SCANNED JUL 15 1999

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

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

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

This Form is Open to Public Inspection

A F	or the 19	198 calendar year, OR tax year period beginning	, 1998, and	l ending		, 19
вС	heck if:	Glassa C Name of organization			D Employer iden	itification number
	Change of	Please use iRS				
	address	label or ALCOHOLICS ANONYMOUS WORLD SE	RVICES, I	NC	13-167	9617
]Initiai retum	type. Number and street (or P.O. box if mail is not delivered to street)			E Telephone nui	mber
\vdash	Final return	See Specific 475 RIVERSIDE DRIVE				70-3400
<u> </u>	Amended	Instruc-			F Check ►	if exemption .
L	_l return (required als for state	NEW YORK, NY 10115				application is pending
с т	reporting)	rganization → X Exempt under 501(c) (3) (insert number) OF	R ► section 4	947(a)(1) nonexer	npt charitable trus	st
Not	ype or ur	on 501(c)(3) exempt organizations and 4947(a)(1) nonexempt ch	aritable trusts N	IUST attach a c	ompleted Sche	dule A (Form 990).
HOL	Lo this o	group return filed for affiliates? Yes X	No I If either	hox in H is checked	t "Yes " enter four	digit group
		enter the number of affiliates for which this	evemnti	on number (GEN)	>	
(u)		s filed:		ing method:		Accrual
(0)		separate return filed by an organization covered by a group ruling?		ther (specify)		
(U)	ook boro	if the organization's gross receipts are normally not more than \$			a return with the L	RS: but
K OI	it ranaiua	d a Form 990 Package in the mail, it should file a return without financial dat	a Some states re	wire a complete r	eturn.	
Note	L Teceive	90-EZ may be used by organizations with gross receipts less than \$100,000	and total assets les	s than \$250 000 at	t end of year.	
NUL	. ruitti 9	Revenue, Expenses, and Changes in Net Assets or	Fund Balanc	es		
8.088		Contributions, gifts, grants, and similar amounts received:	, and Belefit			
			1a			
		Direct public support				
		Indirect public support	*********			
		Government contributions (grants)	<u>I I I </u>			
	d	Total (add lines 1a through 1c) (attach schedule of contributors)	\	***************************************	1 d	0.
	_	(cash \$, noncash \$ Program service revenue including government fees and contracts (from Po				
	2	•			1 - 1	
	3	Membership dues and assessments			·····	2,213.
	4	Interest on savings and temporary cash investments				
	5	Dividends and interest from securities				
	6 a	Gross rents	1 1			
	þ	Less: rental expenses			6c	
e	1	Net rental income or (loss) (subtract line 6b from line 6a)	,,,) 7	
Revenue	7	Other investment income (describe Gross amount from sale of assets other (A) Securitie		(B) Other	- ' -	
æ	8 a		8a	(B) Other		
	,	than inventory	8b			
	1	Less: cost or other basis and sales expenses	8c			
	C	Gain or (loss) (attach schedule)			8d	
	1	Net gain or (loss) (combine line 8c, columns (A) and (B))	***************************************			
	9	Special events and activities (attach schedule):	iono			
] a	Gross revenue (not including \$ of contributi				
	.	reported on line 1a)		<u> </u>		
	þ				90	
	1 C	Net income or (loss) from special events (subtract line 9b from line 9a)		8,912,2	235	
	10 a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold	10b from line 10:	Stmt	2 10c	5,914,525.
] ,, [Gross profit or (1955)-Honrisales or inventory (attach schedule) (subtract in	ie top nom inte to	·/	11	
	11	Otherrevenue (from Part VII, line 103) \$\frac{1}{25}		***************************************	12	5,916,738.
	12	Program services (from time 44; column (E))			13	4,625,086.
S	13	Managament and applied (from the 44, column (D))		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14	1,232,432.
ins(14	Management and general (from line 44, column (C)) Fundraising (from line 44, column (D))			15	
Expenses	15	Payments to affiliates (attach schedule)			16	
Ш	16	Total expenses (add lines 16 and 44, column (A))				5,857,518.
_	17	Excess or (deficit) for the year (subtract line 17 from line 12)				59,220.
¥		Net assets or fund balances at beginning of year (from line 73, column (A))				1,930,210.
Net	20	Other changes in net assets or fund balances (attach explanation)				0.
٩	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				1,989,430.
	1 -1	the second of total population of the at last features and total select make			4	

