER 40	54371.	6028.	
<u>ANN PETERS</u> ----- 19737 NORDHOFF PL, CHATSWORH, CA 91311	PROD MANAGER 40	54565.	5203.	
<u>ROBERT STEWART</u> ----- 19737 NORDHOFF PL, CHATSWORH, CA 91311	MKTG MANAGER 40	51136.	6782.	
<u>PEREA DUNNELL</u> ----- 19737 NORDHOFF PL, CHATSWORH, CA 91311	CONV MGR 40	52501.	2692.	
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
<u>NONE</u> -----		
-----		
-----		
-----		
-----		
-----		
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-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below )		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

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

The organization is not a private foundation because it is (Please check only ONE applicable box )

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

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

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

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)						
16 Membership fees received						
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	5702574.	5495562.	2332579.	5317540.	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.	2635.	66399.	
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.						
23 Total of lines 15 through 22	5742111.	5515016.	2337352.	5320175.	18914654.	
24 Line 23 minus line 17	39537.	19454.	4773.	2635.	66399.	
25 Enter 1% of line 23	57421.	55150.	23374.	53202.		
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a	N/A
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b	N/A
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c	N/A
	d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____				26d	N/A
	e Public support (line 26c minus line 26d total)				26e	N/A
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	N/A %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
	(2000) 0.	(1999) 0.	(1998) 0.	(1997) 0.		
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
	(2000) 0.	(1999) 0.	(1998) 0.	(1997) 0.		
	c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 <b>18848255.</b> 20 _____ 21 _____				27c	18848255.
	d Add: Line 27a total 0. and line 27b total 0.				27d	0.
	e Public support (line 27c total minus line 27d total)				27e	18848255.
	f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)				27f	18914654.
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	99.6490%
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	.3510%
28 Unusual Grants	For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					
	NONE					

**Part V Private School Questionnaire** (See page 7 of the instructions) N/A

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

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

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

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h )			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h )			0.

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



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE & EQUIPMENT	VARIABLES		.000	16	1158879.			1158879.	432917.		44550.
2	LEASEHOLD IMPROVEMENTS	VARIABLES		.000	16	514619.			514619.	612911.		50238.
	* TOTAL 990 PAGE 2 DEPR					1673498.		0.	1673498.	1045828.	0.	94788.

(D) Asset disposed

FORM 990

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

STATEMENT 1

INCOME

1. GROSS RECEIPTS . . . . .	7020845	
2. RETURNS AND ALLOWANCES . . . . .	1141717	
3. LINE 1 LESS LINE 2 . . . . .		5879128
4. COST OF GOODS SOLD (LINE 13) . . . . .	1805265	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		4073863

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	513581	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	1854524	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		2368105
12. INVENTORY AT END OF YEAR . . . . .	562840	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		1805265

FORM 990	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SELLING EXPENSES	8531.	5545.	2986.	
OFFICE EXPENSE	105119.	68327.	36792.	
COMPUTER SOFTWARE & SUPPLIES	97968.	63679.	34289.	
AMORTIZATION OF COPYRIGHTS AND TRADEMARKS	79908.	51940.	27968.	
INSURANCE EXPENSE	42842.	27847.	14995.	
BAD DEBT EXPENSE	0.	0.		
COPYRIGHTS	0.			
FOREIGN CURRENCY TRANSLATION	23620.	15353.	8267.	
DUES AND FEES	13502.	8776.	4726.	
EMPLOYEE TRAINING	29311.	19052.	10259.	
SERVICE CHARGES	42815.	27830.	14985.	
ENTERTAINMENT	7781.	5058.	2723.	
OTHER EXPENSES	88117.	57276.	30841.	
CONSULTING	2200.	1430.	770.	
COMPUTER CONSULTING	77903.	50637.	27266.	
TOTAL TO FM 990, LN 43	619617.	402750.	216867.	

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

PROVIDER OF COMMUNICATIONS AND INFORMATION FOR FELLOWSHIP OF N/A

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

FORM 990	OTHER ASSETS	STATEMENT	5
DESCRIPTION		AMOUNT	
DEPOSITS		61592.	
TRADEMARKS AND COPYRIGHTS NET OF ACCUMULATED AMORTIZATION		35912.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		97504.	

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
MICHAEL MCDERMOTT 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
SUSAN CHESS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
BELLA BLAKE 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
LIB EDMONDS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
DAVID JAMES 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
JANE NICKELS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	VICE CHAIRPERSON 10	0.	0.	0.
DANIEL SCHUESSLER 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.



JON THOMPSON 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	CHAIRPERSON 10	0.	0.	0.
CARY SELTZER 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	TREASURER 10	0.	0.	0.
CLAUDIO LEMIONET 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
ANTHONY EDMONDSON 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	EXEC. CO-DIR. 40	101366.	5027.	8379.
REBECCA MEYER 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	ASST. EXEC. DIR. 40	62914.	6219.	0.
BOB JORDAN 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	SECRETARY 10	0.	0.	0.
STEPHAN LANTOS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
TONY WALTERS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
LARRY ROCHE 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
CRAIG ROBERTSON 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
TOM MCCALL 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
RON HOFIUS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
GIOVANNA GHISAYS 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.

SAUL ALVARADO 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	BOARD MEMBER 10	0.	0.	0.
GEORGE HOLLAHAN 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	EXECUTIVE CO-DIRECTOR 10	83040.	0.	0.
TOM RUSH 19737 NORDHOFF PLACE CHATSWORTH, CALIFORNIA 91311	CONTROLLER 40	58463.	8353.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>305783.</u>	<u>19599.</u>	<u>8379.</u>

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

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy</b>		
Name of Exempt Organization	Employer identification number	
NARCOTICS ANONYMOUS WORLD SERVICES, INC	95-3090596	
Number, street, and room or suite no If a P O box, see instructions	For IRS use only	
19737 NORDHOFF PLACE		
City, town or post office, state, and ZIP code For a foreign address, see instructions		
CHATSWORTH, CA 91311		

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

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

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

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

- 4 I request an additional 3 month extension of time until MAY 15, 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 COMPLETED BY THE DUE DATE BECAUSE INFORMATION NECESSARY FOR THE ACCURATE COMPLETION OF THE TAX RETURN HAS NOT YET BEEN RECEIVED.

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

**Signature and Verification**

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

Signature [Signature] Title CPA Date 2-7-03

**Notice to Applicant - To Be Completed by the IRS**

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

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

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

Name	LINDQUIST LLP
Number and street (include suite, room, or apt no) Or a P O box number	THREE POINTE DRIVE, SUITE 312
City or town, province or state, and country (including postal or ZIP code)	BREA, CALIFORNIA 92821

123632 07-16-01

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
  - Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

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

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

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

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

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

I request an automatic 3 month (6 month, for 990-T corporation) extension of time until FEBRUARY 18, 2003 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning JUL 1, 2001 and ending JUN 30, 2002

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

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

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

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

### Signature and Verification

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

Signature ▶ [Signature] Title ▶ CPA Date ▶ 11-13-02

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