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

OMB No. 1545-0047

This Form is Open to Public Inspection

Internal Revenue Service

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

		1999 calendar year, OR tax year period beginning		and endin	ig _		
8.0	Check II:	C Name of organization				D Employe	r identification number
L	Change of addres	use IRS	GRAPEVINE IN	C.	'	13-1	1871991
	Initial return	type. Number and street (or P.O. box if mail is not	E Telephon	e number			
. 🗀	Final return	Specific 475 RIVERSIDE DRIVE					-870-3400
	Amend	Itlans 1 Gity of town, state of country, and ZIP+4		· ·		F Check	if exemption
	constate	NEW YORK, NY 10115					application is pending
G 1	reponing) Type of (organization - X Exempt under 501(c) (3)	(insert number) OR 🕨 🗌	section	4947(а)(1) попехел	npt charitable	e trust
	• •	tion 501(c)(3) exempt organizations and 4947(a)(1					
		a group return filed for affiliates?			box in H is checked		
		," enter the number of affiliates for which this			ion number (GEN)		
	return	is filed:	ˈ J	Accoun	ting method:	Cash	X Accrual
(c)	ls this a	separate return filed by an organization covered by a group ruling?	Yes X No		Other (specify) 🕨		
K Ct	ieck her	e 🕨 🔲 if the organization's gross receipts are normall	y not more than \$25,000. T	he organi	zation need not file a	return with	the IRS; but
<u>if</u>	<u>it receiv</u>	ed a Form 990 Package in the mail, it should file a return wi	thout financial data. Some	states re	quire a complete re	turn	
		990-EZ may be used by organizations with gross rec				\$250,000	at end of year.
Pa	rt I	Revenue, Expenses, and Changes in N		Baland	es	1.000000	
	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support		1a			
	b	Indirect public support		1b	225,0	<u> </u>	
	C	Government contributions (grants)		1c	Stmt		
	d	Total (add lines 1a through 1c) (attach schedule of contril	\$20,000,000	225 000			
			1 <u>1d</u>				
	2	Program service revenue including government fees and o		1,812,295.			
	3	Membership dues and assessments		330.			
⊃ I	4	Interest on savings and temporary cash investments		90,500.			
ממאך	5	Dividends and interest from securities	5	90,300.			
	6 a						
ว ว	b	Less: rental expenses					4
de (Net rental income or (loss) (subtract line 6b from line 6a)			*********		
Revenue	7	Other investment income (describe Gross amount from sale of assets other	(A) Convition		(B) Other) 7	
Re	o a		(A) Securities	8a	(B) Other		
)	b	than inventory Less: cost or other basis and sales expenses		8b			
إ	ים	Gain or (loss) (attach schedule)	·-	8c			
	. d	Net gain or (loss) (combine line 8c, columns (A) and (B))				84	, , , , , , , , , , , , , , , , , , ,
إ	g	Special events and activities (attach schedule)		***********	***************************************		
á		Gross revenue (not including \$	of contributions				
	- i	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	<u> </u>
	10 a	Gross sales of inventory, less returns and allowances		10a	504,04		
	b	Less; cost of goods sold		106	127,68		
	C	Gross profit or (loss) from sales of Inventory (attach sched	dule) (subtract line 10b froi	n line 10a) Stmt 2		376,365.
	11	Other revenue (from Part VII, line 103)					
	<u> 12 </u>	Total revenue (add-lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c,	and 11)			12	2,504,490.
s	13	Program services (from line 44, column (B)) Management and general (from line 44, column (G))				13	1,846,950.
Expenses	14	Management and general (from line 44, column (\$)				14	514,307.
ē	15	Fundralsing (Irdn) file 44 column (D)		· · · · · · · · · · · · · · · · · · ·		15	<u> </u>
ய	16	Fundralsing (from the 44 column (D)) 2000 Q				16	2 261 367
	17	10tal expenses((add-lines-16-and-44, column (A))	<u></u>			17	2,361,257.
্ৰ	18	Excess or (deficit) for the a Subtract Jine 17 from line 1					143,233. 388,731.
Asset	19 20	Net assets or fund balanees-at-beginning of year (from line					
¥	20 21	Other changes in net assets or fund balances (attach expla					531,964.
1112	21	Net assets or fund balances at end of year (combine lines				21	
LHA	rart	Paperwork Reduction Act Notice, see page 1 of the separa	ic msuucuons.		.\		Form 990 (1999)