P	art II Functional Expenses (4) or	aniz	ations and section 4947(a)(1) nonexempt charitable tru	ists but optional for others.	. 00 /(0)(0) 4:14
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	22	1,907,869.	1.907.869.	Statement 5	
00		23	1,501,005.	1,501,005	ocacement s	
	Specific assistance to individuals (attach schedule)	$\overline{}$				
	Benefits paid to or for members (attach schedule)	24	113,966.	0.	113,966.	0.
	Compensation of officers, directors, etc.	25				
	Other salaries and wages	26	1,270,296.			
	Pension plan contributions	27	97,822.			
28		28	229,674.			
	•	29	101,456.	60,854.	40,602.	
	Professional fundraising fees	30	4		45 000	
		31	47,900.		47,900.	
32	Legal fees	32	125,680.		125,680.	
33	,	33	31,697.			
34	Telephone	34	42,983.			
35	Postage and shipping	35	827,103.	812,719.	14,384.	
36	Occupancy	36	177,502.			
			33,515.			
	Printing and publications	38	1,597.	1,500.	97.	
39		39				
40	Conferences, conventions, and meetings	40	76,076.	16,386.	59,690.	
41	•	41				
42		42				
	Other expenses (itemize):	<u> </u>				
		43a				
		43b				
		43c				
d		43d			•	
_	See Statement 3	43e	772,382.	681,993.	90,389.	
	Total functional expenses (add lines 22 through 43)					0.
	totals to lines 13-15	44	3,03/,310.	·	1,232,432	<u> </u>
	porting of Joint Costs Did you report in column (B)					¬, г⊽¬,
TUDE	draising solicitation?		*******************************			Yes No
	'es," enter (I) the aggregate amount of these joint cos					
	the amount allocated to Management and general \$			(iv) the amount allocated to	Fundraising \$	4
	art III Statement of Program Servi		· · · · · · · · · · · · · · · · · · ·	1	<u> </u>	
wn.	at is the organization's primary exempt purpose?	<u>5e</u>	e Scacemenc	4		Program Service
All o	rganizations must describe their exempt purpose achievement evements that are not measurable. (Section 501(c)(3) and (4) or	s in a	clear and concise manner. State	the number of clients served, pu	ublications issued, etc. Discuss	Expenses (Required for 501(c)(3) and
	evenients that are not measurable. (Section 50 (C)(S) and (4) or cations to others.)	ganiza	uons and 4947(a)(1) nonexempt	chantable irusts must also enter	the amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SALES OF BOOKS, PAMPHLE	TS	, CASSETTE T	APES, ETC. D	IRECTED	
	TOWARDS THE REHABILITAT	'IO	N OF ALCOHOL	ICS.		
	DURING 1998, 7,000,000	IT	EMS WERE DIS	TRIBUTED.		
					1,907,869.)	4,625,086.
b			ı	and the second s		**************************************
_				· · · · · · · · · · · · · · · · · · ·		
			1	Grants and allocations \$	1	
c				aramo ario anovativito o		
Ŭ						
			1	Grants and allocations \$		
d			<u> </u>	שימונט מווט מווטטמנוטווט ש		
u						
			10	Grants and allocations \$	1	
_	Other program services (attach schedule)			Grants and allocations \$		
_	Total of Program Service Expenses (should equal l	ine 4	······································		<u> </u>	4,625,086.
8230		1110 4	T, GOIGHHI (D), FIUGIANI SEI	viceo)		1,020,000

