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.

OMB No. 1545-0047
2006
Open to Public Inspection

ΑF	or the	e 20	006 calendar year, or tax year beginning 07/01, 2006, and ending	9	06/30/2007
Вс	heck if ap	plicable	Please C Name of organization		D Employer identification number
	Addres		use IRS label or NARCOTICS ANONYMOUS WORLD SERVICES, INC.		95-3090596
Γ.	Name	cha nge	print or Number and street (or P.O. box if mail is not delivered to street address) Roy	om/suite	E Telephone number
	Initial	return	See 19737 NORDHOFF PLACE		(818) 773-9999
	Finali	return	Specific Instruction City or town, state or country, and ZIP + 4		F Accounting method Cash X Accrual
	Amen		tions. CHATSWORTH, CA 91311-6606		Other (specify)
	Applic	ation		d I are not app	licable to section 527 organizations
		''g			return for affiliates? Yes X No
G	Websit	te: I			number of affiliates
				Are all affiliate	
	Check		If the organization is not a 509(a)(3) supporting organization and its gross		a list. See instructions.)
••	_		e normally not more than \$25,000. A return is not required, but if the organization chooses		e return filed by an vered by a group ruling? Yes X No.
			<u></u>		tion Number
			· · · · · · · · · · · · · · · · · · ·	Check >	if the organization is not required
•	Gross	recei	ipts Add lines 6b, 8b, 9b, and 10b to line 12 9, 512, 024.	- 1	B (Form 990, 990-EZ, or 990-PF)
	rt I		evenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction		D (v dimi dod) dod ;
	1		Contributions, gifts, grants, and similar amounts received:	10110.7	
ಹ್ರ.			Contributions to donor advised funds		
3008 3008				379,863.	1 1
_	- 1			319,003.	1
⋑			ndirect public support (not included on line 1a)		
			Government contributions (grants) (not included on line 1a)		1e 879,863
NNF	2		otal (add lines 1a through 1d) (cash \$ 879,863. noncash \$ Program service revenue including government fees and contracts (from Part VII, line 93)		2
70	3				3
Š	4		Membership dues and assessments		4 77,190
	5		nterest on savings and temporary cash investments		5
2			Dividends and interest from securities		
			Gross rents 6a 6b		i
Ď			Net rental income or (loss) Subtract line 6b from line 6a		
ē	7		Other investment income (describe		7
Revenue	_		Gross amount from sales of assets other (A) Secunties (B) Other		
Rev	"				†
_			han inventory		1
	ſ		•		-{
	- 1		Gain or (loss) (attach schedule)		8d
	9		Special events and activities (attach schedule). If any amount is from gaming, check here		
					1 1
			contributions reported on line 1b)		
			ess: direct expenses other than fundraising expenses 9b		1
	- 1		Net income or (loss) from special events. Subtract line 9b from line 9a · · · · · · · · · · · · · · · · · ·		9c
	- 1			133,771.	
				713,402.	†
			Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10b		10c <u>5,720,369</u>
	11		DECEIVED		11 121,200
	12	т т	Intal revenue Add lines to 2 3 4 5 60 7 80 00 100 and 11		12 6,798,622
	13	. P			13 5,867,699
S	14		Anagement and general (from line 44, column (e))		14 651, 969
ŠUS	15			-	15
Expenses	16		OCDEN UT		16
ш	17		otal expenses Add lines 16 and 44, column (A)		17 6,519,668
	18		excess or (deficit) for the year. Subtract line 17 from line 12		18 278,954
Net Assets	19		let assets or fund balances at beginning of year (from line 73, column (A))		19 5,550,370
As	20		Other changes in net assets or fund balances (attach explanation)		20
Net	21		let assets or fund balances at end of year. Combine lines 18, 19, and 20		21 5,829,324
	Privac		ct and Panerwork Pediuction Act Notice see the separate instructions	<u> </u>	5,829,324 Form 990 (2006

