Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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 Department of the Treasury Internal Revenue Service This Form is Open Note: The organization may have to use a copy of this return to satisfy state reporting requirements... to Public Inspection A For the 1998 calendar year, OR tax year period beginning 1998, and ending Check if: C Name of organization D Employer identification number Change of address USE IRS GENERAL SERVICE BOARD OF ALCOHOLICS tabel or ANONYMOUS, INC. 23-7282071 type, Number and street (or P.O. box if mail is not delivered to street address) return Room/suite E Telephone number Final return Specific 475 RIVERSIDE DRIVE 212-870-3400 City or town, state or country, and ZIP+4 F Check ► ____ if exemption (required also for state reporting) NEW YORK, NY application is pending Type of organization - X Exempt under 501(c) (3 Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? Yes X No I if either box in H is checked "Yes," enter four-digit group (b) If "Yes," enter the number of affiliates for which this exemption number (GEN) return is filed: ______ J Accounting method: Cash (C) Is this a separate return filed by an organization covered by a group ruling? Yes X No Other (specify) K Check here F 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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received: a Direct public support h Indirect public support 5,946,790. Government contributions (grants) d Total (add lines 1a through 1c) (attach schedule of contributors) Stmt 2 5,946,790. noncash \$ 5,946,790. 1d 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 386,542. Less: rental expenses _______ 6b Net rental income or (loss) (subtract line 6b from line 6a) Other investment income (describe 8 a Gross amount from sale of assets other (A) Securities than inventory 1,500,000. Less: cost or other basis and sales expenses 1,493,541. Gain or (loss) (attach schedule) 6,459. 8c Net gain or (loss) (combine line 8c, columns (A) and (B)) Stmt 3 6,459. Special events and activities (attach schedule): a Gross revenue (not including \$ ____ Less: direct expenses other than fundraising expenses 9b Net income or (loss in on special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances 10a

b Less: cost of goods sold 10b

c Gross profit or (1055) from sales of inventory attach schedule) (subtract line 10b from line 10a)

Net assets or fund balances at end of year (combine lines 18, 19, and 20) LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 990 (1998)

Program services (from line 44, column (B))

Management and general (from line 44, column (C))

Fundraising (from line 44, column (D))

Payments to affiliates (attach schedule)

Total expenses (add lines 16 and 44, column (A))

Excess or (deficit) for the year (subtract line 17 from line 12)

Net assets or fund balances at beginning of year (from line 73, column (A))

Other changes in net assets or fund balances (attach explanation) See Statement 4

12

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19

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6,394,146.

3,770,478.

2,175,585.

5,946,063.

6,406,087.

6,593,902.

<260,268.

448,083.

11

13

14

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16

17

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19

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Page 2

Statement of All or	ganizati	ons must complete colum	n (A). Columns (B), (C), and	(D) are required for section	on 501(c)(3) and
Functional Expenses (4) or	ganizat	ions and section 4947(a)(1) nonexempt charitable tru	sts but optional for others.	
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program	(C) Management	(D) Fundraising
22 Grants and allocations (attach schedule)	******		services	and general	(-)
cash \$ 78,352 • noncash \$	22	78,352.	78 353	Statement 6	
23 Specific assistance to individuals (attach schedule)	1-1	10,332.	10,332.	ocacement o	
	23				
24 Benefits paid to or for members (attach schedule)	24	107 007	70 400	40 051	
25 Compensation of officers, directors, etc.	25	127,837.		49,351.	0.
26 Other salaries and wages	26	2,330,398.		940,891.	1
27 Pension plan contributions	27	175,592.		72,858.	
28 Other employee benefits	28	431,107.			
29 Payroll taxes	29	182,099.	106,888.	75,211.	
30 Professional fundraising fees	30				
31 Accounting fees	31	22,600.		22,600.	
32 Legal fees	32	33,586.		33,586.	
33 Supplies	33	100,774.	69,228.	31,546.	
34 Telephone	34	87,318.	53,089.		
35 Postage and shipping	35	472,153.	459,006.	13,147.	
36 Occupancy	36	401,774.	181,521.	220,253.	
37 Equipment rental and maintenance	37	64,663.	21,101.	43,562.	
38 Printing and publications	38	322,259.	322,163.		·
	39	JZZ ZJJ •	344,103.	96.	
Travel		608,801.	222 075	275 026	
- made and a second and a second a seco	40	000,001.	332,875.	<u>275,</u> 926.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42			·	
43 Other expenses (itemize):					
a OFFICE SERVICE AND	43a				
b EXPENSE	43b	143,828.	35,332.	108,496.	
c CONTRACTED SERVICES	43c	127,792.	80,358.	47,434.	· · · · · · · · · · · · · · · · · · ·
d WRITER'S FEES	43d	151,291.	150,872.	419.	
eFOREIGN LIT ASSISTANCE	43e	83,839.	83,839.		
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	5.946.063.	3,770,478.	2 . 175 585	0.
Reporting of Joint Costs Did you report in column (B)		om canicae) any ioint agai	to from a combined adverti	<u> </u>	
fundraising enlicitation?	(Flogia	an services) any jonit cos	is mom a combined educati	onai campaign and	T
fundraising solicitation? If "Yes," enter (i) the aggregate amount of these joint cost			**************************************		Yes X No
(iii) the amount allocated to Management and general \$	ιs φ		ii) the amount allocated to f		i
Part III Statement of Program Service	10 Ac	; and ()	iv) the amount allocated to l	-undraising \$	<u> </u>
What is the association to a Program Service	SOO	Ctothonont		· · · · · · · · · · · · · · · · · · ·	
What is the organization's primary exempt purpose?	see	Statement :)	·	Duanuam 0
All organizations must describe their exempt purpose achievement	in o elo	spand sensing —	h		Program Service Expenses
achievements that are not measurable. (Section 501(c)(3) and (4) org	anization	ar and concise manner. State t ns and 4947(a)(1) nonexempt c	ne number of clients served, put haritable trusts must also enter t	blications issued, etc. Discuss he amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
anocadons to objets.)					trusts; but optional for others.)
a SEE FOOTNOTE			<u> </u>		
		· · · · · · · · · · · · · · · · · · ·			
		(G	rants and allocations \$	78,352.)	3,770,478.
b					
	·	(G	rants and allocations \$	١	
C					
	· · · · · · · · · · · · · · · · · · ·				
		/c	rants and allocations \$	· · · · · · · · · · · · · · · · · · ·	
d			TOTAL STATE		
			· · · · · · · · · · · · · · · · · · ·		
			wanta and all a to the		
e Other program services (attach schedule)			rants and allocations \$ rants and allocations \$	<u> </u>	
Care program services (attach schedule)		/05	CAMES AND SHOPSHOPE SCIEN	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
f Total of Program Service Evanges (should served to	20.44				2 770 470
f Total of Program Service Expenses (should equal lin	ne 44, c			>	3,770,478.