Page 3

Part IV Balance Sheets

Form 990 (1998)

	re required, attached schedules and amounts withindof-year amounts only.	n the description	n colu	mn should b		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing				İ	306,612.	45	562,351.
46	Cash - non-interest-bearing Savings and temporary cash investments					109,675		96,932
70	Savings and temporary cash investments			**************		100,010	40	30/302
47 a	Accounts receivable	47a		882,	919.			
b						677,154.	470	882,919
48 a	•							
b	***************************************						48c	
49	Grants receivable						49	
50	Receivables from officers, directors, trustees, and		•					
	schedule)						50	
51 a								
b	***************************************				.	1 400 101	51c	1 406 500
52	Inventories for sale or use				` ` _	1,430,121.		1,426,529
53	Prepaid expenses and deferred charges					53,010.	1	42,648
54	Investments - securities (attach schedule)						54	
55 a		1 1						
١.	equipment: basis	55a						
þ	Less: accumulated depreciation (attach							
l	schedule)						55c	
56	Investments - other			***************************************			56	
57 a								
58	Less: accumulated depreciation	See St	ate	ment (5 \	20,251.	57c 58	20,251
30	Other assets (describe	 		ALCII C	 / -	20,231.	30	20,231
59	Total assets (add lines 45 through 58) (must eq	ual line 74)				. 2,596,823.	59	. 3,031,630
60	Accounts payable and accrued expenses					634,861.		994,913
61	Grants payable					· · · · · · · · · · · · · · · · · · ·	61	
62	Deferred revenue					31,752.	62	47,287
63	Loans from officers, directors, trustees, and key						63	
64 6	a Tax-exempt bond liabilities						64a	
	b Mortgages and other notes payable						64b	
65	Other liabilities (describe) [65	
						666 610		7 040 000
66	Total liabilities (add lines 60 through 65)	T77				666,613.	66	1,042,200
Orga	nizations that follow SFAS 117, check here	A and com	iplete li	nes 67 throu	gh	,		
	69 and lines 73 and 74					1,930,210.		1,989,430
67	Unrestricted		*******		····· -	1,930,210.		1,303,430
68	Temporarily restricted						68	
69 Oran	Permanently restricted			plete lines	·····		69	
Orga	70 through 74	al	iu con	ihiere iiiie2				
70	Capital stock, trust principal, or current funds						70	
71	Paid-in or capital surplus, or land, building, and e						71	
72	Retained earnings, endowment, accumulated inc						72	
73	Total net assets or fund balances (add lines 67							
	column (A) must equal line 19 and column (B) m					1,930,210.	73	• 1,989,430
74	Total liabilities and net assets / fund balances					2,596,823.		3,031,630

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.

Page 4

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
a Total revenue, gains, and other support per audited financial statements	a Total expenses and losses per audited financial statements b Amounts included on line a but not on line 17, Form 990: (1) Donated services and use of facilities \$ (2) Prior year adjustments reported on line 20, Form 990 \$ (3) Losses reported on line 20, Form 990 \$ (4) Other (specify): Add amounts on lines (1) through (4) b c Line a minus line b c 5, 857, 518 c d Amounts included on line 17, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify): Add amounts on lines (1) and (2) b d
e Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, Trustees, and Key E (A) Name and address See Statement 7	e Total expenses per line 17, Form 990 (line c plus line d) mployees (List each one even if not compensated.) (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 113,966. 0. 0.
75 Did any officer, director, trustee, or key employee receive aggregate compensat organizations, of which more than \$10,000 was provided by the related organiz	ion of more than \$100,000 from your organization and all related ations? If "Yes," attach schedule. X Yes No Statement 8