13-1	
13-1 e required for section optional for others.	on 501(c)(3) and
Management nd general	(D) Fundraising
lia denarai	
56,932. 232,849.	0.
232.849.	
14 047	
14,047.	
63,091.	
22,892.	
221072.	
20 900	<u> </u>
20,800.	
766.	[
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24,492.	<u> </u>
6,801.	<u> </u>
	
	
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514,307.	0.
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- [Yes X No
n services \$	
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онту Ф	· · · · · · · · · · · · · · · · · · ·
	Program Service
leguad ata Diames	Exnenses
Issued, etc. Discuss nt of grants and	(Required for 501(c)(3) and
a. granie oriu	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
OF	
[.	•
NDARS,	
· · ·	1,729,157.
<u> </u>	<u> </u>
THE	
ATION	
_ -	
	117 703
	117,793.
	•
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.)	<u> </u>
	
	
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<u> </u>		ganiz	ations and section 4947(a)(1	1) nonexempt charitable trus	ts 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)	1				
	cash \$noncash\$	22				
23	Specific assistance to individuals (attach schedule)	23				
	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	153,464.		56,932.	0.
26	Other salaries and wages	26	631,776.	398,927.	232,849.	
27	Pension plan contributions	27	39,594.	25,547.	14,047.	
	Other employee benefits	28	157,163.	94,072.	63,091.	
29	Payroll taxes	29	60,955.	38,063.	22,892.	
30	Professional fundraising fees	30			· ·	
31	Accounting fees	31	20,800.		20,800.	_
32	Legal fees	32	886.	120.	766.	_
33	Supplies	33	67,402.	56,749.	10,653.	
34	Telephone	34	24,516.	18,388.	6,128.	_ ,
35	Postage and shipping	35	550,698.	550,698.		
	Occupancy	36	97,966.	73,474.	24,492.	
37	Equipment rental and maintenance	37	9,007.	2,206.	6,801.	
38	Printing and publications	38	314,253.	314,253.		_
	Travel	39				
40	Conferences, conventions, and meetings	40	39,050.	49.	39,001.	
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	· .			
43	Other expenses (itemize):					
а		<u>43a</u>				
b		43b				
£		43€				
d		43d	100 505	122 020		
9	See Statement 3	43a	193,727.	177,872.	15,855.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (8)-(D), carry these totals to lines 13-15	44	2,361,257.	1,846,950.	514,307.	0.
func If "Y (III)	orting of Joint Costs Did you report in column (8) draising solicitation? des,' enter (i) the aggregate amount of these joint cos the amount allocated to Management and general \$	ts \$; (; and (II) the amount allocated to I	rogram services \$	Yes X No
	art III Statement of Program Service			· · · · · · · · · · · · · · · · · · ·		
Wha	at is the organization's primary exempt purpose? 🕨	<u>se</u>	<u>e Statement 4</u>	<u> </u>		
						Program Service Expenses
	rganizations must describe their exempt purpose achievement evements that are not messurable. (Section 501(c)(3) and (4) or					(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
	ations to others.)	-	5 T D S S S S S S S S S S S S S S S S S S	, , , , , , , , , , , , , , , , , , ,		trusts; but optional for others.)
а	SALE OF MONTHLY MAGAZIN					
	ALCOHOLICS, APPROXIMATE					·
	ALSO, THE ORGANIZATION				ALENDARS,	1 700 157
_	TAPES, ETC. FOR THE SAM			irants and allocations \$)	<u>1,729,157.</u>
b	SALE OF BI-MONTHLY SPAN					
	REHABILITATION OF ALCOH	ОL	ICS. THE API	PROXIMATE CIF	COLATION	
	IS 8,000 PER ISSUE.			_		117 700
_			(G	rants and allocations \$	}	117,793.
С						
		•				
						
	<u>.</u>		(G	rants and allocations \$		
d						
				 		
			·			
			(G	rants and allocations \$)	<u>.</u>
е	Other program services (attach schedule)		(G	rants and allocations \$		
	Total of Program Service Expenses (should equal l	ne 44	I, column (B), Program servi	ices)	<u> </u>	1,846,950.
9230	111 4-99		2	<u>-</u>		Form 990 (1999)

