Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

QMB No 1545-0047 Open to Public

1001

benefit trust or private foundation) Department of the Treasury

inter	nal Rever	iue Service The organization may hav	o to use a copy of this i	IOLUTIN LU SALISI	A state ichorning ledninglijer	113 	HISPECTION
A I	For the :	2001 calendar year, or tax year period beginning		and en	ding		
B (Check If applicable	use IRS					dentification number
	Addres	print or ALCOHOLICS ANONYMOUS	S WORLD SER	VICES,	INC	13-10	<u>679617</u>
F	Name change initial	NPO Number and street (as D.O. have topsules			Room/suite E Ti	alephone 212—2	number 870-3400
F	_lretum ∏Rņal	Instruc-	1			counting met	
F	— return ☐Armend return		,		<u> </u>	Other (specify)	
\vdash	Applica	Section 501(c)(3) organizations and 4947(a)	(1) nonexempt charita	ble trusts	Hand I are not applicable		
	per.a	must attach a completed Schedule A (Form 9	190 or 990-EZ)		H(a) is this a group return		
G V	Neb site	►WWW.ALCOHOLICS-ANONYMOU	JS.ORG		H(b) If Yes enter number		
				-	H(c) Are all affiliates inclu	_	N/A Yes No
J	Organiza	ation type (check only one) 🕨 🗶 501(c) (3) 🗖 (ins	ert no) 4947(a)(1)	or 🔲 527	(If "No," attach a list)	•	
K	Check h	ere 🕨 🔲 if the organization's gross receipts are not	mally not more than \$2	5,000 The	H(d) Is this a separate ret	urn filed b	y an or-
C	organiza	tion need not file a return with the IRS, but if the organi	zation received a Form 9	990 Package	ganization covered b	y a group	ruling? Yes X No
!	n the ma	ail, it should file a return without financial data. Some st	ates require a complet	e return	I Enter 4-digit GEN ▶	_	
						_	tion is not required to attach
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 11, 137, 825 . Sch B (Form 990, 99							990-PF)
Pa	rt I	Revenue, Expenses, and Changes in	Net Assets or I	-und Bala	nces	- 	
	1	Contributions, gifts, grants, and similar amounts received	ved	1			
	a	Direct public support		<u>1a</u>		4	
	þ	Indirect public support		1b		4	
	C	Government contributions (grants)		16		-	
	đ	Total (add lines 1a through 1c)					٥
		(cash \$ noncash \$ _		,		1d	0.
	2	Program service revenue including government fees a	2				
	3	Membership dues and assessments	3	9,405.			
	5	Interest on savings and temporary cash investments Dividends and interest from securities	5	7/403.			
	6 a	Gross rents		6a		 	
	h	Less rental expenses		6b		-	
	֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Net rental income or (loss) (subtract line 6b from line	fa)	_ UI	<u></u>	6c	
en.	7	Other investment income (describe			١	7	
Revenue	l	Gross amount from sale of assets other	(A) Securities		(B) Other	1	
J-		than inventory	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8a		7 /	
3	ь	Less cost or other basis and sales expenses		8b		7	
J	C	Gain or (loss) (attach schedule)		8c]	
	đ	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	<u> </u>
	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$	of contribution	is ,]]	
		reported on line 1a)		9a		_	
	b	Less direct expenses other than fundraising expenses		_9b_		4 - 1	
	C	Net income or (loss) from special events (subtract line	9b from line 9a)	1 1	11 100 400	90	
	10 a	Gross cales of investigation less returns and allowances		10a	11,128,420		
	4	Less des el doces solo		10b	4,058,470		7 060 050
	C1	Gross profit or (loss) (contains ales of inventory (attach s	chedule) (subtract line	10b from line	_{10a)} Stmt 2	100	7,069,950.
	11	Other countrie from Airi VII line its				11	7 070 255
_	12	Vota revenue (add lines 16, 7, 5, 6c, 7, 8d, 9c, 1	UC, and 11)	_		12	7,079,355. 6,940,523.
S	13	Program services (registing 44) column (8))				14	1,354,459.
ens	14 15	Managehor Hand general (from line 44, column (C))				15	1/331/1334
Expenses	16	Fundfaising (from line 44, column (D)) Payments to affiliates (attach schedule)				16	
ш	17	Total expenses (add lines 16 and 44, column (A))				17	8,294,982.
	18	Excess or (deficit) for the year (subtract line 17 from li	ne 12)			18	<1,215,627.>
±\$	19	Net assets or fund balances at beginning of year (from				19	4,227,414.
Net Assets	20	Other changes in net assets or fund balances (attach e		See	Statement 3	20	<21,784.>
٩	21	Net assets or fund balances at end of year (combine li		= = =		21	2,990,003.
1230 01-0		LHA For Paperwork Reduction Act Notice, see the					Form 990 (2001)