Part IV Balance Sheets

te: whe	re required, attached schedules and amounts with nd-of-year amounts only.	in the description	column should be	(A) Beginning of year		(B) End of year
45			***************************************	378,060.	45	333,000.
46	Savings and temporary cash investments	***************************************		1,021,117.	46	443,066
47 a	Apparents uses in a late	1 1	120 200			
4, a	***************************************		120,208.	111 666		100 000
"	Less, anowance for doubting accounts	47b		111,555.	47c	120,208
48 a	Pledges receivable					
h			_		****	
49					48c	
50	Grants receivable	nd key employees (attach		49	
51 a		61a			50	
51 a				*	54 a	
52	Inventories for sale or use				51c 52	
53	Prepaid expenses and deferred charges	************************	***************************************		53	787,442
54	Investments - securities (attach schedule)	*************************	Stmt 7		54	8,507,334
55 a	Investments - land, buildings, and			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	0/301/331
	equipment: basis	55a				
b	Less: accumulated depreciation (attach					
	schedule)	55b		*** !	55c	
56	Investments - other	See Sta	tement 8		56	1.
57 a	Land, buildings, and equipment: basis	57a	3,569,194.			
þ	Less: accumulated depreciation	57b	2,534,941.	808,252.	57c	1,034,253
58	Other assets (describe				58	
59	Total assets (add lines 45 through 58) (must e			10,746,268.	59	11,225,304
60	Accounts payable and accrued expenses	*********************		774,965.	50	11,225,304. 653,185.
61	Grants payable				61	
62	Deferred revenue	*****************			62	
63	Loans from officers, directors, trustees, and key	employees			63	
64 a	Tax-exempt bond liabilities	*******************			64a	
<u> </u>	Mortgages and other notes payable Other liabilities (describe			6	64b	
65	Other liabilities (describe	See Sta	tement 9	3,565,216.	65	3,978,217.
66	Total liabilities (add lines 60 through 65)			4,340,181.	66	4,631,402.
Organ	nizations that follow SFAS 117, check here	X and complet	e lines 67 through			
	69 and lines 73 and 74					
67	Unrestricted		***************************************	6,406,087.	67	6,593,902.
68	Temporarily restricted	***************************************			68	·
69	Permanently restricted				69	
Organ.	nizations that do not follow SFAS 117, check her 70 through 74	e Land c	omplete lines			
70	_				****	
71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and	anippeatford			70	
72	Retained earnings, endowment, accumulated inc				71	
73	Total net assets or fund balances (add lines 67	through 60 OD Iss	se 70 through 70:		72	
-	column (A) must equal line 19 and column (B) n		• •	6,406,087.	79	6,593,902. 11,225,304.
	Total liabilities and net assets / fund balances	iusi equal iiiit 41)	,,	10,746,268.	15	0,333,302.

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.

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.

	GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS, INC. 23-72	82071		Page
	other Information		Yes	No.
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	The state of the s	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	<u> </u>	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement;			
8U 2	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	X	
b	If "Yes," enter the name of the organization ► AA WORLD SERVICES & AA GRAPEVINE	_ 📖		
~ .	and check whether it is X exempt OR nonexem	pt.		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the	_		
_		0.		
D -	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			
	fair rental value?	82a		X
D	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 for reporting in Part III)	_		
83 a	and a second second second metapolici reductions for retaining and exemption applications:	83a	X	
b	and a second second redementation to read to date but day contributions:	<u>83b</u>	X	
84 a	TAY TT	84a		
ם	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
~ =	tax deductible? N/A	<u>84</u> b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	<u>8</u> 5a		<u> </u>
D	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.			
C	14/11	_		
d	17/ 12/ Odd	_		
9	00 00 0	_		
I	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		ļ
п	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues			
00	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	_		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	_		
87 h	501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A			
IJ	Gross income from other sources. (Do not net amounts due or paid to other sources			
88	against amounts due or received from them.) N/A			
00	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?			
00 0	If "Yes," complete Part IX	88	**********	X
09 4	501(c)(3) organizations Enter: Amount of tax imposed during the year under:			
	section 4911 ► 0 · ; section 4912 ► 0 · ; section 4955 ► 0 ·	_		
þ	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		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			_
	sections 4912, 4955, and 4958			0.
b one	Enter: Amount of tax in 89c, above, reimbursed by the organization			0.
	List the states with which a copy of this return is filed NEW YORK			
þ	Number of employees employed in the pay period that includes March 12, 1998	. 90b		C
91	The books are in care of ▶ ORGANIZATION Telephone no ▶ 212-8		400	
91	The books are in care of ► ORGANIZATION Telephone no. ► 212-8	1/0-3	400	

