

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning and ending

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	C Name of organization ALCOHOLICS ANONYMOUS WORLD SERVICES, INC	D Employer identification number 13-1679617
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 475 RIVERSIDE DRIVE	E Telephone number 212-870-3400
	City or town, state or country, and ZIP NEW YORK, NY 10115	F Check <input type="checkbox"/> if application pending

G Organization type (check only one) 501(c) (3) (insert no.) 527
OR 4947(a)(1)

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

J Accounting method: Cash Accrual Other (specify) _____

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

(H and I are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list.) Yes No

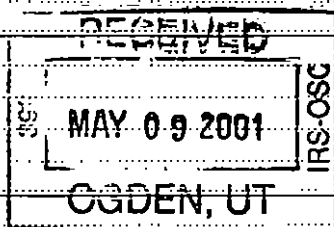
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no. (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		24,620.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe _____)	7			
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
	Less: cost or other basis and sales expenses	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10 a Gross sales of inventory, less returns and allowances	10a	9,296,970.		
	b Less: cost of goods sold	10b	3,068,039.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	Stmt 2	6,228,931.
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		6,253,551.	
Expenses	13 Program services (from line 44, column (B))	13		3,777,258.
	14 Management and general (from line 44, column (C))	14		1,272,679.
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 13 and 14, column (A))	17		5,049,937.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,203,614.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,053,475.
	20 Other changes in net assets or fund balances (attach explanation)	20	See Statement 3	<29,675.>
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		4,227,414.



ENVELOPE POSTMARK DATE MAY 04 2001

SCANNED MAY 16 2001

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

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) cash \$ 1,428,222 • noncash \$	1,428,222.	1,428,222.	Statement 6	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	128,379.	0.	128,379.	0.
26 Other salaries and wages	1,289,499.	859,133.	430,366.	
27 Pension plan contributions	81,720.	48,141.	33,579.	
28 Other employee benefits	231,588.	118,566.	113,022.	
29 Payroll taxes	106,172.	62,546.	43,626.	
30 Professional fundraising fees				
31 Accounting fees	46,500.		46,500.	
32 Legal fees	162,633.		162,633.	
33 Supplies	41,703.	4,191.	37,512.	
34 Telephone	45,895.	26,488.	19,407.	
35 Postage and shipping	833,723.	817,313.	16,410.	
36 Occupancy	169,850.	110,507.	59,343.	
37 Equipment rental and maintenance	47,356.	16,852.	30,504.	
38 Printing and publications	2,100.	2,100.		
39 Travel				
40 Conferences, conventions, and meetings	55,450.	8,785.	46,665.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e See Statement 4	43e	379,147.	274,414.	104,733.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	5,049,937.	3,777,258.	1,272,679.	0.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **See Statement 5**

	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others)
a SALES OF BOOKS, PAMPHLETS, CASSETTE TAPES, ETC. DIRECTED TOWARDS THE REHABILITATION OF ALCOHOLICS. DURING 2000, 6,624,000 ITEMS WERE DISTRIBUTED. (Grants and allocations \$ 1,428,222.)	3,777,258.
b	
c	
d	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,777,258.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	766,550.	517,677.
	46 Savings and temporary cash investments	602,670.	1,267,377.
	47 a Accounts receivable	1,440,436.	
	b Less: allowance for doubtful accounts	428,625.	1,440,436.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	1,565,138.	1,539,660.
	53 Prepaid expenses and deferred charges	72,308.	72,619.
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment: basis		
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis			
b Less: accumulated depreciation			
58 Other assets (describe ▶ See Statement 7)	186,321.	156,646.	
59 Total assets (add lines 45 through 58) (must equal line 74)	3,621,612.	4,994,415.	
Liabilities	60 Accounts payable and accrued expenses	521,994.	725,030.
	61 Grants payable		
	62 Deferred revenue	46,143.	41,971.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ▶)		
66 Total liabilities (add lines 60 through 65)	568,137.	767,001.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	3,053,475.	4,227,414.
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	3,053,475.	4,227,414.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,621,612.	4,994,415.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a Total revenue, gains, and other support per audited financial statements	a	6,372,586.
b Amounts included on line a but not on line 12, Form 990:		
(1) Net unrealized gains on investments		
(2) Donated services and use of facilities		
(3) Recoveries of prior year grants		
(4) Other (specify): Stmt 8		\$ 119,035.
Add amounts on lines (1) through (4)	b	119,035.
c Line a minus line b	c	6,253,551.
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)	d	
e Total revenue per line 12, Form 990 (line c plus line d)	e	6,253,551.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements	a	5,198,647.
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): Stmt 9		\$ 148,710.
Add amounts on lines (1) through (4)	b	148,710.
c Line a minus line b	c	5,049,937.
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)	d	
e Total expenses per line 17, Form 990 (line c plus line d)	e	5,049,937.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 10		128,379.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No Stmt 11 Form 990 (2000)