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V06-8.6 35-7005

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	Do not include amounts reported 6b, 8b, 9b, 10b, or 16 of Pa	d on line	(A) Total	(B) Program services	sts but optional for other (C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (atta-			261AICE2	and general	- Andrews
	(cash \$ noncash \$					
	If this amount includes foreign grants check here	22a				
22b	Other grants and allocations (attach s				*	
	=	1 1				
	(cash \$noncash \$ If this amount includes foreign grants check here	22b				
23	Specific assistance to in	ndividuals				
	(attach schedule)	23			\$1.40 pt 20 pt	
	Benefits paid to or for					
	(attach schedule)	24				
25a	Compensation of current	officers,				
	directors, key employees, et					
	Part V-A (attach schedule)	25a	393,790.	354,411.	39,379.	
b	Compensation of former	officers,				
	directors, key employees, etc					
	Part V-B (attach schedule)	25b	60,638.	54,574.	6,064.	
	Compensation and other distributions					
	ed above, to disqualified persons under section 4958(f)(1)) and person					
	in section 4958(c)(3)(B) (attach sched	dule) 25c				
	Salaries and wages of emplo					
	included on lines 25a, b, and		2,079,465.	1,871,519.	207,946.	
	Pension plan contribution					
	included on lines 25a, b, and		67,594.	60,835.	6,759.	
	Employee benefits not incl					
	lines 25a - 27		324,956.	292,460.		
29	Payroll taxes	29	264,107.	237,696.	26,411.	
	Professional fundraising fees					
31	Accounting fees	31	30,921.	27,829.	3,092.	
	Legal fees		28,572.	25,715.	2,857.	
	Supplies					
	Telephone		77,970.	70,173.	7,797.	
	Postage and shipping		174,734.	157,261.	17,473.	
	Occupancy		440,133.	396,120.	44,013.	
	Equipment rental and mainte		55,785.	50,206.	5,579.	
38	Printing and publications	38	202,721.	182,449.	20,272.	
	Travel		956,122.	860,510.	95,612.	
	Conferences, conventions, and m	· ·	63,291.	56,962.	6,329.	
	Interest		187,216.	168,494.	18,722.	
	Depreciation, depletion, etc. (attack	· -	298,839.	268,955.	29,884.	<u></u>
	Other expenses not covered abov		STMT 3	504 500		
_	STMT_4	l P	812,814.	731,530.	81,284.	
b _.		1				
						
d .						
•		اممدا				
Ι.						<u> </u>
9	Total functional expenses. Add	43g				
44	through 43g. (Organizations of	completing				
9	through 43g. (Organizations of columns (B)-(D), carry these total	Is to lines		F 065 555		
	13-15)		6,519,668.	5,867,699.	651,969.	<u>L</u>
	t Costs. Check ► X if you	•				, m., m
	any joint costs from a combined o					. ▶ ∐Yes X No
	es," enter (i) the aggregate amoun	-	·	· ·	ated to Program services	
(m) (r	he amount allocated to Managem	ieric and general \$		and (IV) the amount a	Ilocated to Fundraising \$	

			
	art III Statement of Program Service Accomplishments (See the in		
par on	orm 990 is available for public inspection and, for some people, inticular organization. How the public perceives an organization in its return. Therefore, please make sure the return is complete a organization and accomplishments.	such cases may be determined by the	information presented
Wh	hat is the organization's primary exempt purpose? ▶SEE STATEMEN	NT 5	Program Service
	organizations must describe their exempt purpose achievements in a cle		- Expenses (Required for 501(c)(3) and
	clients served, publications issued, etc. Discuss achievements that are n		(4) orgs., and 4947(a)(1)
orga	ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the	amount of grants and allocations to others.)	trusts, but optional for others)
a	MAINTENANCE OF CORRESPONDENCE WITH NARCOTICS	ANONYMOUS	
	GROUPS AND SERVICE COMMITTEES, PRINTING AND D	3.75	
	WORLD SERVICE CONFERENCE APPROVED LITERATURE,		
	MAINTENANCE OF THE ARCHIVES AND FILES OF NARC		
	ANONYMOUS.		
	(Grants and allocations \$) If this amou	and in the foreign provide about here h	1
	Grants and allocations \$) If this amou	int includes foreign grants, check here	5,867,699.
b			
	(Grants and allocations \$) If this amou	int includes foreign grants, check here	<u> </u>
С			
			I.
	(Grants and allocations \$) If this amou	unt includes foreign grants, check here	٦
			<u> </u>
d			
		int includes foreign grants, check here	
е	Other program services (attach schedule)		
	(Grants and allocations \$) If this amou	ınt ıncludes foreign grants, check here▶	<u> </u>
f	Total of Program Service Expenses (should equal line 44, column (B) Program services)	5 867 699