	and check whether it is	exempt	OR nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the		p.			
	instructions for line 81	81a	0 .			
b	Did the organization file Form 1120-POL for this year?			81b	**********	X
82 a						
	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	ап	•••••••••••••••••••••••••••••••••••••••			
	expense in Part II. (See instructions for reporting in Part III)	1	N/A			
83 a	· · · · · · · · · · · · · · · · · · ·			83a	Х	**********
b				83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		N/A	84a		
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	aifts were no	ot			
	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			
	owed for the prior year.	4				
8	Dues, assessments, and similar amounts from members	85c	N/A			
đ	Section 162(e) lobbying and political expenditures	85d	N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its re					
	allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A	85h		
86	501(c)(7) organizations Enter:					
а	Initiation fees and capital contributions included on line 12	86a	N/A	_		
b		86b	N/A	_		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A	_		
þ	Gross income from other sources. (Do not net amounts due or paid to other sources		4-			
		87b	N/A	4		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or page					
	If "Yes," complete Part IX		,,	88	************	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed during the year under:		•			
	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? 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		_			Λ
	sections 4912, 4955, and 4958					$\frac{0}{0}$
00.6	Enter: Amount of tax in 89c, above, reimbursed by the organization List the states with which a copy of this return is filed NEW YORK					<u> </u>
	Number of employees employed in the pay period that includes March 12, 1998			90b		93
u	number of employees employed in the pay period that includes water 12, 1990	,	••••••	ann t		<u> </u>
91	The books are in care of ► ORGANIZATION	Telanhon	ano > 212/ 8	870-	340	0
٥,	The books are in early or P	_ 10000111011	e 110. P			
	Located at ► 475 RIVERSIDE DRIVE, NEW YORK, NY		ZIP +4 ►	1011	5	
			211 17 7 2			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here				▶ ["	
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 92	N/		_
82304 12-11-	5					
005	0507 788682 1001 052 ALCOHOLICS ANONY	MOUS W	VORLD SER	100	1	_1
						_

13-1679617 ALCOHOLICS ANONYMOUS WORLD SERVICES, INC Page 6 Form 990 (1998) Part VII Analysis of Income-Producing Activities Unrelated business income Excluded by section 512, 513, or 514 (E) Enter gross amounts unless otherwise (C) Related or exempt (A) Business (B) (D) indicated. Exclu-sion function income Amount Amount 93 Program service revenue: code (a)_ (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 2,213. 14 cash investments 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 • 5,914,525. 102 Gross profit or (loss) from sales of inventory 103 Other revenue: a _ þ 5,914,525. 2,213. 104 Subtotal (add columns (B), (D), and (E)) 5,916,738 105 TOTAL (add line 104, columns (B), (D), and (E)) 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 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's Line No. exempt purposes (other than by providing funds for such purposes). GROUPS, MEMBERS AND 102 SALES OF BOOKS, PAMPHLETS AND CASSETTES TO A.A. OTHER INTERESTED PERSONS SEEKING REHABILITATION FROM ALCOHOLISM 102

Part IX Information Regard	ing Taxable Sul	osidiaries (Complete this Part if the "Y	es" box on 88 is checked.)	
Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

g accompanying schedules and statements, and to the best of my knowledge and belief, it is true, all information of which preparer has any knowledge.

113/94 Danald WAREN OSSIST TREASURED Type or print name and title

SCHEDULE A (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Must be completed by the above organizations and attached to their Form 990 or 990EZ.

OMB No. 1545-0047

Employer identification number ALCOHOLICS ANONYMOUS WORLD SERVICES, INC 13 1679617 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter "None.") (a) Name and address of each employee paid (b) Title and average hours (d) Contributions to employee benefit plans & deferred (e) Expense account and other (c) Compensation per week devoted to more than \$50,000 position allowances compensation VINNY MCCARTHY PROD. MGR. ISLIP, N.Y. FULL 99,356 0. JOHN DESTEFANO WRITER NEW YORK, NY FULL 58,384. 0. JOHN KIRWIN ASST. CONTR. PATERSON, N.J. FULL 80,204. 0. ROBERTO CUBELO PRODUCTION ANDES, N.Y. FULL 74,140 0. ELEANOR WIDDOES WRITER NEW YORK, N.Y. FULL 66,683 0. Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See 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 None Total number of others receiving over \$50,000 for professional services For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990) 1998

Public support (line 27c, total minus line 27d total)

Total support for section 509(a)(2) test: Enter amount on line 23, column (e)

Public support percentage (line 27e (numerator) divided by line 27f, (denominator))

Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))

Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

None

	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	n/		aye 4
	•	147	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	30		
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		- -		
32	Does the organization maintain the following:	- -		
32 a		32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
_	nondiscriminatory basis?	<u>32b</u>	<u> </u>	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d		32d		
-	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
00	Davids and the state of the sta	-		
33 a	Does the organization discriminate by race in any way with respect to:	320		
a b	Students' rights or privileges? Admissions policies?	33a 33b	 	
C	Employment of faculty or administrative staff?	330		
d	Scholarships or other financial assistance?	. 33d		
e	Educational policies?	. 33e		
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>

h Has the organization's right to such aid ever been revoked or suspended?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

34b

823141 12-15-98

052

i Total lobbying expenditures (add lines c through h)

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

e Publications or published or broadcast statements

f Grants to other organizations for lobbying purposes

Direct contact with legislators, their staffs, government officials, or a legislative body

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

0.