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Located at > 475 RIVERSIDE DRIVE, NEW YORK, NY

and enter the amount of tax-exempt interest received or accrued during the tax year

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041.- Check here _____

 $ZIP + 4 \triangleright 10115$

N/A

1002___1

Page 6

*********** Analysis of income-Producing			1 - :		
Enter gross amounts unless otherwise		ed business income		ded by section 512, 513, or 514	(E)
indicated.	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	code	Amount	sion code	Amount	function income
(a)	_				
(b)					
(c)	_				
(d)					
(8)(8)					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies			T		
94 Membership dues and assessments					
95 Interest on savings and temporary		-			
cash investments			14	54,355.	
96 Dividends and interest from securities			14	54,355. 386,542.	
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property			1		
98 Net rental income or (loss) from personal property			1		-
99 Other investment income					
100 Gain or (loss) from sales of assets	••		 		
other than inventory			18	6,459.	
101 Net income or (loss) from special events			+	0,437.	
102 Gross profit or (loss) from sales of inventory			-		
103 Other revenue:	••		-		
a	-		 		
<u> </u>					
<u> </u>			ļ <u> </u>		
<u>d</u>	-		-		
6			**********	447 356	
104 Subtotal (add columns (B), (D), and (E))				<u> </u>	
105 TOTAL (add line 104, columns (B), (D), and (E))				> ,	447,356.
Note: (Line 105 plus line 1d, Part I, should equal the amoun					
Part VIII Relationship of Activities to the					
Line No. Explain how each activity for which income is re	eported in column	(E) of Part VII contribute	impor t	tantly to the accomplishment o	of the organization's
exempt purposes (other than by providing fund	is for such purpor	ses).			
Part IX Information Regarding Taxable	<u>e Subsidiari</u>	es (Complete this Part i	f the "Y	es" box on 88 is checked.)	
Name, address, and employer identification number of corporation or partnership ownership inte		ure of business activities		Total income	End-of-year assets
N/A	%				
	%				
	%				
	%				
Under genalties of perjury, I declare that I have exami		ding accompanying schedules	and stat	ements, and to the best of my know	ledge and belief, it is true,

115/95 Denoted WMWX502 ASSIST TRACKLE

Type or print name and title

Date Check

SCHEDULE A (Form 990)

Department of the Treasury

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. GENERAL SERVICE BOARD OF ALCOHOLICS

OMB No. 1545-0047

Name of the organization Employer identification number ANONYMOUS, INC. 23 7282071 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to (a) Name and address of each employee paid (e) Expense account and other allowances (c) Compensation employee benefit plans & deferred more than \$50,000 position compensation GEORGE DORSEY GENERAL MGR NEW YORK, N.Y. FULL 129,231 0. THOMAS JASPER SERVICES DIR BROOKLYN, N.Y. FULL 112,346. 0. LEONORA HALLIGAN PERSONNEL MGR NEW YORK, N.Y. FULL 92,654 0. LILLIANNA MURPHY EDP MGR BROOKLYN, N.Y. FULL 82,848 0. SUSAN ULSETH STAFF NEW YORK, NY ${ t FULL}$ 78,486 0. Total number of other employees paid over \$50,000 10 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 LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990) 1998

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788682 1002

052 GENERAL SERVICE BOARD OF ALCOH 1002

13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports orga (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 Provide the following information about the supported organizations. (See instructions on page 4.	on 509(a)(3).)
	(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 instructions on page 4.)	

23-7282071 Page 3

31.50	Note: You may use ti	complete only it you cr he worksheet in the ins	necked a box on line 10 structions for convertin	J, 11, or 12 above.) U s	se cash method of ac	counting.
beg	endar year (or fiscal year inning in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,722,629.	4,574,917.	5,129,598.	6.129.223.	21,556,367.
16			· · · · · · · · · · · · · · · · · · ·	, ,		
17				3,776,108.		3,776,108.
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	420,661.	477,169.			
19	Net income from unrelated business					
20	activities not included in line 18 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	6,143,290.	5,052,086.	9,459,329.	6,674,488.	27,329,193.
24	Line 23 minus line 17	6,143,290.	5,052,086.	5,683,221.	6,674,488.	23,553,085.
25	Enter 1% of line 23	61,433.	50,521.	94,593.	66,745.	
26	Organizations described in lines 10	or 11: a Enter 2% of a	amount în column (e), line	e 24	▶ 25a	471,062.
þ						
	governmental unit or publicly suppor in line 26a. Enter the sum of all these					0.
_	Total augment for posting 500(-)/d) &	anti Fata di a 04 a alian	, ,			22 552 005
G	Total support for section 509(a)(1) to	3St: Enter line 24, column	(e) 996 719 40		≥ 26c	23,553,085.
u	Add: Amounts from column (e) for li		996,718.			1,996,718.
Р	Public support (line 26c minus line 2		26	b	26d 26e	21,556,367.
f	Public support percentage (line 26e	(numerator) divided by	line 26c (denominator))	********************************	26e	91.5225%
27	Organizations described on line 12:	a For amounts include	ed in lines 15, 16, and 17	that were received from a	"disqualified person " at	
	of, and total amounts received in eac	h year from, each "disqua	lified person." Enter the s	um of such amounts for e	each year, N/A	
	(1997)	(1996)	((1995)	(1994)	
b		at was received from a no	ondisqualified person, atta	ach a list to show the nan	ne of, and amount receive	ed for each year,
	that was more than the larger of (1) individuals.) After computing the diffe	erence between the amou	the year or (2) \$5,000. (I nt received and the larger	nclude in the list organiza amount decribed in (1) c	itions described in lines to or (2) , enter the sum of th	5 through 11, as well as lese differences (the
	excess amounts) for each year: N (1997)			(1995)	(1994)	
		. ,			(.00-)	***************************************
C	Add: Amounts from column (e) for lir	nes: 15		16		
	17	nes: 15 20		21	▶ 27c	N/A
d	Add: Line 27a total	and li	ine 27b total		▶ 27d	N/A
e	Public support (line 27c, total minus	line 27d total)			▶ 27e	N/A
f	Total support for section 509(a)(2) te					%T / T
g h	Public support percentage (line Investment income percentage					N/A %
28 I	Jusual Grants: For an organization	described in line 10, 11	or 12 that received any m	nucual grante during 100	or)) 27h	
	adolic ilispection) for each year snowing	g the name of the contrib	utor, the date and amount	t of the grant, and a brief	description of the nature	of the grant. Do not include
	hese grants in line 15. (See instruction	s.)		None	9	