Part VI Other Information

Table with columns N/A, Yes, No. Rows 76-91 containing various organizational questions and answers.

91 The books are in care of ORGANIZATION Telephone no. (212) 870-3400
Located at 475 RIVERSIDE DRIVE, NEW YORK, NY ZIP code 10115

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/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	24,620.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					6,228,931.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		24,620.	6,228,931.
105 Total (add line 104, columns (B), (D), and (E))					6,253,551.

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
102	SALES OF BOOKS, PAMPHLETS AND CASSETTES TO A.A. GROUPS, MEMBERS AND
102	OTHER INTERESTED PERSONS SEEKING REHABILITATION FROM ALCOHOLISM

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true. All information of which preparer has any knowledge. (Important: See General Instruction W.)

Date: 5/7/09
 Type or print name and title: Donald W Minkler, Assistant Treasurer

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information

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

Name of the organization: **ALCOHOLICS ANONYMOUS WORLD SERVICES, INC** Employer identification number: **13 1679617**

Part I 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 more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
VINNY MCCARTHY ----- W. ISLIP, NY	PROD. MGR. 35	107,375.		0.
JOHN KIRWIN ----- PATTERSON, NJ	ASST CONTR 35	87,104.		0.
ROBERT CUBELO ----- ANDES, NY	PRODUCTION 35	84,212.		0.
ELEANOR WIDDOES ----- NEW YORK, NY	WRITER 35	74,900.		0.
JOHN DESTEFANO ----- NEW YORK, NY	WRITER 35	63,225.		0.
Total number of other employees paid over \$50,000 ▶	4			

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
HOLLAND & KNIGHT ----- NY, NY	LEGAL	72,266.
SUGHRUE, MION, ET AL ----- WASHINGTON, DC	LEGAL	70,804.
----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>See Part V, Form 990</u>	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

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

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

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

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

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(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 not a business unrelated to the organization's charitable, etc., purpose	8,988,501.	8,912,235.	8,898,278.	8,260,524.	35,059,538.
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	3,404.	2,213.	2,536.	2,273.	10,426.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on 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	8,991,905.	8,914,448.	8,900,814.	8,262,797.	35,069,964.
24 Line 23 minus line 17	3,404.	2,213.	2,536.	2,273.	10,426.
25 Enter 1% of line 23	89,919.	89,144.	89,008.	82,628.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a N/A				
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts	▶ 26b N/A				
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶ 26c N/A				
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶ 26d N/A				
e Public support (line 26c minus line 26d total)	▶ 26e N/A				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f N/A %				
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) 0. (1998) 0. (1997) 0. (1996) 0.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: See Statement 13 (1999) 992,742. (1998) 1,039,860. (1997) 1,089,650. (1996) 1,017,117.					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 35,059,538. 20 _____ 21 _____	▶ 27c 35,059,538.				
d Add: Line 27a total 0. and line 27b total 4,139,369.	▶ 27d 4,139,369.				
e Public support (line 27c total minus line 27d total)	▶ 27e 30,920,169.				
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	▶ 27f 35,069,964.				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ 27g 88.1671%				
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ 27h .0297%				

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, 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 page 5 of the instructions.)

None

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

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
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?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2000

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group.
 Check here If you checked "a" above and "limited control" provisions apply.

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
- b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form 990 Part V - Officer Compensation from Related Organizations Statement 11

Officer's Name	Name of Related Organization	Compensation	Employee Ben Plan Contrib	Expense Account
GREG MUTH	GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS	75,000.	0.	0.
DONALD MEURER	GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS	53,379.	0.	0.