Page 3

Part IV Balance Sheets

	ere required, attached schedules and amou uld be for end-of-year amounts only	nts within the description column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing		517,677.	45	245,360
46	Savings and temporary cash investments	[1,267,377.	46	245,360 777,782
47 a	Accounts receivable	47a 1,443,040.			
b		47b	1,440,436.	47c	1,443,040
48 a	Pledges receivable	48a			
Ь	Less allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	
50	Receivables from officers, directors, trustees,				
-	and key employees	, , <u> </u>		50	
	Other notes and loans receivable	51a		1	
	Less allowance for doubtful accounts	516	1 520 660	51c	1 767 112
52	Inventories for sale or use	-	1,539,660.	52	1,767,442 77,713
53	Prepaid expenses and deferred charges	► □ o □ r.n. ⊢	72,619.	53	11,113
54	Investments - securities	Cost L_I FMV _		54	<u>.</u>
55 a	Investments - land, buildings and equipment basis	55a			
	edulbuseur pasis	554			
h	Less accumulated depreciation	556		55c	
56	Investments - other			56	
57 a		57a			
	Less accumulated depreciation	57b		57c	
58	Other assets (describe	See Statement 7	156,646.	58	134,862
59	Total assets (add lines 45 through 58) (must e	gual line 74)	4,994,415.	59	4,446,199
60	Accounts payable and accrued expenses		725,030.	60	1,384,012
61	Grants payable		_	61	
62	Deferred revenue		41,971.	62	72,184
63	Loans from officers, directors, trustees, and ke	y employees		63	
64 a	Tax-exempt bond liabilities			64a	
t	Mortgages and other notes payable			64b	
65	Other liabilities (describe)		65	
65	Total Habilities (add lines 60 through 65)		767,001.	66	1,456,196
Orgai	nizations that follow SFAS 117, check here 🕨	X and complete lines 67 through			_
	69 and lines 73 and 74				
67	Unrestricted		4,227,414.	67	2,990,003
68	Temporarily restricted			68	
69	Permanently restricted	. —		69	
Organ	nizations that do not follow SFAS 117, check h	ere 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			71	
72	Retained earnings, endowment, accumulated in			72	<u></u>
73	Total net assets or fund balances (add lines 6	*	4,227,414.	72	2,990,003
1	column (A) must equal line 19, column (B) mu	st equal line 21)	4,994,415.	73	4,446,199