Schedule A (Form 990) 1998 ANONYMOUS, INC. Private School Questionnaire

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	<u>'</u> A	
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	Yes	No
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?	. 32a	1	
b	nondiscriminatory basis?	. 32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	- <u>324</u>		
33 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	- 33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
	Has the organization's right to such aid ever been revoked or suspended?	34a		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50.	34b		
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

		ted ONLY by an eligible orga	nization that filed Form 576	rities 8)					N/A
		ganization belongs to an affil							
UII		necked "a" above and "limited					· · ·		/L\
	Li	imits on Lobbying l	Expenditures				(a)		(b) To be completed for ALL
	(The ter	rm "expenditures" means am	ounts paid or incurred)			Affiliated (tais	electing organizations
	= 4.11.41.5					N/	A		
	Total lobbying expenditures t	to influence public opinion (g	rassroots lobbying)	*****************	36	<u> </u>			
37 38		to influence a legislative body (add lines 36 and 37)	y (airect lobbying)	***************************************	37				
39		(add illies so alld s7) ditures	***************************************	***************************************	38 39				
	Total exempt purpose expend	ditures (add lines 38 and 39)	· · · · · · · · · · · · · · · · · · ·	*******	40				
41	Lobbying nontaxable amount	t. Enter the amount from the	following table -						
	If the amount on line 40 is -		ng nontaxable amount is -						
	Not over \$500,000								
	Over \$500,000 but not over \$1,000								
	Over \$1,000,000 but not over \$1,5				41				
	Over \$1,500,000 but not over \$17,								
42	Over \$17,000,000	nt /anter 25% of line 41\	*	······ J	40				
43	Subtract line 42 from line 36.	Friter -0- if line 42 is more t	han line 36		42 43				
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more t	han line 38	***************************************	44	·		-	, , , , , , , , , , , , , , , , , , , ,
			***************************************	*************					
	Caution: If there is an amo	ount on either line 43 or li	ne 44, you must file Forr	n 4720.					
		(Some organizations that ma	4-Year Averaging Period Under a section 501(h) election 501(h) see the instructions for	n do not have to	compl	ete all of the fi	ve colun	nns	
<u></u>		(-)	· · · · · · · · · · · · · · · · · · ·	enditures Durin	g 4-Ye:	ar Averaging I	Period		N/A
fisc	endar year (or al year beginning in)	(a) 1998	(b) 1997	(c) 1996			(d) 1995		(e) Total
	Lobbying nontaxable amount								0.
	Lobbying ceiling amount (150% of line 45(e))								0.
_	Total lobbying expenditures								0.
	Grassroots nontaxable amount								0.
49 —	Grassroots ceiling amount (150% of line 48(e))								0.
	Grassroots lobbying expenditures	_							0.
P	art VI-B Lobbying A (For reporting o	Activity by Nonelec nly by organizations that did	ting Public Chariti not complete Part VI-A)	es					N/A
Dur	ing the year, did the organization	on attempt to influence natio	nal, state or local legislation	n, including any a	attempl	to	Yes	No	
	ience public opinion on a legis						162	Nο	Amount
a	Volunteers			***************************************			-		
	Paid staff or management (inc								
d	Media advertisements Mailings to members, legislate	ors or the public	***************************************	***************************************	•••••		\vdash		
e	Publications or published or b	proadcast statements	****************************	***********************	••••••				
f	Grants to other organizations	for lobbying purposes		*****************		*****************			
g	Direct contact with legislators,	, their staffs, government off	icials, or a legislative body	*********					
h	Rallies, demonstrations, semi	nars, conventions, speeches	, lectures, or any other mea	ans		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
i 	Total lobbying expenditures (a If "Yes" to any of the above, al	add lines c through h) so attach a statement giving	a detailed description of th	e lobbying activi	ties.				0.
8231	44	•							