Part IV Balance Sheets

e: Who	ere required, attached schedules and amounuld be for end-of-year amounts only.	ts within the des	cription column	(A) Beginning of year		(B) End of year
				E0 '650		12 760
45	Cash - non-interest-bearing	58,659.	45	43,760 78,732		
46	Savings and temporary cash investments		31,407.	46	18,132	
47 a	Accounts receivable	47a	146,228.			
b	Less: allowance for doubtful accounts	47b		168,439.	47c	146,228
48 a	• • • • • • • • • • • • • • • • • • • •			}		
					486	
49	Grants receivable		·····		49	
50	Receivables from officers, directors, trustees,	•				
l	and key employees			-	50 (
51 a		51a				
1	111111111111111111111111111111111111111		<u> </u>	227 502	51c	155 002
52	Inventories for sale or use			227,593. 124,750.	52	155,983 151,423
53	Prepaid expenses and deferred charges				53	
54	Investments - securities			1,471,449.	54	1,482,949
55 a		11	Í			
1	equipment: basis	<u>55a</u>				
Ι.					330,833	
	Less: accumulated depreciation				558	
56	Investments - other		·······		56	
57 a					60303 57-	
) so b	Less: accumulated depreciation Other assets (describe	[5/0]			57c	
58	Other assets (describe				58	
59	Total assets (add lines 45 through 58) (must ed	mal line 74)		2,082,297.	59	2,059,075
60	Accounts payable and accrued expenses			178,927.	60	92,684
61	Grants payable				61	
62	Deferred revenue	•	L.		62	
63	Loans from officers, directors, trustees, and key				63	
	a Tax-exempt bond liabilities				64a	
	b Mortgages and other notes payable				64b	
65	Other liabilities (describe	See Sta	tement 6	1,514,639.	65	1,434,427.
66	Total Habilitles (add lines 60 through 65)			1,693,566.	66	1,527,111
	nizations that follow SFAS 117, check here			1,000,000	00	
loiga	69 and lines 73 and 74.	Last allo comploi	to lines or undugin			
67	Unrestricted			388,731.	67	531,964
68	Temporarily restricted				68	
69	Permanently restricted				69	
	inizations that do not follow SFAS 117, check her		F			
Vigu	70 through 74	aano c	iompioto imas			
70	Capital stock, trust principal, or current funds			ľ	70	
71	Paid-in or capital surplus, or land, building, and			71	· · · · · · · · · · · · · · · · · · ·	
72	Retained earnings, endowment, accumulated inc				72	
73	Total net assets or fund balances (add lines 67					
"	column (A) must equal line 19 and column (B) r		-	388,731.	73	531,964.
74	Total liabilities and net assets / fund balances	•		2,082,297.	74	2,059,075.

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.

		ANONYMOUS	GRAPEVINE INC	. •	13-10/13	791 Page 4
Part IV-A Reconciliation of Financial Staten Return	f Revenue nents with	per Audited Revenue per	Financi Return	ciliation of Exp ial Statements	With Exper	ises per
a Total revenue, gains, and other supp per audited financial statements	ort	2,504,490.	n Total avecages and l	osses per	▶ 2 2	361.257.
ir Amounts included on line a but not o		1,001,100.	b Amounts included or line 17, Form 990:	n line a but not on		
line 12, Form 990; (1) Net unrealized gains			(1) Donated services and use of facilities	S		
on investments\$			(2) Prior year adjustmen			
(2) Donated services and use of facilities \$			reported on line 20, Form 990	\$		
(3) Recoveries of prior			(3) Losses reported on			
year grants\$			line 20, Form 990	.,\$		
(4) Other (specify):			(4) Other (specify):	.\$		
Add amounts on lines (1) through (4)	<u></u> <u>b</u>	2,504,490.	Add amounts on line	s (1) through (4)	▶ b	261 257
c Line a minus line b		2,304,490.	c Line a minus line b d Amounts included or		P C 4/	301,237.
990 but not on line a:			990 but not on line a			
(1) Investment expenses not included on			(1) Investment expenses not included on	1		
line 6b, Form 990\$			line 6b, Form 990	.s		
(2) Other (specify):			(2) Other (specify):			
Add amounts on lines (1) and (2)			Add amounts on lines	_\$ s (1) and(2)	d	
a Total revenue per line 12, Form 990	} ,	•	e Total expenses per lir	18 17, Form 990		261 253
(line c plus line d) Part V List of Officers, Dir		2,504,490. istees. and Kev E	(line c plus line d)	le even if not compen	▶ 1 8 ∠ ,	361,25/.
(A) Name ar			(B) Title and average hours per week devoted to	(C) Compensation	(D) Contributions to employee benefit	(E) Expense
AMES SWEET			position PRESIDENT	(If not paid, enter	compensation	other allowances
C/O AA GRAPEVINE]		
NEW YORK, NY ROBERT SLOTTERBACK			35 ASST TREASURE	96,532.	0.	0.
C/O AA GRAPEVINE			ASSI IKEASUKE			
NEW YORK, NY			35	56,932.	0.	0.
MARNE HILL			VICE-PRESIDEN	LT.		
THUNDER BAY, ONTARI	ō		PART	0.	0.	0.
BETTY STEVENS			SECRETARY			
COLUMBIA, SC			PART	0.	0.	. 0.
TOM MAGUIRE			CHAIRMAN			
LĪVĒ OĀK, FL			PART	0.	0.	0.
RAY STIVER			DIRECTOR			
CHESTNUT HILL, MA	-		PART	0.	0.	0.
ELAINE JOHNSON, PHD			DIRECTOR			
BALTIMORE., MD		-	PART	0.	0.	0.
DAVID EVERY			TREASURER			
WAILUKU, HI 96793			PART	0.	0.	0.
GREG TOBIN	 -		DIRECTOR			
SOUTH ORANGE, NJ			PART	0.	0.	0.
BOUTH ORANGE, NO	·- <u>-</u> -		EWI	<u>_</u>	· ·	
				•		
75 Did any officer, director, trustee, or key	ampleyes see-1	lo nagranato composa -1:	on of mare then \$100,000 for	m vour organization	and all related	L
organizations, of which more than \$10						<u>Form 990 (1999)</u>