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

Form 990 (2001) ALCOHOLICS ANONYMOUS	WORLD SERVICES, INC 13-1679617 Page 4
Part IV-A Reconciliation of Revenue per Audited	Part IV-B Reconciliation of Expenses per Audited
Financial Statements with Revenue per Return	Financial Statements With Expenses per Return
a Total revenue, gains, and other support per audited financial statements	a Total expenses and losses per
b Amounts included on line a but not on	b Amounts included on line a but not on line 17, Form 990
line 12, Form 990 (1) Net unrealized gains	(1) Donated services and use of facilities \$
on investments \$	(2) Prior year adjustments
(2) Donated services	reported on line 20,
and use of facilities \$	Form 990 \$
(3) Recoveries of prior	(3) Losses reported on
year grants \$(4) Other (specify)	line 20, Form 990 \$
Stmt 8 110,145.	Stmt 9 \$ 131,929.
Add amounts on lines (1) through (4) b 110, 145	
c Line a minus line b	c Line a minus line b
d Amounts included on line 12, Form 990 but not on line a	d Amounts included on line 17, Form 990 but not on line a
(1) Investment expenses	(1) Investment expenses
not included on	not included on
(2) Other (specify)	line 6b, Form 990 \$
\$	(2) Other (specify)
Add amounts on lines (1) and (2)	Add amounts on lines (1) and (2)
a Total revenue per line 12, Form 990 (line c plus line d)	e Total expenses per line 17, Form 990
	(line c plus line d) e 8,294,982.
Part V List of Officers, Directors, Trustees, and Key (A) Name and address	(B) Title and average hours (C) Compensation (D) Contributions to per week devoted to (If not gaid, enter employee benefit account and
	position -0-) pharis a delened other allowances
See Statement 10	142,847. 0. 0.
	
	
75 Duly no. Afficial distribution of the control of	on of more than \$100,000 from your organization and all related. Stmt. 11
75 Did any officer, director, trustee, or key employee receive aggregate compensat organizations, of which more than \$10,000 was provided by the related organiza-	on or more than \$100,000 from your organization and an iciated

	990 (2001) ALCOHOLICS ANONYMOUS WORLD SERVICES, INC 13-1679			Page 5
Pa	rt VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
	If "Yes," attach a conformed copy of the changes	300		17.5
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	_78a_		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement	-		, "
80 a				. ~~
	governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a	Х	
b	If "Yes," enter the name of the organization See Statement 12			
-	and check whether it is exempt OR nonexempt			
81 a	Enter direct or indirect political expenditures. See line 81 instructions.			
	Did the organization file Form 1120-POL for this year?	816	·	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than		i	
	fair rental value?	82a		X
h	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II (See instructions in Part III) 82b N/A		Ü	X.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
	Did the organization comply with the disclosure requirements relating to guid pro quo contributions? N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a		
b	If "Yes," did the organization include, with every solicitation an express statement that such contributions or gifts were not	-		
	tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
_	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax	-555		
	owed for the prior year			
ε	Dues, assessments, and similar amounts from members 85c N/A			ć
ď	Section 162(e) lobbying and political expenditures 85d N/A	-		
- 8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
1	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			,
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g	İ	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 85b N/A			
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A			
ь	Gross income from other sources. (Do not net amounts due or paid to other sources			\ Y
_	against amounts due or received from them) 876 N/A			7
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1 1	Ì	
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			
	If "Yes," complete Part IX	88	i	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			, 4 , 4
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			, ,,,
b	501(c)(3) and 501(c)(4) organizations. 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?	ŀ]	
	If "Yes," attach a statement explaining each transaction	89b		<u>X</u>
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955 and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed NEW YORK			
b	Number of employees employed in the pay period that includes March 12, 2001			83
91	The books are in care of ► ORGANIZATION Telephone no ► (212)	<u>870</u>	<u> -34</u>	00
	A 75 DIVEDCIDE DOINE NEW YORK NV	Λ11	5	
	Located at ► 475 RIVERSIDE DRIVE, NEW YORK, NY ZIP+4 ► 1	011	<u>. </u>	
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here		▶□	\neg
36	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	Α̈́	_
12204	The transfer of the transfer o	 -		

