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)

OMB No 1545-0047

Internal Revenue Service

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

Open to Public Inspection

7	F	or the	2002 calendar year, or tax year period beginning and en	iding		
В	C B	heck if pplicab	Please use IRS C Name of organization		D Employe	r identification number
		Addre	ss label or ALCOHOLICS ANONYMOUS WORLD SERVICES,	INC	13-	1679617
ĺ		Name	type to be a second t	Room/suite	E Telephon	e number
ļ		Initial return	Specific 475 RIVERSIDE DRIVE		212-	<u>-870-3400</u>
		Final return Amen	Instructions City or town state or country, and ZIP + 4 NEW YORK, NY 10115		F Accounting of Other (speci	
		Jretum ∏Applid	ation Section 501(c)(3) organizations and 4947(a)(1) generated charitable trusts	H and I are not ann		ection 527 organizations
		Jpendi	must attach a completed Schedule A (Form 990 or 990-EZ)	H(a) is this a group r		
G	u	Veh si	e ▶₩₩W.ALCOHOLICS-ANONYMOUS.ORG	H(b) If "Yes," enter no		
⊥ J			ation type (check only one) ► X 501(c) (3) ◀ (Insert no) 4947(a)(1) or 527	H(c) Are all affiliates		N/A Yes No
₹ κ	_		ere la if the organization's gross receipts are normally not more than \$25,000. The	(If "No," attach a		hu an ar
₹ K			ation need not file a return with the IRS, but if the organization received a Form 990 Package	H(d) is this a separat ganization cove		
Q		•	all it should file a return without financial data. Some states require a complete return	I Enter 4-digit GE		
>				M Check ► X	if the organi	zation is not required to attach
<u>₹</u> <u>⊾</u>	G	ross r	eceipts: Add lines 6b: 8b, 9b, and 10b to line 12 ► 10,338,950 .	Sch B (Form 99	90, 990-EZ, c	or 990-PF)
Σ	Рą	<u>rt 1 </u>	Revenue, Expenses, and Changes in Net Assets or Fund Bala	nces		·
"Ę	-	1	Revenue, Expenses, and Changes in Net Assets or Fund Bala Contributions, gifts, grants, and similar amounts received Direct public support Indirect public support Government contributions (grants) Total (add lines 1a through 1c) (cash \$			
컱	-	a	Direct public support 1a			
郶	Į	t	Indirect public support 1b			:
髥	-	C	Government contributions (grants)	<u>-</u>		
₽ ₽	ļ	d	Total (add lines 1a through 1c) (cash \$ noncash \$) 10	0.
•	ĺ	2			2	
5		3	Membership dues and assessments		3	5 6 20
Z003		4	Interest on savings and temporary cash investments		4	5,638.
-	-	5	Dividends and interest from securities		5	
N	-	6 a		-		
MAY		b	Less rental expenses CEIVED Net rental income of (toss) (subtract time 6b from line 6a)			
×	-	- 0	Net rental income of tross) (subtract time 6b) from line 6a)		<u>6c</u>	
	9	7	Other investment income (describe > Constant from the first section of t	(8) (4)	_) 7	
	Hevenue	8 a	Gross an own tromay of set 2003 (A) Securities	(B) Other_		
Щ,	운		than inventory 8a Less cost or other hasis and sales expenses 8b			
≥,	-		Gain or (loss) (ahech Sonetup), UT			
FILME]	ď	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
_	-	9	Special events and activities (attach schedule)			1
	-		Gross revenue (not including \$ of contributions			
		•	reported on line 1a) 9a			
••	- 1	b				
		C	Net income or (loss) from special events (subtract line 9b from line 9a)	<u> </u>	9c	<u> </u>
	- [10 a		10,333,3	12.	
		b	Less cost of goods sold	3,973,9		
	ı	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 1	10a) Stmt	2 100	6,359,346.
		11	Other revenue (from Part VII line 103)		11	
_	_	_12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	6,364,984.
	ا ي	13	Program services (from line 44, column (B))		13	4,311,422.
	s	14	Management and general (from line 44, column (C))		_14	1,452,350.
	Expenses	15	Fundraising (from line 44, column (D))		15	-
ı	ן ב	16	Payments to affiliates (attach schedule)		16	
_	-	17	Total expenses (add lines 16 and 44, column (A))		17	
	اير	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	601,212.
Ž	Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	Ctatomost	3 19	2,990,003.
_	۲	20 21	· · · · · · · · · · · · · · · · · · ·	Statement		-122,318.
22	2300		Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	3,468,897.
0.	1 22	UJ .	LHA For Paperwork Reduction Act Notice, see the separate instructions			Form 990 (2002)