Part VII	Inforr	nation	Regard	gnit	Transfer	s To and	Transa	ctions	and	Relationships	With	Nonchari	table
	Exem	nt Ora	anizati	ons						•			

	ZAOTIPE O'I GETTI-ETTOTIO					
51	Did the reporting organization directly or indirectly engage in any of the	• •	•			
	501(c) of the Code (other than section 501(c)(3) organizations) or in	-	itical organizations?	ſ		
а	Transfers from the reporting organization to a noncharitable exempt	organization of:			Yes	No
	(i) Cash			51a(i)		<u>X</u> _
	(ii) Other assets	***************************************	***************************************	a(ii)		X
b	Other transactions:					
	(i) Sales of assets to a noncharitable exempt organization	*******************************		b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization			b(ii)		X
	(iii) Rental of facilities or equipment			b(iii)	·	X
	(iv) Reimbursement arrangements			b(iv)		X
	(v) Loans or loan guarantees			b(v)		Х
	(vi) Performance of services or membership or fundraising solicitation			b(vi)		X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid em					X
ď	If the answer to any of the above is "Yes," complete the following sche					
u	goods, other assets, or services given by the reporting organization.					
	transaction or sharing arrangement, show in column (d) the value of	*		•	N/A	
(-1	11.	the guous, other assets, or		 	21/11	
(a) Line		mot organization	(d) Description of transfers, transactions, and sh	arino ar	randen	ents
	THE STATE OF THE S	inpt organication			angun	
					-	
		 				 -
			<u> </u>			
52 a	Is the organization directly or indirectly affiliated with, or related to, or		· · · · · · · · · · · · · · · · · · ·		_ _	_
	Code (other than section 501(c)(3)) or in section 527?	***************************************	▶ □	Yes	LX	No
b	If "Yes," complete the following schedule. N/A					
	(a) Name of organization	(b)	(C)			
	Name of organization	Type of organization	Description of relationship	,		
						······································

ALCOHOLICS ANONYMO	US WORLD SE	RVICES, INC					13-16	79617
JAN POLEK 2301 E: 61ST AVE. SPÖKANE, WA		DIRECTOR PART			0.		0.	0.
Totals Included on F	orm 990, Pa	rt V		113	,966.	40000 AND THE RESERVE	0.	0.
Form 990 P		icer Compensa d Organizatio		from		St	atement	 8
Officer's Name		me of Organization		Compe satio		Employ Ben Pl Contri	an Exp	pense count
GEORGE DORSEY		SERVICE BOARD	OF	64,	616.	.,	0.	0.
Schedule A Exce	ss Payments	from Non-Dis	qual.	ified P	erson	s St	atement	z 9
Payers's Name		1997 Amount	19: Amo		19: Amo		1994 Amour	
	-	130,616. 774,470. 163,680. 126,797. 89,115. 101,433. 326,455. 89,148. <712,064.>	683 147 150 99 300	6,059. 3,295. 7,692. 0,981. 8,437. 2,521. 6,528.	95: 16: 13: 9: 23:	8,254. 5,715. 3,730. 7,573. 0,803. 7,588. 0,313.	164, 1,189, 174, 153, 100, 110, 260,	421. 691. 426. 329. 249. 155. 887. 826.
	-	1,089,650.	1,01	7,117.	1,21	3,484.	1,535,	464.

1

Footnotes

Statement

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.