Part VII Analysis of Income-P	roducing Act					
Note Enter-gross amounts unless otherwi	ise		ted business income		ded by section 512 513, or 514	(E)
Indicated	l R	(A) usiness	(B)	(C) Exctu	(D)	Related or exempt
93 Program service revenue		code	Amount	sion	Amount	function income
a				L		
b						
c		_				
d		_				
6						
f Medicare/Medicaid payments						
g Fees and contracts from government agen	icies					
94 Membership dues and assessments	<u>L</u>					
95 Interest on savings and temporary		. –				•
cash investments				14	9,405.	
95 Dividends and interest from securities						
97 Net rental income or (loss) from real estate	8		,			
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) from personal	property [
99 Other investment income	<u></u>				<u>-</u>	
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 invento	ory					7,069,950.
103 Other revenue						
8						
b					·	
C						
d						
0	<u></u>					
104 Subtotal (add columns (B), (D), and (E))	<u> </u>		0.		9,405.	7,069,950. 7,079,355.
105 Total (add line 104, columns (B), (D), and	(E))				▶.	7,079,355.
Note Line 105 plus line 1d, Part I, should e						
Part VIII Relationship of Activi	ties to the Ac	compl	ishment of Exemp	t Pur	poses (See Specific Instru	ctions on page 32)
Line No Explain how each activity for which				ımport	tantly to the accomplishment (of the organization s
exempt purposes (other than by p						
102 SALES OF BOOKS,						
102 OTHER INTERESTED	PERSONS	SEEK	<u>ING REHABILI</u>	TAT	ION FROM ALCO	<u> HOLISM</u>
	- <u>-</u>					
Part IX Information Regardin		bsidian		ed Er		
Name, address, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-year
partnership, or disregarded entity of	wnership interest					assets
	- %					
N/A	%					
	%		_ .			
	%					<u> </u>
Part X Information Regarding						
(a) Did the organization, during the year, rece	-	•	• • • •			Yes X No
(b) Did the organization, during the year pay	premiums, directly	or indirect	ty, on a personal benefit co	ntract?	,	Yes X No

companying achedules and statements and to the best of my knowledge and belief, it is true formation of which preparer has any knowledge.

19/00 Donald WMERRE CFO asset France

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

2001

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

ALCOHOLICS ANONYMOUS WORLD SERVICES, INC 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")

Employer identification number 13 1679617

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hour per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
VINNY MCCARTHY			··	
W. ISLIP, NY		107,255.		0.
JOHN KIRWIN	ASST CONTR			
PATTERSON, NJ	35	90,352.		0.
ROBERT CUBELO	PRODUCTION			
ANDES, NY	35	87,653.		0.
ELEANOR WIDDOES	writer			
NEW YORK, NY	35	76,744.		0.
JOHN DESTEFANO	WRITER			
NEW YORK, NY	35	66,583.		0.
Total number of other employees paid over \$50,000	▶ 5			
Part II Compensation of the Five Highest Paid (See page 2 of the instructions List each one (whether indi			al Services	
(a) Name and address of each independent contractor page 1		(b) Type of s	service (c) Compensation
SUGHRUE, MION, ET AL				
WASHINGTON, DC		LEGAL		70,050.
PROSKAUER ROSE				
NEW YORK, NY		LEGAL		64,560.
	-			
			1	
Total number of others receiving over \$50,000 for professional services	• 0			30.37
	erm 000 and Form 000-F7	<u> </u>	adula A (Farm 00	D or 000_E7\ 2001

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

Sche	dule A (F	form 990 or 990-EZ) 2001 ALCOHOLICS ANONYMOUS WORLD SERVICES, INC 13-167	7961	7 P	age 2
Pa	rt III	Statements About Activities (See page 2 of the instructions)	<u>, </u>	Yes	No
1	During th	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public op	inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
١	opphing	activities > \$ \$ (Must equal amounts on line 38, Part VI-A,			
		of Part VI-B)	1		Х
		tions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking			;
		ist complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			r
	-	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
		directors, officers, creators, key employees or members of their families, or with any taxable organization with which any such			
		affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
		detailed statement explaining the transactions)			X
2 3	sale, exci	hange, or leasing of property?		-	
h I	andina (of money or other extension of credit?	2b		X
	choing i	of thomas of other extension of cledit-			
ri	Furnishin	g of goods, services, or facilities?	20		Х
•	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	# 01 9 4 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1			
ď f	Pavment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	20	x	
-	_,	,			
e 1	ranster o	of any part of its income or assets?	2e		X
3 [oes the	organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3		X
4 [)o you ha	ave a section 403(b) annuity plan for your employees?	4	Х	
		a statement to explain how the organization determines that individuals or organizations receiving grants or loans			
		therance of its charitable programs "qualify" to receive payments			
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)			
The o	rg <u>aniza</u> ti	оп is not a private foundation because it is. (Please check only ONE applicable box.)			
5	Щ	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
6	Щ	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	X	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after lune 30, 1975. See section 500(a)(2), (Also complete the Support Schedule in Part IV-A.)			
		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	thed in		
10		(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).)	ibed III		
		Provide the following information about the supported organizations (See page 5 of the instructions)		_	
			(b) Lin	e numb	
		(a) Name(s) of supported organization(s)		om abo	
			_		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
		Schedule A (Form	990 or	990-EZ) 2001