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Form 990 (2002)

223011 01 22 03

Part IV Balance Sheets

	ere required, attached schedules and amoun uld be for end-of-year amounts only	ts within the description column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing		245,360.	45	446.741
46	Savings and temporary cash investments		777,782.	46	446,741. 615,110.
	Accounts receivable	47a 1,210,105.	1,443,040.	47c	1,210,105
1	Plade a second by				
48 a	*	484		40-	
ا ۵۰ ا		48b		48c	
49 50	Grants receivable	<u> </u>		49	
50	Receivables from officers, directors, trustees, and key employees		50		
51 a		51a		30	
51 a		51b		516	
52	Inventories for sale or use	(314)	1,767,442.	52	2,090,196
53	Prepaid expenses and deferred charges		77,713.	53	74,883
54	Investments - securities	Cost FMV	7.7.200	54	
55 a					
100	equipment basis	55a			
ļ	oquipment basis	552			
h	Less accumulated depreciation	55b		55¢	
56	Investments - other	932	_	56	
57 a		57a	· · -		
	Less accumulated depreciation	57b		57¢	
58	Other assets (describe	See Statement 7	134,862.	58	12,544
			_		
59	Total assets (add lines 45 through 58) (must ed	qual line 74)	4,446,199.	59	4,449,579 893,349
60	Accounts payable and accrued expenses		1,384,012.	60	893,349
61	Grants payable	Ĺ		61	
62	Deferred revenue		72,184.	62	87,333
53	Loans from officers, directors, trustees, and key	employees		63	
64	a Tax-exempt bond liabilities	L		64a	
	b Mortgages and other notes payable			64b	
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)		1,456,196.	66	980,682
<u> </u>	inizations that follow SFAS 117, check here	X and complete lines 67 through	27.507255		
0.9.	69 and lines 73 and 74	sna somplete into so timosgi.			
67	Unrestricted		2,990,003.	67	3,468,897
58	Temporarily restricted			68	
69	Permanently restricted	<u> </u>		69	
Orga	inizations that do not follow SFAS 117, check he	re and complete lines			
	70 through 74			[
70	Capital stock, trust principal, or current funds			70	
67 58 69 Orga 70 71 72 73	Paid-in or capital surplus, or land, building, and	equipment fund		71_	
72	Retained earnings endowment, accumulated in	come, or other funds		72	<u> </u>
73	Total net assets or fund balances (add lines 67				
	column (A) must equal line 19 column (B) mus		2,990,003.	73	<u>3,468,897</u> .
74	Total liabilities and net assets / fund balances	(add lines 66 and 73)	4,446,199.	74_	4,449,579.