Page 6

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

51	Did the reporting organization di	irectly or indirectly engage in any of	the following with any othe	r organization described in section			-
	501(c) of the Code (other than s	section 501(c)(3) organizations) or i	n section 527, relating to po	olitical organizations?			
а		ganization to a noncharitable exempt				Yes	No
	(i) Gash		***************************************	***************************************	51a(i)		X
	(II) Other assets				a(ii)		X
d	Other transactions:	9.14					
	(i) Sales of assets to a nonchar	ritable exempt organization	*******************************		b(i)	_	X
	(II) Purchases of assets from a	noncharitable exempt organization	***************************************		b(ii)		X
	(iii) Deimburgement armagement	nent					X
	(v) Lean er lean avaranteer	ats	***************************************	·····	b(iv)		X
	(v) Loans or loan guarantees	manufacture of the state of the		***************************************	b(v)		X
c	Charing of facilities, againment	membership or fundraising solicitat	ions	***************************************	b(vi)		X
ď	If the answer to any of the above	inaming lists, other assets, or paid el	mployees		C		X
-	annals atherassets areanines	given by the reporting organization.	ledule. Column (b) snould a	always indicate the fair market value of the			
	transaction or sharing arrangement	ent, show in column (d) the value of	f the goods other seeste of	r earliege received	-	N/A	
(a)	(b)	(c)	tille goods, etiler assets, et	<u> </u>		N/A	
Line		Name of noncharitable exe	empt organization	(d) Description of transfers, transactions, and sh	arino ari	anoem	ents
						u.i.gui.	
	-						
							
							 -
					**		
		•					
			н				
		-					
i2 a	ls the organization directly or indi	irectly affiliated with, or related to, o	ne or more tax-exempt orga	anizations described in section 501(c) of the			
	Code (other than section 501(c)(3)) or in section 527?	*************************	> _	Yes	X	No
b	f "Yes," complete the following so	chedule. N/A			-		
	(a)		(b)	(c)			
	Name of orga	inization	Type of organization	Description of relationship	+		
					_		
	······································						
				-			

1

Footnotes

Statement

FORM 990 PART III

THE GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS, INC. SERVES AS THE CUSTODIAN OF A.A. TRADITIONS AND FUNDS. IT ACTS FOR THE SOCIETY IN MATTERS OF NATIONAL AND INT'L SCOPE TO FURTHER THE PURPOSE OF THE MOVEMENT, WHICH IS THE REHABILITATION OF PERSONS SUFFERING FROM ALCOHOLISM AND ITS ATTENDANT PROBLEMS.

THE MAJOR SERVICES RENDERED BY THE GENERAL SERVICE HEAD-QUARTERS OF A.A. INCLUDE: HANDLING THOUSANDS OF COMMUNICATIONS FROM INDIVIDUALS AND A.A. GROUPS; PUBLICATION OF BULLETINS FOR A.A. GROUPS; CONDUCT OF ANNUAL GENERAL SERVICE CONFERENCES COMPRISING 91 DELEGATES ELECTED BY A.A. GROUPS IN CANADA AND THE U.S.A. AND ITS POSSESSIONS; CONTINUATION OF PUBLIC RELATIONS ACTIVITIES WITH OBJECTIVES OF CREATING GREATER UNDERSTANDING OF THE A.A. RECOVERY PROGRAM WITHIN THE BASIC CONCEPT OF ATTRACTION RATHER THAN PROMOTION; MAINTENANCE OF ALL NECESSARY RECORDS FOR THE WORLDWIDE MOVEMENT.

PROGRAM SERVICES ARE AS FOLLOWS:

GROUP SERVICES FELLOWSHIP SERVICES GENERAL SERVICE CONFERENCE REGIONAL FORUMS OTHER MEETINGS, ETC. DONATION TO A.A., GRAPEVINE	1,591,657. 1,341,943. 490,382. 192,701. 75,443. 78,352.
TOTAL	3,770,478.

FORM 990 PART V AND SCH A PART 1

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ARE NOT SEPARATELY CALCULATED.