	edule A (Form 990 or 990-EZ) 2001 A	LCOHOLICS A						ige 3
P	Note You may use the	he worksheet in the ins	tructions for convertin	g from the accrual to the	ne cash method	of acc	counting	
	endar year (or fiscal year inning 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 chantable, etc. purpose	9,296,970.	8,988,501.	8,912,235.	8,898,2	78.	36,095,98	34.
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	24,620.	3,404.	2,213.	2,5	36.	32,77	73.
19	Net income from unrelated business activities not included in line 18							
20	Tax revenues fevied 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	9,321,590.	8,991,905.				36,128,75	<u> 7.</u>
24	Line 23 minus line 17	24,620.	3,404.		2,5		32,77	<u>′3.</u>
25	Enter 1% of line 23	93,216.	89,919.	89,144.	89,0	08.		
26	Organizations described on lines 10	or 11 a Enter 2% of a	amount in column (e), line	e 24	>	25a	N/A	
b	Prepare a list for your records to sho	w the name of and amou	nt contributed by each pe	rson (other than a govern	nmental			
	unit or publicly supported organization	on) whose total gifts for 1	997 through 2000 exceed	ded the amount shown in	line 26a			
	Do not file this list with your return	Enter the total of all these	e excess amounts		>	26b	N/A	
C	Total support for section 509(a)(1) to	est Enter line 24, column	(e)			26c	N/A	
d	Add Amounts from column (e) for li	nes 18	19	i	i			
		22	26	b		26d	N/A	
8	Public support (line 26c minus line 2	6d total)			>	26e	N/A	
	Public support percentage (line 266	(numerator) divided by	line 26c (denominator))		<u> </u>	261	N/A	<u>%</u>
27	Organizations described on line 12	a For amounts included	d in lines 15, 16, and 17 t	hat were received from a	disqualified perso	n," pre	pare a list for your rec	ords
	to show the name of, and total amou	nts received in each year	from, each "disqualified p	erson " Do not file this li	st with your retur	n Enter	r the sum of such amo	ounts
	for each year							
	(2000) 0	• (1999)	0.	(1998)	0.	(1997)		0.
b	For any amount included in line 17 th	iat was received from eac	h peson (other than "disq	ualified persons"), prepar	e a list for your re	cords t	o show the name of, a	nd
	amount received for each year, that v	-	• •	, , , , , ,	•		•	d iu
	lines 5 through 11, as well as individu	uals) Do not file this list	with your return. After co	omputing the difference b	etween the amour	it recen	ved and the larger	
	amount described in (1) or (2), enter (2000) 917,536		ces (the excess amounts 992,742.		39,860.	(1997)	1,089,65	0.
		, ,						
C		nes 15 95,984 • 20		16 21		27c	36,095,98	}4.
d	ALLE AMERICA		ine 27b total	4,039	.788.	27d	4,039,78	
e	Public support (line 27c total minus I		me are telli		<u></u>	278	32,056,19	6.
1	Total support for section 509(a)(2) to		23 column (e)	► 271 36,1	128,757.	×-	, ,	
					—	270	88.727	6%
_	Investment income percentage				ori)	27h	.090	
28	Unusual Grants For an organization show, for each year, the name of the co	described in line 10, 11, ontributor, the date and ar	or 12, that received any u	inusual grants during 199	7 through 2000,	prepare	a list for your records	s to
	return. Do not include these grants in l	ine 15		None				
					Cabad.	10 8 /5	**** 000 at 000 E7\ 2	001