	HVI 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	103	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	_		X
**	If "Yes," attach a conformed copy of the changes.			
78 a	and the second of the second o	78a	10000110001	X
b	NT / T	78b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79	 	X
79	if "Yes," attach a statement;			
00 4	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
UU a	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	5000000
h	If 'Yes, enter the name of the organization GENERAL SERVICE BOARD OF A.A., INC.	000		
U	and check whether it is X exempt OR nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the			
J, 1	instructions for line 81 81 0			
h	Did the organization file Form 1120-POL for this year?	81b	8.6000000	X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than		2000	
	fair rental value?	82a	0130013000	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			
	expanse in Part II. (See instructions for reporting in Part III.)			
83 a		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a		Γ
b				
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nendeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b_	<u> </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			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d N/A			
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
1	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?	85g		L
h	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]		1
	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	******	2000000
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			
87	501(c)(12) organizations. Enter:			
	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 against amounts due or received from them.) N/A			
00	· · · · · · · · · · · · · · · · · · ·			ä.
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			1
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88		Х
89 a	If "Yes," complete Part IX 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	00		
ÇS a	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ►			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year? If "Yes," attach a statement explaining each transaction	89b	000000000	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	<u> </u>		
_	sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax in 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed NEW YORK			
b	Number of employees employed in the pay period that includes March 12, 1999	90b		23
	•			
91	The books are in care of ► ORGANIZATION Telephone no. ► 212-87	0-3	<u>400</u>	
	Located at ► SAME AS PAGE 1 ZIP +4 ► 1	011	<u>5</u>	
•-	-		⊾ □	,
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here	N/I	ר ►∟	
92304	and enter the amount of tax-exempt interest received or accrued during the tax year		A 990 ((1000)
01-21	on J	COLL	. 990	13399

13-1871991 Page 6 Part VII Analysis of Income-Producing Activities Unrelated business income Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise (E) (C) (A) Business Related or exempt (B) (D) indicated. function income Amount Amount 93 Program service revenue: code 1,753,726. (a) MAGAZINE CIRCULATION (b) SPANISH MAGAZINE 58,569. (0) (f) Medicare/Medicaid payments (g) Fees and contracts from government agencies 94 Membership dues and assessments 95 Interest on savings and temporary 14 330 cash investments 90,500. $\overline{14}$ 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 376,365. 102 Gross profit or (loss) from sales of inventory 103 Other revenue: 104 Subtotal (add columns (B), (D), and (E)) 90,830. 2,188,660. 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). 93A MONTHLY MAGAZINE CIRCULATED TO AA GROUPS AND MEMBERS TO ASSIST IN THE 93A REHABILITATION OF ALCOHOLICS 102 SALES OF BOOKS, CALENDARS, TAPES, ETC DIRECTED TOWARDS THE $\overline{102}$ REHABILITATION OF ALCOHOLICS 93B BIMONTHLY SPANISH MAGAZINE TO SAME PURPOSE Part X Information Regarding Taxable Subsidiaries (Complete this Part If the "Yes" box on 88 is checked.) Name, address, and employer identification Percentage of End-of-vear Nature of business activities Total income number of corporation or partnership ownership interest assets N/A %