Description Sales Price Other Basis Statement Or (Loss) UST NOTES 2/28/98 500,000. 496,250. 0. 3,750. UST NOTES 4/30/98 500,000. 497,291. 0. 2,709. UST NOTES 11/30/98 500,000. 500,000. 0. 0. TO FORM 990, Part I, line 8 1,500,000. 1,493,541. 0. 6,459. FORM 990 Other Changes in Net Assets or Fund Balances Statement 4 DESCRIPTION CAPITAL PROJECTS FUND 2254,413. DEPRECIATION CAPITAL PROJECTS FUND 2329,001. CHANGE IN UNREALIZED GAIN 109,419. PENSION ADJ FAS 87 213,727. Total to Form 990, Part I, line 20 260,268. Form 990 Statement of Organization's Primary Exempt Purpose Statement 5 Explanation TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Explanation TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Explanation Donee's Name Donee's Address Relationship Amount A.A. GRAPEVINE, NEW YORK, NY SEE PART VI 78,352. Total Included on Form 990, Part II, line 22 78,352.	Form 990	Gain (Loss) Fr	om Publicly T	raded Securi	ities	Statement	3
5.125% 500,000. 496,250. 0. 3,750. UST NOTES 4/30/98 500,000. 497,291. 0. 2,709. UST NOTES 11/30/98 500,000. 500,000. 0. 0. 0. 5.625% 500,000. 1,493,541. 0. 6,459. TO Form 990, Part I, line 8 1,500,000. 1,493,541. 0. 6,459. Form 990 Other Changes in Net Assets or Fund Balances Statement 4 Description Amount DEFRECIATION - CAPITAL PROJECTS FUND POST-RETIREMENT HEALTH BENEFITS - FAS 106 329,001. 209,419. PENSION ADJ - FAS 87 213,727. Total to Form 990, Part I, line 20 \$260,268.2 Form 990 Statement of Organization's Primary Exempt Purpose Statement 5 Part III Explanation TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Classification Donee's Name Donee's Address Relationship Amount INC. NEW YORK, NY SEE PART VI 78,352.	Description						
UST NOTES 4/30/98 5.125% 500,000. 497,291. 0. 2,709. UST NOTES 11/30/98 5.625% 500,000. 500,000. 0. 0. TO Form 990, Part I, line 8 1,500,000. 1,493,541. 0. 6,459. Form 990 Other Changes in Net Assets or Fund Balances Statement 4 Description DEFRECIATION - CAPITAL PROJECTS FUND POST-RETIREMENT HEALTH BENEFITS - FAS 106 CHANGE IN UNREALIZED GAIN PENSION ADJ - FAS 87 Total to Form 990, Part I, line 20 Form 990 Statement of Organization's Primary Exempt Purpose Statement 5 Form 990 Statement of Organization's Primary Exempt Furpose Statement 5 Form 990 Cash Grants and Allocations Statement 6 Classification Donee's Name Donee's Address Relationship Amount INC. Extal Included on Form 900 Part I New York, NY SEE PART VI 78,352.		98		· · · · · · · · · · · · · · · · · · ·			
UST NOTES 11/30/98 5.625% 500,000. 500,000. 0. 0. 0. To Form 990, Part I, line 8 1,500,000. 1,493,541. 0. 6,459. Form 990 Other Changes in Net Assets or Fund Balances Statement 4 Description Amount DEFRECIATION - CAPITAL PROJECTS FUND POST-RETIREMENT HEALTH BENEFITS - FAS 106 <329,001.x 109,419. PENSION ADJ - FAS 87 213,727. Total to Form 990, Part I, line 20 <260,268.x Form 990 Statement of Organization's Primary Exempt Purpose Statement 5 Part III Explanation TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Form 990 Cash Grants and Allocations Statement 6 Classification Donee's Name Donee's Address Relationship Amount INC. A.A. GRAPEVINE, NEW YORK, NY SEE PART VI 18,352.	UST NOTES 4/30/	98	500,000.	496,250.	0.	3,75	50.
To Form 990, Part I, line 8 1,500,000. 1,493,541. 0. 6,459. Form 990 Other Changes in Net Assets or Fund Balances Statement 4 Description Amount DEPRECIATION - CAPITAL PROJECTS FUND <254,413. POST-RETIREMENT HEALTH BENEFITS - FAS 106 <329,001. CHANGE IN UNREALIZED GAIN 109,419. PENSION ADJ - FAS 87 213,727. Total to Form 990, Part I, line 20 <260,268. Form 990 Statement of Organization's Primary Exempt Purpose Statement 5 Explanation TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Form 990 Cash Grants and Allocations Statement 6 Classification Donee's Name Donee's Address Relationship Amount A.A. GRAPEVINE, NEW YORK, NY SEE PART VI 78,352.	UST NOTES 11/30	/98	500,000.	497,291.	0.	2,70)9.
Form 990 Other Changes in Net Assets or Fund Balances Statement 4 Description Amount Depreciation - Capital Projects Fund 900 Other Health Benefits - Fas 106 (329,001). CHANGE IN UNREALIZED GAIN 109,419. PENSION ADJ - FAS 87 (213,727. Total to Form 990, Part I, line 20 (260,268.) Form 990 Statement of Organization's Primary Exempt Purpose Statement 5 Part III Explanation TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Form 990 Cash Grants and Allocations Statement 6 Classification Donee's Name Donee's Address Relationship Amount A.A. GRAPEVINE, NEW YORK, NY SEE PART VI 78,352.	5.625%		500,000.	500,000.	0.		0.
Description Depreciation - Capital Projects Fund POST-RETTREMENT HEALTH BENEFITS - FAS 106 CHANGE IN UNREALIZED GAIN PENSION ADJ - FAS 87 Total to Form 990, Part I, line 20 Form 990 Statement of Organization's Primary Exempt Purpose Form 990 Statement of Organization's Primary Exempt Purpose Part III Explanation TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Form 990 Cash Grants and Allocations Statement 6 Classification Donee's Name Donee's Address Relationship A.A. GRAPEVINE, NEW YORK, NY SEE PART VI INC. Total Included on Form 900 Part II Inc.	To Form 990, Pa	rt I, line 8	1,500,000.	1,493,541.	0.	6,45	59.
DEPRECIATION - CAPITAL PROJECTS FUND POST-RETIREMENT HEALTH BENEFITS - FAS 106 CHANGE IN UNREALIZED GAIN PENSION ADJ - FAS 87 Total to Form 990, Part I, line 20 Statement of Organization's Primary Exempt Purpose Statement 5 Part III Explanation TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Form 990 Cash Grants and Allocations Classification Donee's Name Donee's Address Relationship Amount A.A. GRAPEVINE, NEW YORK, NY SEE PART VI INC. TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD.	Form 990	Other Changes	in Net Assets	or Fund Bal	ances S	Statement	<u> </u>
POST-RETIREMENT HEALTH BENEFITS - FAS 106 CHANGE IN UNREALIZED GAIN PENSION ADJ - FAS 87 Total to Form 990, Part I, line 20 Form 990 Statement of Organization's Primary Exempt Purpose Statement 5 Part III Explanation TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Form 990 Cash Grants and Allocations Statement 6 Classification Donee's Name Donee's Address Relationship A.A. GRAPEVINE, NEW YORK, NY SEE PART VI 1NC. 78,352.	Description					Amount	
Form 990 Statement of Organization's Primary Exempt Purpose Statement 5 Part III Explanation TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Form 990 Cash Grants and Allocations Statement 6 Classification Donee's Name Donee's Address Relationship Amount A.A. GRAPEVINE, NEW YORK, NY SEE PART VI 78,352.	POST-RETIREMENT CHANGE IN UNREA	HEALTH BENEFIT: LIZED GAIN	S FUND S - FAS 106			<329,00 109,41)1.> L9.
Part III Explanation TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Form 990 Cash Grants and Allocations Statement 6 Classification Donee's Name Donee's Address Relationship Amount A.A. GRAPEVINE, NEW YORK, NY SEE PART VI 1NC. 78,352.	Total to Form 9	90, Part I, line	∋ 20		_	<260,26	8.>
TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD. Form 990 Cash Grants and Allocations Statement 6 Classification Donee's Name Donee's Address Relationship A.A. GRAPEVINE, NEW YORK, NY SEE PART VI INC. 78,352.		tement of Organi	ization's Prin Part III	mary Exempt	Purpose S	Statement	 5
Classification Donee's Name Donee's Address Relationship Amount A.A. GRAPEVINE, NEW YORK, NY SEE PART VI INC. Total Included on Form 200 Parts II. Line 20							
Classification Donee's Name Donee's Address Relationship Amount A.A. GRAPEVINE, NEW YORK, NY SEE PART VI INC. 78,352.	TO ASSIST IN THI REHABILITATING A	E FORMATION OF A ALCOHOLICS THROU	AA GROUPS AND IGHOUT THE WOI	COORDINATIN RLD.	G THE AA PR	OGRAM OF	
Donee's Name Donee's Address Relationship Amount A.A. GRAPEVINE, NEW YORK, NY SEE PART VI INC. 78,352.	Form 990	Cash Gr	ants and Allo	ocations	s	tatement	6
INC. 78,352.	Classification	Donee's Name	Donee's A			Amoun	.t
Fotal Included on Form 990, Part II, line 22			NEW YORK,	NY S	EE PART VI	78,35	2.
······································	Potal Included o	on Form 990 Par	+ TT 1+no 22	,		. —	