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۲	art iv	Balance Sneets (See the Instructions.)			
. I	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	1,831,291.	45	2,892,325.
	46	Savings and temporary cash investments	1,536,819.	46	1,707,643.
	472	Accounts receivable			
		Accounts receivable 47a 774,349 Less: allowance for doubtful accounts 62,443	1	470	711 006
	"	Less: allowance for doubtful accounts	681,869.	4/6	711,906.
	48a	Pledges receivable 48a			
		Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	1	Receivables from current and former officers, directors, trustees, and		-	
		key employees (attach schedule)	50a		
	ь	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
ets		schedule)		1 1	
Assets	b	Less: allowance for doubtful accounts		51c	
`	52	Inventories for sale or use	850,381.	52	904,920.
	53	Prepaid expenses and deferred charges	130,763.	53	479,586.
		Investments - publicly-traded securities . STMT .6. ► Cost X FMV	117,431.	54a	117,608.
	4	Investments - other securities (attach schedule) ▶ _ Cost FMV		54b	
	55a	Investments - land, buildings, and		}	
		equipment: basis		ì l	
	b	Less: accumulated depreciation (attach			
		schedule)55b		55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment: basis STMT .7 . 57a 3,104,157	{	1 1	
	D	Less: accumulated depreciation (attach			1 000 000
	58	schedule)	1,132,924.	5/6	1,093,838.
	36	- · · · ·	207 001	58	407 003
	59	(describe ► STMT 8) Total assets (must equal line 74). Add lines 45 through 58	397,081. 6,678,559.		497,883. 8,405,709.
_	60	Accounts payable and accrued expenses	280,906.		535,540
	61	Grants payable	200, 900.	61	
	62	Deferred revenue		62	
s	63	Loans from officers, directors, trustees, and key employees (attach	ļ- 		
ന		schedule)		63	
Liabilitie	64a	Tax-exempt bond liabilities (attach schedule)		64a	
Ĭ	b	Mortgages and other notes payable (attach schedule)	_	64b	
	65	Other liabilities (describe ►	847,283.	65	2,040,845.
	66	Total liabilities. Add lines 60 through 65	1,128,189.	66	2,576,385.
	Orga	nizations that follow SFAS 117, check here ▶ X and complete lines			
40		67 through 69 and lines 73 and 74.		}	
Š	67	Unrestricted	5,550,370.		5,829,324.
lan	68	Temporarily restricted	<u> </u>	68	
Ba	69	Permanently restricted		69	
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check here and complete lines 70 through 74.			
ō	70	Capital stock, trust principal, or current funds		70	
its	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
SS	72	Retained earnings, endowment, accumulated income, or other funds		72	
Ψ	73	Total net assets or fund balances (add lines 67 through 69 or lines			
Š		70 through 72. (Column (A) must equal line 19 and column (B) must			
		equal line 21)			5,829,324.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	6.678.559.	74	8.405.709