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
20	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		7.7
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		3
	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	• • • • • • • • • • • • • • • • • • • •	32a	_	
C	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	_32b		
	admissions, programs and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	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			
а	Students' rights or privileges?	33a		
þ	Admissions policies?	_33b		
C	Employment of faculty or administrative staff?	_33c		
đ	Scholarships or other financial assistance?	_33d		
e	Educational policies?	_33e		
f	Use of facilities?	331		
9	Athletic programs?	339		
h	Other extracurricular activities?	33h		
34 a	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization receive any financial aid or assistance from a governmental agency?	 		
54 B	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	340		
	1075-2 C B 587 covering regist annotations of the stack an explanation	25		

Schedule A (Form 990 or 990-EZ) 2001

13310502 788682 1001

				d Relationships With Nonch		
•		izations (See page 12 of th				
				er organization described in section		
			is) or in section 527, relating to p	onineal organizations .	Γ¥	e:
		rganization to a noncharitable e	exempt organization of		51a(i)	
٠.	Cash				a(II)	
	Other assets				-(/-	
	r transactions	ets with a noncharitable exemp	nt organization		b(i)	
• • •	-	a noncharitable exempt organi			b(lı)	
	Rental of facilities, equipm	·	28000		b(111)	
	Reimbursement arrangem				b(IV)	_
	Loans or loan guarantees				b(v)	
		or membership or fundraising s	olicitations		b(vl)	
		t, mailing lists, other assets, or			C	
				always show the fair market value of the		
				ed less than fair market value in any		
			value of the goods, other assets,		<u> </u>	/ 1
(a)	(b)		(c)	(d)		
Line no	Amount involved	Name of noncharita	able exempt organization	Description of transfers, transactions,	and sharing arrar	nge
			<u> </u>			
			···		· . <u>-</u>	
		 			<u> </u>	
		<u> </u>				
				- 		_
			<u></u>	-		
			· · · · · · · · · · · · · · · · · · ·	 	<u> </u>	
	-	 	·	-		
		 		-		
				·		
		-				
				-		
52 a Is the	e organization directly or ii	ndirectly affiliated with, or relat	ed to, one or more tax-exempt or	rganizations described in section 501(c) of	the	_
	other than section 501(c			•	Yes	
b If "Ye	es," complete the following	schedule N	I/A			
	(2 Name of o	a) roanization	(b) Type of organization	(c) Description of relat	ionship	
		I DAINZALION	Type of organization			
			<u> </u>		·· - ·	
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123151						_

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Footnotes

Statement 1

990 PART V

CONTRIBUTIONS TO THE EMPLOYEE BENEFIT PLANS ARE NOT SEPARATELY CALCULATED BY EMPLOYEE.

PART OF OFFICERS' SALARIES ARE CARRIED BY THE GENERAL SERVICE BOARD OF A.A.

13

Form 990	Income and Cost of Go Included on Part I,		Statement 2
Income			
2. Returns and a	s	. 290,413	11,128,420
	s sold (line 13) (line 3 less line 4)		7,069,950
Cost of Goods Sol	d		
 Merchandise p Cost of labor Materials and 	beginning of year	. 4,286,252	
11. Add lines 6 t	hrough 10	•	5,825,912
	end of year		4,058,470

Form 990 Other Changes in Net Assets or Fund Balances	Statement 3
Description	Amount
CHANGE IN NET ASSETS OF SMAA (NOT FOR PROFIT) CORP	<21,784.>
Total to Form 990, Part I, line 20	<21,784.>