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	1 990 (2002) ALCOHOL	ICS	ANONYMOUS	WORLD SE	RVICE	S, INC	13-	<u> 16796</u>	17 Page 4	
	Reconciliation of Reversity Financial Statements v			Part IV-B	Financi				ludited	
a	Total revenue, gains, and other support	a	6,464,526.		enses and lo			a 5,	985,632.	
b	Amounts included on line a but not on			b Amounts line 17, Fo	included on orm 990					
(1)						2				
(1)	on investments \$		•	1		` 	· ·			
(2)		_		reported (on line 20,				_	
	and use of facilities \$	_		Form 990		\$			· ,	
(3)	• • • • • • • • • • • • • • • • • • • •			1 ''	-	_			3	
(4)	· •	-[1		2			ŕ	
						s 221,8	60.			
	Add amounts on lines (1) through (4)	Б Ь	99,542.				<u> </u>	ь	221,860.	
C	Line a minus line b	▶ [c	6,364,984.	c Line a mir	nus line b		•	c 5,	763,772.	
d	Amounts included on line 12, Form 990 but not on line a					line 17 Form				
(1)	Investment expenses			(1) Investmer	nt expenses					
	not included on			not includ	ed on				•	
	line 6b, Form 990 \$	-				\$				
(2)	Other (specify)		,	(2) Other (spe	ecify)				×.	
_	Add amounts on loss (1) and (2)	- ,	0	Add amou	into na linno			,	0	
		۳						<u> </u>		
	(line c plus line d)			(line c plu	s line d)	_	▶	e 5,	763,772.	
Pa	rt V List of Officers, Directors	, Trı	ustees, and Key E							
	(A) Name and address	; 		per week dev	oted to	(C) Compensation (If not paid, enter	plans	deterred	(E) Expense account and other allowances	
- -		 -								
Šē	e Statement 10					154,273.		0.	0.	
				ļ						
	Add amounts on lines (1) through (4) c Line a minus line b d Amounts included on line 12, 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 Total revenue per line 12, Form 990 (Ine c plus line d) (A) Name and address (A) Name and address Add amounts on lines (1) through (4) b (99,542. Add amounts on lines (1) through (4) c Line a minus line b c (5,364,984. C Line a minus line b c (5,364,984. C Line a minus line b c (5,763,772. Add 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) S Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) Add amounts on lines (1) and (2) E Total expenses per line 17 Form 990 (line c plus line d) Add amounts on lines (1) and (2) Add amounts on lines (1) and (2) B Total expenses per line									
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		-								
	· - · - · · · · · · · · · · · · · · · ·									
			- -							
- -										
		-							1	
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		 -								
							ļ. —.			
-		-								
	Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return Total revenue, gains, and other support per audited financial statements									
		Part IV-B Reconcilitation of Expenses per Audited Financial Statements with Expenses per Return a 6,464,526								
- -	Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return Total revenue, gains, and other support per audited financial statements									
				<u> </u>						
75 (Did any officer, director, trustee, or key employe organizations, of which more than \$10 000 was	rece provid	ive aggregate compensati led by the related organiza	on of more than \$ ations? If "Yes," at	100,000 fro tach schedu	m your organization	and all r	elated S	tmt 11 Form 990 (2002)	
	· · · · · · · · · · · · · · · · · · ·									

	990 (2002) ALCOHOLICS ANONYMOUS WORLD SERVICES, INC 13-1679	617	, <u>'</u>	Page 5
Pa	rt VI Other Information	,	Yes	
78	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		<u> </u>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78 a		78a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		ļ
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	if "Yes," attach a statement			
80 a	is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Х	ļ
b	If Yes, enter the name of the organization See Statement 12			
	and check whether it is exempt or nonexempt			
81 a	• • • • • • • • • • • • • • • • • • • •	†		
	Did the organization file Form 1120-POL for this year?	81b_		<u> </u>
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			J
	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) 82b N/A		v	
	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to guid pro guo contributions? N/A	83a	Х	
_	/ -	83b		\vdash
84 a		84a		
0	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
0=	77/7	85a		
85 h	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		_
U	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	030		
	owed for the prior year		I	
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 854 N/A			
- e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
ľ	Taxable amount of lobbying and political expenditures (line 85d less 85e) 851 N/A			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		ĺ
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? N/A	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A			
ь	Gross receipts, included on line 12 for public use of club facilities 86b N/A	1		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A]		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			ĺ
	against amounts due or received from them) 876 N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			i
	If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 - , section 4912 ► 0 - , section 4955 ► 0 -			
Ь	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			1
	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	895		<u> </u>
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			0.
	sections 4912, 4955 and 4958			0.
	Enter Amount of tax on line 89c, above, reimbursed by the organization List the states with which a copy of this return is filed NEW YORK		_	
90 a	Number of employees employed in the pay period that includes March 12, 2002			85
91	The books are in care of ORGANIZATION Telephone no (212)	870	-34	
31	Telephone in Care of Parameter Telephone in P			
	Located at ► 475 RIVERSIDE DRIVE, NEW YORK, NY ZIP+4 ► 1	011	5	
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/		
22304	na ca	Forn	990	(2002)