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Pa	Reconciliation of Revenue per Audited F instructions.)	inancial Statemer	nts With Revenu	e per Return (Se	e the
 а	Total revenue, gains, and other support per audited finance	cial statements	• • • • • • • • • • • • • • • • • • • •	a	6,798,622.
b	Amounts included on line a but not on Part I, line 12:		امرا		
1	Net unrealized gains on investments				
2 3	Recoveries of prior year grants		I''' I		
4	Other (specify):				
		- 	b4		
	Add lines b1 through b4			<u>b</u>	
С	Subtract line b from line a			<u>c</u>	6,798,622.
d	Amounts included on Part I, line 12, but not on line a:		1 1		
1	Investment expenses not included on Part I, line 6b		h l		
2	Other (specify):				
	Add lines and and an				
е	Add lines d1 and d2			d	6,798,622.
	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited F	inancial Stateme	nts With Expens	es per Return	0, 190, 022.
					6,519,668.
a	Total expenses and losses per audited financial statements	S	• • • • • • • • • •	· · · · · · · · a	0,312,000.
b	Amounts included on line a but not on Part I, line 17.		b1	} }	
1	Donated services and use of facilities		• • •		
2	Prior year adjustments reported on Part I, line 20		• • • • • • • • • • • • • • • • • • • •		
3 4	Losses reported on Part I, line 20		• • • • • • • • • • • • • • • • • • • •		
4	Offici (specify)		ام دا		
	Add lines b1 through b4			ь	
С	Subtract line b from line a			1 _ 1	6,519,668.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b		d1		
2	Other (specify):				
			1.40		
	Add lines d1 and d2			d	
е	Total expenses (Part I, line 17) Add lines c and d				6,519,668.
Pa	rt V-A Current Officers, Directors, Trustees, and	• • •	•		r, director, trustee,
	or key employee at any time during the year eve		mpensated.) (See	(D) Contributions to employee	(E) Expense account
	(A) Name and address	(B) Title and average hours per	(If not paid, enter	benefit plans & deferred	and other allowances
		week devoted to position	-0)	compensation plans	
		-	202 700	21 061	7.760
<u> 5E</u>	E STATEMENT 10		393,790.	31,961	7,769
		╡			
		†··		· ·	
		7			
_		 			<u> </u>
		1			
		7			
]			
					L
		<u> </u>			
				l	L

Par	t V-A Current Officers, Directors, Trustees, and Ke	y Employees (con	ntinued)		\sqcup	Yes	No
75a	Enter the total number of officers, directors, and trustees meetings	s permitted to vote	on organization	business at board 15			
b	Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B, relationships? If "Yes," attach a statement that identifies	compensated prof	essional and o	ther independent	75b		x
С	Do any officers, directors, trustees, or key employements of employees listed in Schedule A, Part independent contractors listed in Schedule A, Part organizations, whether tax exempt or taxable, that are	yees listed in Fo I, or highest com II-A or II-B, receive related to the orga	orm 990, Part pensated profes e compensation anization? See th	V-A, or highest ssional and other from any other ne instructions for	75c		***
	the definition of "related organization."	described in the instr	uctions.	·			X
d Par	Does the organization have a written conflict of interest pot V-B Former Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key emp the year, list that person below and enter the amount instructions.)	ey Employees Th	at Received C	ompensation or (er benefits (describe	Other ed bek	ow) d	lurin
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen int and owance	othe
SEE	STATEMENT 13	-0-	60,638.	4,392.			NO
-							
							-
Par	tVI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or detailed statement of each change				76		x
	Were any changes made in the organizing or governing de If "Yes," attach a conformed copy of the changes	·			77		X
	Did the organization have unrelated business gross income this return?				78a 78b	N/	x
79	Was there a liquidation, dissolution, termination, or sub- a statement	stantial contraction	during the year	? If "Yes," attach	79		x
30a	Is the organization related (other than by association we common membership, governing bodies, trustees, of organization?	ficers, etc, to ar	y other exemp	ot or nonexempt	80a		х
b							
81a	Enter direct and indirect political expenditures. (See line 8 Did the organization file Form 1120-POL for this year?	and check whether instructions.)	<u>81a</u>	<u> </u>			