Form 990	Income and Cost of Goods So Included on Part I, Line		Statement 2
Income			
2. Returns and allowa	nces	9,207,034 294,799	8,912,235
	l (line 13)	2,997,710	5,914,525
6. Inventory at begin 7. Merchandise purcha 8. Cost of labor 9. Materials and supp 10. Other costs	ning of year	1,430,121 2,994,118	4,424,239
	of year	1,426,529	2,997,710

Form 990	0the	r Expenses		Statement	
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraisi	ng
SELLING EXPENSES CONTRACTED SERVICES OFFICE SERVICE &	56,825. 27,893.	56,825. 16,849.	11,044.		· · · · · ·
EXPENSE BAD DEBTS ROYALTY EXPENSE WRITER'S FEES	78,044. 12,787. 589,035. 7,798.	11,486. 589,035. 7,798.	66,558. 12,787.		
Total to Fm 990, ln 43	772,382.	681,993.	90,389.	-	
Explanation DISSEMINATION OF LITERATU FOLLOWING THE A.A RECOVER	URE AND RELAT	ED ITEMS DIREC	TED TOWARDS AI	LCOHOLICS	
DISSEMINATION OF LITERATU	RY PROGRAM.	ED ITEMS DIREC		LCOHOLICS Statement	Ę
DISSEMINATION OF LITERATU	RY PROGRAM.		Donee's Relationsh	Statement	
DISSEMINATION OF LITERATURE FOLLOWING THE A.A RECOVER	RY PROGRAM. Cash Grants and Name Don SERVICE NEW	nd Allocations	Donee's	Statement ip Amou	nt
DISSEMINATION OF LITERATOR FOLLOWING THE A.A RECOVER Form 990 Classification Donee's Market Second Of Board Of	Name Don SERVICE NEW	nd Allocations nee's Address W YORK, N.Y.	Donee's Relationsh	Statement ip Amou	nt 69.
DISSEMINATION OF LITERATURE FOLLOWING THE A.A RECOVER FORM 990 Classification Donee's Market General Section Control of Literature	Name Don SERVICE NEW A.A.	nd Allocations nee's Address W YORK, N.Y.	Donee's Relationsh	Statement ip Amous 190786	nt 69.
DISSEMINATION OF LITERATURE FOLLOWING THE A.A RECOVER Form 990 Classification Donee's Market Section of Donee's Market S	Name Don SERVICE NEW A.A.	nd Allocations nee's Address W YORK, N.Y.	Donee's Relationsh	Statement ip Amount 190786	nt 69.
DISSEMINATION OF LITERATURE FOLLOWING THE A.A RECOVER Form 990 Classification Donee's Market Section of Board Of Cotal Included on Form 990 Form 990	Name Don SERVICE NET A.A. Other	nd Allocations nee's Address W YORK, N.Y.	Donee's Relationsh	Statement ip Amount 190786 190786	69.

	m 990 Part V - List of Officers, Directors, Trustees and Key Employees		Statement 7	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense
GEORGE DORSEY 475 RIVERSIDE DRIVE NEW YORK, NY	PRESIDENT FULL	64,615.	0.	0.
JACQUELINE JOHNSTON 1169 NOTTINGWOOD CIR. WEST LAKE VILLAGE, CA 91361	TREASURER PART	0.	0.	0.
RONALD GAUTHIER 81 LAKE DR. SO. HAMILTON, MA	DIRECTOR PART	0.	0.	0.
LOIS FISHER 475 RIVERSIDE DRIVE NEW YORK, NY	2ND V-PRES. FULL	0.	0.	0.
GREG MUTH 475 RIVERSIDE DRIVE NEW YORK, NY	DIRECTOR PART	0.	0.	0.
JOSEPH DENNAN 475 RIVERSIDE DRIVE NEW YORK, NY	SECRETARY FULL	0.	0.	0.
DONALD MEURER 475 RIVERSIDE DRIVE. NEW YORK, NY	ASST. TREAS. FULL	49,351.	0.	0.
JOHN KOSTER 19 E. 65TH ST. NEW YORK, NY	DIRECTOR PART	0.	0.	0.
JACK OSTREM 913 GRAND GLVD. JOLIET, IL	DIRECTOR PART	0.	0.	0.
RICHARD ROUGHTON 1250 N. DEARBORN CHICAGO, IL	CHAIRPERSON PART	0.	0.	0.
GARRY MCAULEY 6115 51ST AVE. STETTLER AB CANADA	1ST V-PRES. PART	0.	0.	0.