ng accompanying schedules and statements, and to the best of my knowledge and beilef, it is true, n all information of which preparer has any knowledge, (important: See General instruction U.)

MUES K. SWOET, EXECUTIVE FOITOR

%

SCHEDULE A (Form 990)

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

Department of the Treasury MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Internal Revenue Service

OMB No. 1545-0047

ALCOHOLICS ANONYMOUS G	RAPEVIN	E TNC:		13: 18719	ication number 391
Part 1 Compensation of the Five Highest Paid Em			icers, Directo		
(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 week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
MARY PAT HESTER	CIRC	MANAGER			}
C/O AA GRAPEVINE	28		62,108.		0.
			<u> </u>	<u> </u>	
	- - -				
·					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
		<u> </u>		<del> </del>	
		· 			
Total number of other employees paid over \$50,000		0			
Part II Compensation of the Five Highest Paid Ind (See instructions. List each one (whether individuals or firms). If		Contractors f	or Profession	al Services	
(a) Name and address of each independent contractor paid mo			(b) Type of s	service	(c) Compensation
· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	<u> </u>		<del></del>
None	<b></b>	·			
	<del></del>		<u></u>		
·	•			1	
			· -		
		~			
	·				<del></del>
	- <b></b>	·			
·			·		
	<u></u> -	•			
·		·		•	
Total number of others receiving over					
\$50,000 for professional services		о 🕼			

LHA

For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

- Schedule A (Form 990) 1999

923111 12-14-9

Page 3

P	Note: You may use the	Complete only if you ch he worksheet in the ins	ecked a box on line 10 tructions for converting	), 11, or 12 above.) Us g from the accrual to ti	se cash method of ac he cash method of acc	counting. counting.
begi	ndar year (or fiscal year nning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gitts, grants, and contributions received. (Do not include unusual grants. See	70 252	210 051	100 000	102 240	600 443
<u></u> -	line 28.)	78,352.	319,851.	189,000.	103,240.	690,443.
16 17	Membership fees received	<del>                                     </del>				<u> </u>
17	Gross receipts from admissions, merchandise sold or services	1				
	performed, or furnishing of facilities					
	in any activity that is not a business unrelated to the organization's					÷
	charitable, etc., purpose	2,302,841.	2,220,421.	2,139,771.	2,084,430.	8,747,463.
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	91,883.	84,380.	81,535.	79,338.	337,136.
19	Net income from unrelated business	91,003.	04,300	01,000	17,330.	337,130.
	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		<u></u>		···	<del></del>
23	Total of lines 15 through 22	2,473,076.	2,624,652.	2,410,306.	2,267,008.	9,775,042.
24	Line 23 minus line 17	170,235.	404,231.	270,535.	182,578.	1,027,579.
25	Enter 1% of line 23	24,731.	<u> </u>	24,103.	22,670.	5-7-
26	Organizations described in lines 10		• •		0000000000	N/A
þ	Attach a list (which is not open to put governmental unit or publicly support			•	* E00 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x	
	in line 26a. Enter the sum of all these	•	•			N/A
	m mg zou. emor aig gam gran (noov	ONOGO UMOBINO				
ε	Total support for section 509(a)(1) to	est: Enter line 24, column	(e)		<b>▶</b> 26c	N/A
d	Add; Amounts from column (e) for lin	nes: 18	19			/_
		22		p	26d	N/A
e	Public support (line 26c minus line 2 Public support percentage (line 26c	(6d total)				N/A N/A %
	Organizations described on line 12:					
	of, and total amounts received in each					adir a list to show the harrie
	(1998) 0	• (1997)	0. (	(1996)	0 • (1995)	0.
b	For any amount included in line 17 th	iat 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 differencess amounts) for each year:	erence between the amou	nt received and the larger	r amount decribed in (1) o	or (2), enter the sum of th	ese differences (the
	(1998) 0					
C	Add: Amounts from column (e) for line 17 8, 7  Add: Line 27a total	nes: 15 47,463.20	690,443.	16 21		9,437,906.
d	Add: Line 27a total	0 . and li	ine 27b total	<del>-</del>	0 . ► 27d	9,437,906.
e	Public support (line 27c, total minus Total support for section 509(a)(2) te	line 27d total)			▶ 27e	9,437,906.
f						06
g	Public support percentage (line	· · · · · · · · · · · · · · · · · · ·		**		96.5511 _% 3.4489 _%
	Investment income percentage					<del></del>
Į.	<b>Inusual Grants:</b> For an organization public inspection) for each year showin hese grants in line 15. (See instruction	ig the name of the contrib	or 12, that received any u utor, the date and amoun	t of the grant, and a brief	description of the nature	of the grant. Do not include