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Part VI , Other Information (continued)		Yes	No
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
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 in Part III.)	1		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
	84ь	N/F	
***************************************	85a		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	$\overline{}$	N/F	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	_N/F	<u> </u>
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization		1	
received a waiver for proxy tax owed for the prior year.		l	
c Dues, assessments, and similar amounts from members 85c N/A	- }		
d Section 162(e) lobbying and political expenditures		İ	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	↓	ľ	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	<u> </u>	1	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	<u> </u>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/F	<u> </u>
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 N/A]		
b Gross receipts, included on line 12, for public use of club facilities]	ł	
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		1	
sources against amounts due or received from them.)			
88 b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1	İ	
partnership, or an entity disregarded as separate from the organization under Regulations sections			
301 7701-2 and 301 7701-32 If "Voe " complete Part IV	88a	1	х
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	1000		
meaning of section 512(b)(13)? If "Yes," complete Part XI	886		х
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	860		
· · · · · · · · · · · · · · · · · · ·			
section 4911 ► NONE ; section 4912 ► NONE ; section 4955 ► NONE			
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
a statement explaining each transaction	89b		<u> </u>
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under		İ	
sections 4912, 4955, and 4958	[]	Į	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		. [
transaction?	89e		<u>X</u>
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		<u>X</u>
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings		. [
at any time during the year?	89g		
90 a List the states with which a copy of this return is filed CALIFORNIA			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90ь	43	
91 a The books are in care of ► TOM RUSH Telephone no. ► 818-77			
Located at ▶ 19737 NORDHOFF PLACE, CHATSWORTH, CA ZIP+4 ▶ 91311-66			
Total Comment of the	<u> </u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1	Yes	No
	046		
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X	
If "Yes," enter the name of the foreign country ▶ BELGIUM, CANADA, UK, COLUMBIA, INDIA, IRAN, UAE			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
and Financial Accounts.			

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		24)		9	5-3090596	
Part VI	Other Information (continue					Yes No
	ny time during the calendar year,					[91c X
	es," enter the name of the foreign					
	tion 4947(a)(1) nonexempt charit					
	enter the amount of tax-exempt in				92	N/A
Part VII		r -				
Note: Entei indicated.	r gross amounts unless otherwise	Unre	lated business in	come Excluded	by section 512, 513, or 514	(E) Related or
		(A) Business code	(B) Amoun	t (C)	(D) Amount	exempt function
93 Prog	ram service revenue:	D03#1633 C006	74110411	. Exausion coo	711704111	income
ь						
d						
e						
	care/Medicaid payments					
	and contracts from government agencies .					
94 Mem	bership dues and assessments					<u> </u>
	st on savings and temporary cash investments •	!		14	77,190.	
	lends and interest from securities		<u>-</u> .			
	rental income or (loss) from real estate	_				<u> </u>
	-financed property				<u> </u>	
b not d	lebt-financed property					
	ntal income or (loss) from personal property	<u> </u>				<u> </u>
99 Othe	r investment income	<u>-</u>				
	or (loss) from sales of assets other than inventory					
	ncome or (loss) from special events .			-		
	s profit or (loss) from sales of inventory					5,720,369.
	r revenue: a					
	NVERSION GAINS			01	94,096.	
	ADEMARK FEES			15	23,893.	
d MIS	SCELLANEOUS			01	3,211.	
е				-		<u> </u>
	otal (add columns (B), (D), and (E))		L		198,390.	
	(add line 104, columns (B), (D), and (E			• • • • • • • • • •	· · · · · · · · • · · · · · · · · · · ·	5,918,759.
	105 plus line 1e, Part I, should equal th			. C.E L.D.		: \
•	Relationship of Activities t					
Line No.	Explain how each activity for which					complishment
	of the organization's exempt purpos	<u> </u>		<u></u>	<u> </u>	
102	TO PRODUCE AND DISTR			• •		
	INFORMATION FOR THE I	.ETTOMS!	IIP OF NARC	COTICS ANONYMO	ous.	
			-		· · · · · · · · · · · · · · · · · · ·	
Part IX	Information Regarding Taxa	blo Suboi	diaries and Di	aranadad Entitic	a (Con the instruction	
FaitiA	(A)	nie annai	(B)	_		
	Name, address, and EIN of corporation,		Percentage of	(C) Nature of activities	(D) Total income	(E) End-of-year assets
-	partnership, or disregarded entity	-	ownership interest			assets
_			%			
			%			
			%			
Part X	Information Regarding Tran	efore Acc	sociated with	Personal Banafit	Contracte (See the in	netructions \
	e organization, during the year, receive an			•		Yes X No
	the organization, during the year, "Yes" to (b), file Form 8870 and Fo			• • • •	ersonal benefit contrac	ct? Yes X No
Note: //	TES TO (N), THE FORTH GOTO AND FO	### 41ZU (S	o co mstructions)	·		
						Form 990 (2006)