ALCOHOLICS ANONYMOUS WORLD SERVICES, INC 13-1679617 Page 6

Part VII Analysis of Income-	Producing A					
Note Enter gross amounts unless other	wise		ted business income		ded by section 512 513 or 514	(E)
indicated		(A) Business	(B)	(C) Exclu	(D)	Related or exempt
93 Program service revenue	į	code	Amount	sion code	Amount	function income
a						
b						
c						
d			·			
8						
1 Medicare/Medicaid payments	Ĺ					
g Fees and contracts from government ag	encies		_			
94 Membership dues and assessments						<u> </u>
95 Interest on savings and temporary cash	investments			14	5,638.	. <u>.</u>
96 Dividends and interest from securities			_			<u> </u>
97 Net rental income or (loss) from real est.	ate [
a debt-financed property	Ĺ					
b not debt-financed property			· · · · · · · · · · · · · · · · · · ·			
98 Net rental income or (loss) from persona	al property					
99 Other investment income						
100 Gain or (loss) from sales of assets						
other than inventory	Ĺ			<u> </u>		
101 Net income or (loss) from special events	: <u>[</u>					·
102 Gross profit or (loss) from sales of inven	itory			ļ		6,359,346.
103 Other revenue				;		
a						
b						
C						
d	1		<u> </u>			
e			<u> </u>	<u> </u>		
104 Subtotal (add columns (B) (D), and (E))	[0.		5,638.	
105 Total (add line 104, columns (B), (D), an	id (E))				▶.	6,364,984.
Note Line 105 plus line 1d, Part I, should						
Part VIII Relationship of Activ	vities to the <i>l</i>	Accompl	ishment of Exemp	t Pur	poses (See page 32 of the	instructions)
Line No Explain how each activity for whi				import	antly to the accomplishment (of the organization's
exempt purposes (other than by						
102 SALES OF BOOKS,						
102 OTHER INTERESTE	<u>D_PERSONS</u>	SEEK	<u>ING REHABILI</u>	TAT	ION FROM ALCO	HOLISM
					 	
					4.43 /4	
Part IX Information Regardi	ng raxable S	ubsidiar	(C)	ea Er		(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		Nature of activities		(D) Total income	End-of-year assets
	9	6				
N/A						
	9				<u> </u>	
	9					
Part X Information Regardi	ng Transfers	Associa	ted with Personal	Bene	efit Contracts (See pag	
(a) Did the organization, during the year, re(b) Did the organization, during the year, pa	•	•		•		Yes X No

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(i), 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

2002

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

13 1679617 ALCOHOLICS ANONYMOUS WORLD SERVICES, INC 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") (b) Title and average hours d) Contributions to (e) Expense (a) Name and address of each employee paid employee benefit plans & deferred compensation per week devoted to (c) Compensation count and other allowances more than \$50 000 position ASST CONTR JOHN KIRWIN 0. 35 129,188 PATTERSON, NJ PRODUCTION ROBERT CUBELO 0. 87,679. ANDES, NY WRITER ELEANOR WIDDOES 35 81,790. 0. NEW YORK, NY WRITER JOHN DESTEFANO 35 0. 68,663 NEW YORK, NY SPAN EDITOR DANIEL BROWN 0. 35 66,749 BRONX, NY Total number of other employees paid 8 over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service SUGHRUE, MION, ET AL 86,790. LEGAL WASHINGTON, DC Total number of others receiving over \$50 000 for professional services

Sche	dule A (F	orm 990 or 990-EZ) 2002 ALCOHOLICS ANONYMOUS WORLD SERVICES, INC 13-167	961	7 P	age 2
Pa	rt III	Statements About Activities (See page 2 of the instructions)		Yes	No
1 [Ouring th	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
-		inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
		activities > \$ (Must equal amounts on line 38, Part VI-A,			.,
		f Part VI-B)	1_		X
	-	ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking			
	•	st complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
	_	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)			
		nange, or leasing of property?	2a		Х
•	Julo Ono.	isings, or issuing or property			
ь	ending o	of money or other extension of credit?	2b		X
	•				
c F	urnishin	g of goods, services, or facilities?	2c_		<u> </u>
d f	ayment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	2d	Х	
8 7	ranster	of any part of its income or assets?	20		<u>X</u>
3 (oes the	organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3		Х
		ave a section 403(b) annuity plan for your employees?	4	X	
Note	Attach	a statement to explain how the organization determines that individuals or organizations receiving grants or loans			
trom	it in fur	therance of its chantable programs "qualify" to receive payments	<u> </u>		
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)			
	rganizati	on is not a private foundation because it is. (Please check only ONE applicable box.)			
5	님	A church, convention of churches or association of churches Section 170(b)(1)(A)(i)			
6	\vdash	A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7	\vdash	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8 9	Ħ	A Federal, state or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city,			
9	ш	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 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	bed in		
		(1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))			
		Provide the following information about the supported organizations (See page 5 of the instructions)			
		(a) Nama(a) of connected expensively (a)		e numl	
		(a) Name(s) of supported organization(s)	fre	om abo	ve
					
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			
		Schedule A (Form	990 or	990-EZ	2002 (

to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15 None Schedule A (Form 990 or 990-EZ) 2002 09440505 788682 1001 2002.05000 ALCOHOLICS ANONYMOUS WORLD 1001