ALCOHOLICS ANONYMOUS GRAPEVINE INC.

	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	·
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29	 	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,		terre)	
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if 'No," please explain. (If you need more space, attach a separate statement.)	-		
		— —		
32	Does the organization maintain the following:	1666		
а		32a	· _	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
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?	324		
	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?			<u> </u>
C	Employment of faculty or administrative staff?		-	
đ	Scholarships or other financial assistance?		_	<del>                                     </del>
e	Educational policies?			
1	Use of facilities?			<del></del>
g	Athletic programs?	I		i
h	Other extracurricular activities?	3311	(32.00)	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		 
35	If you answered "Yes" to either 34a or b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990) 1999

P		Expenditures by Ele	_					N/A
		ganization belongs to an affilia necked "a" above and 'limited	• .				_	-
•	L	imits on Lobbying E	xpenditures			(a) Affiliated group to	tals	(b) To be completed for ALL electing organizations
_	( i ne tei	rm "expenditures" means amo	unts paid or incurred)		}	N/A		Occurry organizations
36	Total Johnving avnanditures	to influence public opinion (gr	aceroote lobbying)	3	ı,	N/A		
37		to influence a legislative body						-
38		(add lines 36 and 37)			18			
39		ditures			19			
40		ditures (add lines 38 and 39)			0			
41		t. Enter the amount from the f						
	If the amount on line 40 is -		g nontaxable amount is -					
		20% of the amo		1 (333)				
		0,000 \$100,000 plus : 00,000 \$175,000 plus :		1 1	3000 1		uminiyi.	
		000,000 \$225,000 plus		6.250				
		\$1,000,000		1883.83				
42		nt (enter 25% of line 41)		ļ	2			
43	Subtract line 42 from line 36.	Enter -0- if line 42 is more th	an line 36	4	3			
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more tha	an line 38	4	4		252.J	
	Caution: If there is an amo	ount on either line 43 or line	e 44, you must file Form	4720.				
	•	(Some organizations that mad	ow. See the instructions for	do not have to col lines 45 through 5	mple 50.)	<u> </u>	nns ———	
Cal	andar yan (at	(a)		<del></del>	-Yea	r Averaging Period		N/A
fisc	endar year (or al year beginning in)	(a) 1999	(b) 1998	(c) 1997		(d) 1996	· 	(e) Total
45	Lobbying nontaxable amount		<u> </u>					0.
46	Lobbying ceiling amount							Š.
	(150% of line 45(e))				/000013			0.
47	Total lobbying expenditures		_	<u>. •                                     </u>				0.
48	Grassroots nontaxable							0.
40	amountGrassroots ceiling amount				10,212			J
-13	(150% of line 48(e))							o.
50	Grassroots lobbying				******			
	expenditures			· .				0.
P	art VI-B Lobbying A	Activity by Nonelect only by organizations that did n		s .				N/A
Dur	ing the year, did the organizati			including any atte	mpt	to F		
	ience public opinion on a legis			J , -11-	۴,	Yes	No	Amount
	Volunteers	·						
þ	Paid staff or management (inc	•	•	• •				
C	Media advertisements						_	<del></del>
d	Mailings to members, legislat							-
e f	Publications, or published or Grants to other organizations	for lobbying purposes				L L		-,-
g	Direct contact with legislators						<del></del> -	
h	Rallies, demonstrations, semi	•						
i	Total lobbying expenditures (a If "Yes" to any of the above, a	add lines c through h)			<b></b>			0.