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 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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NARCOTICS ANONYMOUS WORLD SERVICES,	INC.		95-3	090596
Compensation of the Five Highes (See page 2 of the instructions. List e			e.")	nd Trustees
(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
SEE STATEMENT 15				
Total number of other employees paid over \$50,000 >	NONE	04	ian Duafanaianal C	
Part II-A Compensation of the Five Higher (See page 2 of the instructions. List of	st Paid Independent each one (whether indi	iduals or firms)	or Professional Se . If there are none, e	nter "None.")
(a) Name and address of each independent contractor paid		(b) Type of se) Compensation
NONE				
				- ·
Total number of others receiving over \$50,000 for professional services	NONE			
Part II-B Compensation of the Five Highe	st Paid Independent			
(List each contractor who performed firms. If there are none, enter "None."	services other than pro "See page 2 of the ins	ofessional servi tructions.)	ces, whether individu	als or
(a) Name and address of each independent contractor paid in	more than \$50,000	(b) Type of se	rvice (c) Compensation
NONE				
		·		
Total number of other contractors receiving over \$50,000 for other services	NONE			
For Bononius Reduction Act Notice, can the Instructions for For			Schodulo A (For	000 az 000 EZ) 2006

,Ра	rt III	Statements About Activities (See page 2 of the instructions.)		,	Yes	No
1	attempt or incurr	he year, has the organization attempted to influence national, state, or local legislation, including any to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid ed in connection with the lobbying activities (Must equal amounts on line 38, or line I of Part VI-B.)		1		<u>x</u>
	organiza	tions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other tions checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of ring activities.				
2	substant with an	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any lal contributors, trustees, directors, officers, creators, key employees, or members of their families, or y taxable organization with which any such person is affiliated as an officer, director, trustee, majority or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the lons)				
а	Sale, ex	change, or leasing of property?]_	2a		<u>x</u>
b	Lending	of money or other extension of credit?		2ь		x
С	Furnishi	ng of goods, services, or facilities?		2 c		<u>x</u>
ď	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<u> </u>	2 d	х	
e	Transfer	of any part of its income or assets?		2 e		<u>x</u> _
3a		organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation are organization determines that recipients qualify to receive payments)		3a		<u>x</u>
b	Did the o	rganization have a section 403(b) annuity plan for its employees?		3ь	х	
С		organization receive or hold an easement for conservation purposes, including easements to preserve open e environment, historic land areas or historic structures? If "Yes," attach a detailed statement		3 c		<u>x</u>
d	Did the d	rganization provide credit counseling, debt management, credit repair, or debt negotiation services?	_;	3 d		<u>x</u>
4a b	lines 4f	organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete and 4g	_	4a 4b		x
c		rganization make a distribution to a donor, donor advisor, or related person?		4c		1
_				70 [
đ		total number or donor advised funds owned at the end of the tax year		-		
е	Enter the	aggregate value of assets held in all donor advised funds owned at the end of the tax year	_		_	
f	funds in	total number of separate funds or accounts owned at the end of the tax year (excluding donor advised cluded on line 4d) where donors have the rights to provide advice on the distribution or investment of in such funds or accounts	- _		<u></u>	NONE
9	Enter the	aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	-			NONE