Other	Expenses		Statement	4
(A)	(B) Program	(C) Management	(D)	
Total	Services	and General	Fundraisin	ıg
361,789.	361,789.			
45,042.	9,978.	35,064.		
100 494	10 569	89 925		
	10,505.	-		
197,294.	197,294.	•		
57,666.	57,666.			
769,819.	637,296.	132,523.		
	(A) Total 361,789. 45,042. 100,494. 7,534. 197,294. 57,666.	Total Program Services 361,789.	(A) (B) (C) Program Management Services and General 361,789. 361,789. 45,042. 9,978. 35,064. 100,494. 10,569. 89,925. 7,534. 7,534. 197,294. 197,294. 57,666. 57,666.	(A) (B) (C) (D) Program Management Services and General Fundraisin 361,789. 361,789. 45,042. 9,978. 35,064. 100,494. 10,569. 89,925. 7,534. 7,534. 197,294. 197,294. 57,666. 57,666.

Form 990 Statement of Organization's Primary Exempt Purpose Statement 5
Part III

Explanation

DISSEMINATION OF LITERATURE AND RELATED ITEMS DIRECTED TOWARDS ALCOHOLICS FOLLOWING THE A.A RECOVERY PROGRAM.

Form 990	Cash Grants and Allocations Sta			atement 6	
Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount	
	GENERAL SERVICE BOARD OF A.A.	NEW YORK, N.Y.	SEE PART VI	4014620.	
Total Included	on Form 990, Part	II, line 22		4014620.	

Form 990	Other Assets	Statement	7
Description		Amount	
COPYRIGHTS & G	OODWILL @ NOMINAL VALUE	134,86	1.
Total to Form	990, Part IV, line 58, Column B	134,86	2.
Form 990	Other Revenue Not Included on Form 990	Statement	8
Description		Amount	
S.M.A.A., INC.		110,14	5.
Total to Form	990, Part IV-A	110,14	5.
Form 990	Other Expenses Not Included on Form 990	Statement	<u> </u>
Description		Amount	
S.M.A.A., INC.		131,92	9.
Total to Form 9	990, Part IV-B	131,92	9.

Form 990

Name and Address	Title a Avrg Hrs		Compen- sation	Employee Ben Plan Contrib	Expense Account
GREG MUTH	PRESIDENT				
NEW YORK, NY	20		87,242.	0.	0.
R.J.M. DOWNEY	TRUSTEE		^	٥	0
BURNABY, CANADA	PART		0.	0.	0.
JOHN C. KOSTER	1ST VICE	PRESIDEN		0	0
NEW YORK, NY	PART		0.	0.	0.
JOANIE MONCRIEF	2ND VICE	PRESIDEN			
NEW YORK, NY	PART		0.	0.	0.
RONALD J. GAUTHLER	DIRECTOR		•		
SO. HAMILTON, MA	PART		0.	0.	0.
JOSEPH DENNAN	SECRETARY		•	•	
NEW YORK, NY	PART		0.	0.	0.
DONALD MEURER	ASST. TRE	ASURER	55 605	•	
BABYLON, NY	20		55,605.	0.	0.
BETH RABREN	CHAIRPERS	ON	•	•	
BROZORIA, TX	PART		0.	0.	0.
JACQUELINE JOHNSTON	TRUSTEE				
PALM DESERT, CA	PART		0.	0.	0.
JANE T. SHEPPARD	DIRECTOR		_	•	-
BEASLEY, TX	PART		0.	0.	0.
JAN POLEK	TREASURER		^	^	2
SPOKANE, WA	PART		0.	0.	0.
Potals Included on Form	. 000 . Dowb W		142,847.	0.	0.

Part V - List of Officers, Directors, Statement 10

Form 990	Part V - Officer Compensation from Related Organizations			Statement 11	
Officer's Name	Name of Related Organization	Compen- sation	Employee Ben Plan Contrib	Expense Account	
GREG MUTH	GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS	87,242.	0.	0.	
DONALD MEURER	GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS	55,605.	0.	0.	
Form 990	Identification of Related Or Part VI, Line 80b		State	ement 12	
Name of Organizat	cion		Exempt N	NonExempt	
THE GENERAL SERVI	CE BOARD OF A.A., INC.		X X		