Page 6

Pa	t VII Information Re Exempt Organi	_	d Transactions an	d Relationships With Noncharit	able	
51		lirectly or indirectly engage in any of	the following with any other	r organization described in section		
01		section 501(c)(3) organizations) or i				
	_ ·	ganization to a noncharitable exemp		unitical organizations:	F _V	es No
٠	•		-			X
					·	$\frac{1}{X}$
	Other transactions:				·   u(1.1)	
p		ritable averant exception			b(i)	X
				······		X
						$-\frac{x}{x}$
					·	X
				·		X
						$-\begin{bmatrix} \mathbf{x} \\ \mathbf{X} \end{bmatrix}$
				·		
C					., <u>C</u>	X
d				always indicate the fair market value of the		
	•		•	d less than fair market value in any	3.7	12
		nent, show in column (d) the value o	of the goods, other assets, o			/A
(a)		(C)		(d) Description of transfers, transactions, and s	harian arra-	
Line	no. Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and s	maring arrai	rgernents
				<u> </u>		
				<u> </u>		
				<u> </u>		
			<u>-</u>	<u></u>		
	<u> </u>	·		<u> </u>		
	<u>'</u>					·
	·					
52 a	Is the organization directly or inc	directly affiliated with, or related to, or	one or more tax-exempt org	anizations described in section 501(c) of the		
		(3)) or in section 527?		· •	Yes	X No
h	If "Yes," complete the following s				<b>_</b>	
	(a)		. (b)	(c)	•	<del>.</del>
	Name of org	, ganization	Type of organization	Description of relationsh	ip .	
	····		<del>                                     </del>			· .
			<del>                                     </del>			
		<del></del>	<del>                                     </del>			
			<del>                                     </del>	<del> </del>	<del>'</del>	<del>-</del>
	<del></del>	<del></del>	<del></del>	<del></del>		
—	<del></del>			<del>-</del>		
	<del></del>		<del> </del>	<del>                                     </del>		
	<del></del>	<del></del>	<del> </del>			
			<del> </del>	<del></del>		
		<del></del>	<del>                                     </del>	<u> </u>		<del>:</del> -
			<del>                                     </del>	<del>'</del> ' '		
				-		
		·	<del>                                     </del>			<del>-</del>
—		·	<del> </del> -		·	
	<u>.                                    </u>		<del>-</del>	-		
			<del> </del>			
	<del>-</del>	<del></del>	<u> </u>	6-1-1	ulo A /Eass-	0001 1000
				· Sched	ule A (Form	22011222

923151 12-14-99

Form 990	Income and Cost of Goods So Included on Part I, Line		Statement 2
Income		,	
2. Returns and allow	ances	535,349 31,302	504,047
	d (line 13)	127,682	376,365
Cost of Goods Sold			
7. Merchandise purch 8. Cost of labor . 9. Materials and sup	nning of year	227,593 56,072	
11. Add lines 6 throu	gh 10		283,665
	of year d (line 11 less line 12)	155,983	127,682

Other Expenses			Statement	
(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
16,478. 172,327. 3,273. 999.	1,622. 172,327. 3,273.			
650.	650.	• •		
193,727.	177,872.	15,855.		
	(A) Total  16,478. 172,327. 3,273. 999. 650.	(A) (B) Program Services  16,478. 1,622. 172,327. 172,327. 3,273. 3,273. 999. 650. 650.	(A) (B) (C) Program Management Services and General  16,478. 1,622. 14,856. 172,327. 172,327. 3,273. 3,273. 999. 999. 650. 650.	

Form 990 Statement of Organization's Primary Exempt Purpose Statement 4
Part III

#### Explanation

DEALING WITH THE PROBLEMS OF ALCOHOLISM IN RELATION TO THE PROGRAM OF ALCOHOLICS ANONYMOUS.

Form 990	Gover	nment Securitie	es	Statement	5
Description	Valuation Method	U.S. Government	State and Local Gov't	Total Gov Securiti	
GENERAL SERVICE BOOK A.A., INC	ARD Cost	1,482,949.		1,482,9	49.
Total to Form 990,	line 54, Col B	1,482,949.		1,482,9	49.
			<del></del>		
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>	
Form 990	Other	Liabilities		Statement	
Form 990  Description	Other	Liabilities		Statement	
	ons	Liabilities		- <u></u>	98.

Footnotes

Statement

990 PART V

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ARE NOT SEPARATELY CALCULATED.