14

PartaV	Reason for Non-Private For	undation Statu	s (See pages 4 thro	ough 7 of the	instructions.)				
hcertify the	at the organization is not a private foundati	on because it is: (Plea	ase check only ONE appl	icable box.)						
5	A church, convention of churches, or ass	ociation of churches.	Section 170(b)(1)(A)(ı).							
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 170(b)(1)(A)(vi). (Also complete the Supple			rnmental unit c	or from the gene	eral public. Section				
11b	A community trust. Section 170(b)(1)(A)(vi) (Also complete the	e Support Schedule in P	art IV-A.)						
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 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 the requirements of section 509(a)(3) Cl		- · · · · · · · · · · · · · · · · · · ·			otherwise meets				
	Type II	Type III - Fur	nctionally Integrated	Type III -	Other					
	Provide the following information	about the supported	organizations. (See pag	e 7 of the instru	ictions)					
Naı	(a) me(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organizati the sup organia	d) upported on listed in upporting zation's documents?	(e) Amount of support				
			1	Yes	No					
Total · ·										
14 🗍	An organization organized and operated to	test for public safet	y. Section 509(a)(4). (See	page 7 of the in	nstructions)					
						Form 990 or 990-EZ) 2006				

Schedule A (Form 990 or 990-EZ) 2006 95-3090596 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. Calèndar year (or fiscal year beginning in) (a) 2005 (b) 2004 (c) 2003 (d) 2002 (e) Total 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 2,968,153. 764,393. 703,367 802,400. 697,993. 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 8,195,475. 34,743,664. 9,733,141. 7,639,326. 9,175,722. 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 110,729. <u>22,654</u> 26,233 42,358 19,484 ıncome from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 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 STMT 16 include gain or (loss) from sale of capital assets 114,299. 102.628. 16.611. 90.811. 324,349. 23 24 25

			20/02-1		
Total of lines 15 through 22	10,654,191.	8,567,008.	9,909,810.	9,015,886.	38,146,895.
Line 23 minus line 17	921,050.	927,682.	734,088.	820,411.	3,403,231
Enter 1% of line 23	106,542.	85,670.	99,098.	90,159.	
Organizations described on lines 10 or 11: a	Enter 2% of amount	in column (e), line 24	NOT APPLICAB	LE ▶ 26a	
b Prepare a list for your records to show the	name of and amou	int contributed by	each person (other	than a	
governmental unit or publicly supported organ	nization) whose tota	gifts for 2002 t	hrough 2005 excee	ded the	
amount shown in line 26a Do not file this	ist with your return	. Enter the total of	of all these excess	amounts ▶ 26b	
c Total support for section 509(a)(1) test: Enter line 2	4, column (e)			▶ 26c	
d Add Amounts from column (e) for lines: 18					
		b		▶ 26d	
Organizations described on line 12: a Fo	r amounts included	l in lines 15, 1	6, and 17 that v	vere received fro	om a "disqualified
			received in each ye	ear from, each "c	isqualified person."
Do not me this list with your return. Enter the sur	n or such amounts for	each year:			
(2005) (2004)		(2003)		(2002)	
	nd the larger amoul	nt described in (1)	or (2), enter the s	um or these diffe	rences (the excess
· · · · · · · · · · · · · · · · · · ·	2 546 7	93 (2003)	1 979 0	77 (2002)	2 000 437
(2000)(2001)		JJ. (2000)			5100513513
Add: Amounts from column (e) for lines: 15	2 060 153 16				
17 34 743 664 20	2,300,133.70			N 27.0	27 711 017
					29,242,253
				▶ 27h	0.2903 %
Unusual Grants: For an organization describe		40 11 -1			
	Enter 1% of line 23	Enter 1% of line 23	Enter 1% of line 23	Total of lines 15 through 22	Total of lines 15 through 22