Form 990 `	Govern	nment Securitie	es	Statement	7
Description	Valuation Method	U.S. Government	State and Local Gov't	Total Gov Securiti	
SEE ATTACHED LIST	Market Value	8,507,334.		8,507,3	34.
Total to Form 990, 1	ine 54, Col B	8,507,334.		8,507,3	34.
Form 990	Other	Investments		Statement	8
Description		7	Valuation Method	Amount	
AA WORLD SERVICES AN VALUE	D AA GRAPEVINE A	T NOMINAL C	Cost		1.
Total to Form 990, P	art IV, line 56,	Column B			1.
Form 990	Other I	iabilities		Statement	9
Description				Amount	
DEFERRED INCOME - AAG ACCRUED POSTRETIREMEN				1,471,44	
Total to Form 990, Pa	art IV, line 65,	Column B		3,978,21	L7.
Form 990 Ot	ther Expenses No	t Included on	Form 990	Statement	10
Description				Amount	
DEPRECIATION SFAS 87 ADJUSTMENT SFAS 106 ADJUSTMENT				254,41 <213,72 329,00	27.>
Total to Form 990, Pa				369,68	

Form 990 Part V - List o		State	ement 11	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
MICHAEL ALEXANDER C/O HOLLAND & KNIGHT NY, NY	TRUSTEE EMER PART	0.	0.	0.
GARY GLYNN 1112 PARK AVE #3B NY, NY	CHAIRMAN PART	0.	0.	0.
LOIS FISHER C/O AAGSB 475 RIVERSIDE DR NY, NY	ASST SECT'Y FULL	78,486.	0.	0.
DONALD MEURER 19 CAPTREE ISLAND BABYLON NY	ASST TRES FULL	49,351.	0.	0.
LINDA CHEZEM 530 DENNY DR MOORESVILLE, IN 46158	TRUSTEE PART	0.	0.	0.
JIM CLOUGH 1201 KINGS RD. NEWPORT BEACH, CA	TRUSTEE PART	0.	0.	0.
JIM ESTELLE 3681 MESA VERDE DR EL DORADO HILLS, CA	TRUSTEE EMER PART	0.	0.	0.
ELAINE JOHNSON, PHD 6631 HUNTERS WD CIRCLE BALTIMORE, MD	1ST V-CHAIR PART	0.	0.	0.
CARL BUDD 1405 COLLINS ST. ROCK SRINGS, WY	TRUSTEE PART	0.	0.	0.
TOM MAGUIRE 941 PINEVIEW CIR LIVE OAK, FL 32060	TRUSTEE PART	0.	0.	0.
MARNE HILL 270 HARRINGTON AVE. THUNDER BAY, ON	TRUSTEE PART	0.	0.	0.

GENERAL SERVICE BOARD OF A	LCOHOLICS ANON		2	3-7282071
JACK L. OSTREM 913 GRAND BLVD. JOLIET, IL 60436	TRUSTEE PART	0.	0.	0.
DEAN RINEHART 613 MATTHEWS EL RENO, OK 73036	TRUSTEE PART	0.	0.	0.
JACQUELINE JOHNSTON 1169 NOTTINGWOOD CIRCLE WESTLAKE VILLAGE, CA	TRUSTEE PART	0.	0.	0.
RICHARD ROUGHTON 138 E 38TH ST CHICAGO, IL 60610	TRUSTEE PART	0.	0.	0.
GORDON PATRICK #503 2010 ISLINGTON AVE ETOBICOKE, CANADA	TRUSTEE EMER PART	0.	0.	0.
PETER ROACH 1332 EDMISON DR PETERBOROUGH, ONTRIO	2ND V-CHAIR PART	0.	0.	0.
MICHEL GIRARD 67 AUBERT BLVD REPENTIGNY REPENTIGNY, PG CANADA	TRUSTEE PART	0.	0.	0.
ARTHUR KNIGHT, JR. 865 CHURCH RD LAKE FOREST, IL	TREASURER PART	0.	0.	0.
GEORGE VAILLANT 75 FRANCIS ST. BOSTON, MA	TRUSTEE PART	0.	0.	0.
REV. ROBERT MILLER 521 NORTH 20TH ST. BIRMINGHAM, AL	TRUSTEE PART	0.	0.	0.
MARY JANE ROY 430 MOONSTONE BEACH RD WAKEFIELD, RI	SECRETARY PART	0.	0.	0.
GARRY MCAULEY 6115 51 AVENUE STETTLER, ALBERTA	TRUSTEE PART	0.	0.	0.
ELIZABETH STEVENS 1420 NUNAMAKER DR COLUMBIA, SC 29210	TRUSTEE PART	0.	0.	0.
Totals Included on Form 990,	Part V	127,837.	0.	0.