Form 990 Identification of Related Organizations Part VI, Line 80b Statement 12

Name of Organization	Exempt	NonExempt
THE GENERAL SERVICE BOARD OF A.A., INC.	X	
S.M.A.A., INC.	X	

Schedule A Excess Payments from Non-Disqualified Persons Statement 13

*** Not Open to Public Inspection ***

Payers's Name	1999 Amount	1998 Amount	1997 Amount	1996 Amount
		102,615.		
	97,138.	109,591.	130,616.	116,059.
	739,305.	662,397.	774,470.	683,295.
	146,573.	190,730.	163,680.	147,692.
	147,077.	130,711.	126,797.	150,981.
		91,991.	89,115.	98,437.
	92,112.		101,433.	92,521.
	309,151.	375,833.	326,455.	306,528.
	90,819.		89,148.	
LESS: BASE AMOUNTS EXCLUDED	<629,433.>	<624,008.>	<712,064.>	<578,396.>
Total to Schedule A, line 27b	992,742.	1,039,860.	1,089,650.	1,017,117.

Form 990	Other Assets	Statement	7
Description		Amount	
COPYRIGHTS & GOODWILL @ NOMINAL VALUE S.M.A.A. INC.		1. 156,645.	
Total to Form 990, Part IV, line 58, Column B		156,646.	

Form 990	Other Revenue Not Included on Form 990	Statement	8
Description		Amount	
S.M.A.A., INC.		119,035.	
Total to Form 990, Part IV-A		119,035.	

Form 990	Other Expenses Not Included on Form 990	Statement	9
Description		Amount	
S.M.A.A., INC.		148,710.	
Total to Form 990, Part IV-B		148,710.	

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
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Income

1. Gross receipts	9,587,287	
2. Returns and allowances	290,317	
3. Line 1 less line 2		9,296,970
4. Cost of goods sold (line 13)	3,068,039	
5. Gross profit (line 3 less line 4)		6,228,931

Cost of Goods Sold

6. Inventory at beginning of year	1,565,138	
7. Merchandise purchased	3,042,561	
8. Cost of labor		
9. Materials and supplies		
10. Other costs		
11. Add lines 6 through 10		4,607,699
12. Inventory at end of year	1,539,660	
13. Cost of goods sold (line 11 less line 12).		3,068,039

Form 990 Other Changes in Net Assets or Fund Balances Statement 3

Description	Amount
CHANGE IN NET ASSETS OF SMAA (NOT FOR PROFIT) CORP	<29,675.>
Total to Form 990, Part I, line 20	<29,675.>

Form 990 Other Expenses Statement 4

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
SELLING EXPENSES	75,327.	75,327.		
CONTRACTED SERVICES	25,489.	8,491.	16,998.	
OFFICE SERVICE & EXPENSE	83,144.	9,076.	74,068.	
BAD DEBTS	13,667.		13,667.	
ROYALTY EXPENSE	167,917.	167,917.		
WRITER'S FEES	13,603.	13,603.		
Total to Fm 990, ln 43	379,147.	274,414.	104,733.	

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 Statement 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	1428222.
Total Included on Form 990, Part II, line 22				1428222.

Form 990

Part V - List of Officers, Directors,
Trustees and Key Employees

Statement 10

Name and Address	Title and Avg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
GREG MUTH NEW YORK, NY	PRESIDENT 20	75,000.	0.	0.
JIM CLOUGH COSTA MESA, CA	1ST VICE-PRES. PART	0.	0.	0.
JOHN C. KOSTER NEW YORK, NY	TREASURER PART	0.	0.	0.
JOANIE MONCRIEF NEW YORK, NY	2ND V-PRES. PART	0.	0.	0.
RONALD J. GAUTHLER SO. HAMILTON, MA	DIRECTOR PART	0.	0.	0.
JOSEPH DENNAN NEW YORK, NY	SECRETARY PART	0.	0.	0.
DONALD MEURER NEW YORK, NY	ASST. TREAS. 20	53,379.	0.	0.
BETH RABREN BROZORIA, TX	DIRECTOR PART	0.	0.	0.
JACQUELINE JOHNSTON PALM DESERT, CA	CHAIRPERSON PART	0.	0.	0.
RICHARD ROUGHTON CHICAGO, IL	DIRECTOR PART	0.	0.	0.
JAN POLEK SPOKANE, WA	DIRECTOR PART	0.	0.	0.
Totals Included on Form 990, Part V		128,379.	0.	0.