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Pai	Private School Questionnaire (See page 9 of the instructions.) NOT APPLIC	ABLE	;	
	(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,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		<u> </u>
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,	30		
31	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		
31	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.)			
~~	Does the appropriate angleto's the following	'		
32	Does the organization maintain the following. Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	324		
		32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
				1
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			<u> </u>
33	Does the organization discriminate by race in any way with respect to:			
00	book the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
_	Employment of faculty or administrative staff?	33c		}
C	Employment of faculty or administrative staff?	336		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e	_	
f	Use of facilities?	33f		-
	Athletic programs?	33g		İ
y	Athletic programs?	339		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)]		
		1		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
u		J-74		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		ļ
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
		1		
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		L

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			xpenditures by Elec	ting Public Charitie		je 10	0 of t				T.F		
Che	eck ▶a		zation belongs to an affil								rol" provisions apply		
<u> </u>	30. P u j	L	imits on Lobbying	Expenditures		,00		() Affiliate	a)		(b) To be completed for all electing		
	(The term "expenditures" means amounts paid or incurred.)										organizations		
36	, , , , , , , , , , , , , , , , , , , ,												
37	Total lobbying expenditures to influence a legislative body (direct lobbying) 37												
38	Total lobbying expenditures (add lines 36 and 37)								_				
39		Other exempt purpose expenditures											
40		Total exempt purpose expenditures (add lines 38 and 39)											
41	Lobbying nontaxable amount Enter the amount from the following table -									1			
	If the amount on line 40 is - The lobbying nontaxable amount is -												
	Not over \$500,000												
	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												
42	Over \$17,000,000												
43				42 is more than line			43		-				
44				41 is more than line		۱٠٠	44						
77	Oubtract i		THE GO. LINES G II III IC	, 41 IS MOTO THAT INTO		۱	77				 		
	Caution:	If there is an	amount on either line	43 or line 44, you mus	t file Form 47	720.							
	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.												
				ons for lines 45 throug			-						
	Lobbying Expenditures During 4-Year Averaging Period												
	Calendar y	ear (or fiscal	(a)	(b)	(c)				(d)		(e)		
	year begin	ning in) 🕨	2006	2005	200			20	003		Total		
	Lobbying n	ontaxable			,								
45	amount .												
	Lobbying c	eiling amount											
46	(150% of li	ne 45(e))											
47	Total lobbyir	ng expenditures	_ 12 .										
	Grassroots	nontaxable											
48	amount .												
	Grassroots of	eiling amount											
<u>49</u>	(150% of lin	e 48(e))											
	Grassroots	lobbying											
_		es											
Pa	rt VI-B			ng Public Charities			• >			ICAB			
				tions that did not cor					3 01 1	ne ins	structions.)		
		-		ice national, state or loca	-	cludii	ng any		Yes	No	Amount		
			=	ter or referendum, throug									
а	Volunteer	s			. .								
b	Paid staff	or managem	ient (include compens	sation in expenses repo	orted on lines	c tn	rougr	n.)					
C	Media adv	vertisements		. 					 -				
d	Mailings to	o members, I	egislators, or the publ	ıc									
е													
f	f Grants to other organizations for lobbying purposes												
g													
h		Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means											
i									<u></u>				
	If "Yes" to	any of the al	bove, also attach a st	atement giving a deta	iled descripti	on o	f the l	obbying ac					
JSA 6E12	240 2 000								Sched	lule A (I	Form 990 or 990-EZ) 2006		

18

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part VII Exempt Organizations (See page 13 of the instructions.) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: Yes No 51a(i) Х (ii) Other assets a(ii) **b** Other transactions: b(ii) b(iv) b(v) b(vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (a) Line no Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements N/A 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **b** If "Yes," complete the following schedule: (a) (c) Name of organization Type of organization Description of relationship N/A

Schedule A (Form 990 or 990-EZ) 2006

JSA 6E1250 2 000