223121 01-22-03

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
29	instrument, or in a resolution of its governing body?	29		i
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		İ
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			ĺ
	to all parts of the general community it serves?	31	ļ	
	If "Yes" please describe, if "No" please explain (If you need more space attach a separate statement)	_		
		_		
32	Does the organization maintain the following	_		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	├ -	
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	326		-
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	200		
	admissions, programs, and scholarships?	32t 32d	-	├
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	320		·
	TI YOU ANSWERED. NO. TO ANY OF the above, please explain (ii you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to	-		
а		33a	 	
þ	Admissions policies?	33b	-	<u> </u>
C	Employment of faculty or administrative staff?	33c	 	
đ	Scholarships or other financial assistance?	33d	 	
e	Educational policies?	33e		\vdash
1	Use of facilities?	33f		<u> </u>
g	Athletic programs?	33g		
h		33h		
	If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement)	_		
		_		
34 a		34a	 	ļ
þ	Has the organization's right to such aid ever been revoked or suspended?	34b		ļ
	If you answered "Yes" to either 34a or biplease 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,			1
	1975-2 C B 587, covering racial nondiscrimination? If "No" attach an explanation	35	1	ĺ

Schedule A (Form 990 or 990-EZ) 2002

1001 1

Sch	nedule A (Form 990 or 990-E	z) 2002 ALCOHOLIC	S ANONYMOUS W	NORLD S	ERV	ICES,	INC	13	-1679617 Page 5
_	art VI-A Lobbying	Expenditures by Elected ONLY by an eligible organ	ecting Public Chari	ties (See pa			_		N/A
Che	eck 🕨 a 🔲 if the organ	ization belongs to an affiliated	group _ Check	▶ b 🔲 <u>i</u> f	you ch	cked "a" and "	li <u>mit</u> ed o	ontrol*	provisions apply
		Limits on Lobbying I	•			Affiliate	a) d group als		(b) To be completed for ALL electing organizations
			<u>, </u>			N/2	<u> </u>		
36	Total lobbying expenditures	to influence public opinion (ç	rassroots lobbying)		36_			i	
37	Total lobbying expenditures	to influence a legislative body	y (direct lobbying)		37				
38	Total lobbying expenditures	(add lines 36 and 37)			38				
39	Other exempt purpose expe				39	· 			
		nditures (add lines 38 and 39)			40				
41	If the amount on line 40 is	nt Enter the amount from the	rollowing table - ig nontaxable amount is -						
	Not over \$500 000		nount on line 40	,		,			
	Over \$500 000 but not over \$1.0		15% of the excess over \$500 00	o					
	Over \$1 000,000 but not over \$1	·	10% of the excess over \$1 000,0	xxx }	41			i	
	Over \$1 500 000 but not over \$1	7 000 000 \$225 000 plus	15% of the excess over \$1,500 00	xo					
	Over \$17 000,000	\$1,000 000		J		,			
42	Grassroots nontaxable amo	·			42				<u> </u>
43		5 Enter -0- if line 42 is more t			43				
44	Subtract line 41 from line 38	3 Enter -0- If line 41 is more t	nan line 38		44		•		
	Caution If there is an em	ount on either line 43 or lii	ne 44, you must file Form	4720					
		•	4-Year Averaging Period Un	der Section 56)1(h)				
		(Some organizations that ma	- •			ete all of the fiv	e colum	nns	
		, -	tructions for lines 45 throug					•	
			Lobbying Expe	nditures Durin	g 4-Ye	ar Averaging P	eriod		N/A
	endar year (or al year beginning in)	(a) 2002	(b) 2001	(c) 2000)		(d) 1999		(e) Total
45	Lobbying nontaxable amount								0.
46	Lobbying ceiling amount								0.
47	(150% of line 45(e)) Total lobbying								
71	expenditures								0.
48	Grassroots nontaxable					<u> </u>			
	amount			<u> </u>					0.
49	Grassroots ceiling amount (150% of line 48(e))								0.
50	Grassroots lobbying expenditures								0.
P		Activity by Nonelec	_		ie instr	ictions)			N/A
Dur		tion attempt to influence nation					T		11/11
	·	islative matter or referendum	=	,			Yes	No	Amount
а	Volunteers								
þ	Paid staff or management (I	nclude compensation in expe	nses reported on lines c thro	ugh h)					^ 4
C	Media advertisements								
đ	Mailings to members, legisla	•					\vdash		
	Publications, or published o								 '
1	Grants to other organization	. •	ficials, and localists a hoder						
þ	-	rs, their staffs government of ninars conventions, speeches		n s					
	Total lobbying expenditures	(Add lines c through h)							0.
2221	If "Yes" to any of the above,	also attach a statement giving	a detailed description of the	lobbying activ	ities				1.15
A	2 22						Sch	елија .	A (Form 990 or 990-EZ) 2002

Schedule A (Form 990 or 990-EZ) 2002

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.