18 Statement(s) 11 052 GENERAL SERVICE BOARD OF ALCOH 1002 1

1998 12

YEAR MONTH

TOTAL

#412 MARKET VALUE					4.4	221,162	500,545	501,955	252,030	503,435	757,680	252,500	503,750	260,273	504,920	263,710	511,095	512,655	259,140	261,522	271,445	527,420	517 970	250 180	203,100	110,102	522,110	280,195	281,055
#411 ENDING COST	\$0.00	0.00	00.00	00:0	0.00	400 674 67	490,07 1.07	202,477,03	249,882.81	503,893.75	75.1691.02	249,765.71	499,687.50	248,510.00	200,000,00	249,917.50	501,988.82	501,311.57	249,140.63	250,000.00	249,480.00	488,843,39	498 785 00	249 959 49	240,069,50	248,002.30	504,035.75	00.000,002	245,000.00
#480 GAIN (LOSS)		3,749.99	2,709,37		9.0																								
(SALES)		(200'000'009)	(200,000.00)	(500,000,00)	(00:000																								
(PREMIUM AMORT.)							/413 00)	(00:01)	(325,00)	(523.00)	(00:040)			104.0 501	(012.50)		(1,448.00)	(784.00)								(00 228)	(075.00)	(27.0.44)	
PURCHASES							502,890,63	1	504 218 75	251 334 42	41::00:01			500 242 ED	000,012,000										249.062.50	• • • • • • • • • • • • • • • • • • •			
COST	\$0.00	495,250.01	497,290.63	500,000.00	246,875.00	498,671.87	•	249,882.81			249 765 71	400 687 50	248 510 00	240,010,00	040 047 50	00.718,842	503,436.62	202,095.57	249,140.63	250,000.00	249,460.00	488,843.39	498,785.00	249,959.49		504.908.75	250 978 44	245,000,00	0.00
INT RATE	i i	5.125%	5.125%	5.625%	8.875%	5.500%	6.250%	6.750%	6.000%	5.875%	6 000%	5 625%	8 500%	5.500%	8 875%	6.01376	0.37.3%	0.230%	0.373%	0.025%	6,000.7	0.3/5%	5.750%	5.750%	5.500%	5.750%	7.250%	7 250%	202
YR	900	020	9881	1998	1999	1999	1999	1999	1999	1999	1999	1999	2000	2002	2000	2000	2000	2000	7007	2002	2002	7007	2002	2002	2003	2003	2004	2004	2
MATURITY 10 DA	ç	9 6	સ :	ဓ္က	15	28	33	31	30	31	15	2 6	15		<u>.</u>	5 1	2 5	5 6	- c	ر د د		<u>.</u>		30	31	15	5	<u>(</u>	?
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PAR VALUE	000	000,000	200,000	200'000	250,000	500,000	200,000	250,000	200'000	250,000	250.000	500,000	250,000	500,000	250,000	500,000	500,000	250,000	250,000	250,000	500,000	200,000	000,000	250,000	250,000	500,000	250,000	250,000	1
DATE		03 8 00	30000	DEC 96	MAY 89	MAR 94	Dec 98	JUN 94	Dec 98	96 NOL	MAR 94	OCT 97	FEB 90	MAR 98	MAY 90	VAR 97	VAR 97	MAV 97	70 VAM	MAY 02	70 0V/V	26 NAV	NOV 97	DEC 97	MAR 98	VAR 93	JUN 94	SEP 94	

\$0.00 12,812.50 28,125.00 22,187.50 27,500.00 1,385.87 1,871.15 15,000.00 21,250.00 13,750.00 22,187.50 31,875.00 15,937.50 16,562.50 16,562.50 18,750.00 31,875.00 28,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00 18,750.00

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(5,775.94) (1,500,000.00) 6,459.36

7,729,479.12 2,007,818.80

9,750,000

504,036.75 250,000.00 245,000.00 0.00

504,908.75 250,978.44 245,000.00 0.00

GSB OF AA Form 990 Part IV Fixed Assets and Accumulated Depreciation

•	Cost 1-1-98	Additions	Deletions	Cost 12-31-98
Leasehold Improvements	\$2,315,055	\$480,413	\$0	\$2,795,468
Computer Hardware Software Totals	502,054 271,671	0 0	0 0	502,054 271,671
lotais	3,088,780	480,413	0	3,569,193
	Acc. Dep. 1-1-98	Additions	<u>Deletions</u>	Acc. Dep. 12-31-98
Leasehold Improvements	\$1,506,803	\$254,413	, \$0	\$1,761,216
Computer Hardware Software	502,054 271,671	0 0	0	502,054 271,671
Totals	2,280,528	254,413	0	2,534,941