Form 990 Income and Cost of Goods Sold Included on Part I, Line 10	Statement 2
Income	
1. Gross receipts	10,333,312
4. Cost of goods sold (line 13) 3,973,966 5. Gross profit (line 3 less line 4)	6,359,346
Cost of Goods Sold 6. Inventory at beginning of year	6,064,162
12. Inventory at end of year	3,973,966

Form 990 Other Ch	langes in Net A	Assets or Fund	Balances	Statement ————	
Description				Amount	
CHANGE IN NET ASSETS OF	SMAA (NOT FOR	PROFIT) CORP		-122,3	18.
Total to Form 990, Part	I, line 20			-122,3	18.
Form 990	Other	Expenses		Statement	4
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraisi	ng
SELLING EXPENSES CONTRACTED SERVICES OFFICE SERVICE &	104,260. 49,908.	104,260. 29,837.	20,071.		•
EXPENSE BAD DEBTS	144,026. 4,202.	8,739.	135,287. 4,202.		
ROYALTIES ON BOOKS	156,770.	156,770.			
WRITERS FEES	41,689.	41,689.			

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 Gran	ts and Allocations	Sta	tement 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	1486191.
Total Included	on Form 990, Part	II, line 22		1486191.

Form 990	Other Assets	Statement	7
Description		Amount	
COPYRIGHTS & G S.M.A.A. INC.	OODWILL @ NOMINAL VALUE	12,5	1. 43.
Total to Form	990, Part IV, line 58, Column B	12,5	14.
Form 990	Other Revenue Not Included on Form 990	Statement	8
Description		Amount	
S.M.A.A., INC.		99,54	12.
Total to Form	990, Part IV-A	99,54	12.
Form 990	Other Expenses Not Included on Form 990	Statement	9
Description		Amount	
S.M.A.A., INC.		221,86	50.
Total to Form	990, Part IV-B	221,86	<u> </u>

Form 990 .	Part V - List of Officers, Directors, Trustees and Key Employees		Statement 10		
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
GREG MUTH		PRESIDENT			
NEW YORK, NY		20	96,984.	0.	0.
R.J.M. DOWNEY		TRUSTEE	0.	0.	0.
BURNABY, CANADA		PART	0.	0.	0.
JOHN C. KOSTER		CHAIRPERSON PART	0.	0.	0.
NEW YORK, NY		FARI	0.	0.	0.
DOUG RICHARDSON		2ND VICE PRESII	ENT 0.	0.	0.
NEW YORK, NY		PANI	0.		
RONALD J. GAUTHIER		TREASURER PART	0.	0.	0.
SO. HAMILTON, MA		PANI	0.	•	•
JOSEPH DENNAN		SECRETARY PART	0.	0.	0.
NEW YORK, NY		TANT	.	•	•
DONALD MEURER		ASST. TREASURER		0.	0.
BABYLON, NY			3.,203.		•
DOROTHY MAY		1ST VICE PRESII	DENT	0.	0.
INDIANAPOLIS, IN		11111	•	•	•
PAUL CLEARY		TRUSTEE PART	0.	0.	0.
OCEANSIDE, CA				•	•
JANE T. SHEPPARD		DIRECTOR PART	0.	0.	0.
BEASLEY, TX		TANA	0.	•	
DON MILLER		TRUSTEE PART	0.	0.	0.
LOUSIVILLE, CO			•••		•
Totals Included on	Form 990, Part	v	154,273.	0.	0.
		=			

Form 990	Part V - Officer Compensation 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	96,984.	0.	0.	
DONALD MEURER	GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS	57,289.	0.	0.	
Form 990		dentification of Related Organizations Part VI, Line 80b		Statement 12	
Name of Organızat	ion		Exempt N	lonExempt	
THE GENERAL SERVICE BOARD OF A.A., INC. S.M.A.A., INC.			<u>х</u> х	_	