Name of organization
GENERAL SERVICE BOARD OF ALCOHOLICS
ANONYMOUS, INC.

. " .

Employer Identification number 23-7282071

Part I	Contributors		
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ <u>1,428,222.</u>	Individual X Payroll Noncash (Complete Part II if a noncash contribution.)
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
2		\$	Individual Payroll Noncash (Complete Part II if a noncash contribution.)
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
3		\$	Individual Payroll Noncash (Complete Part II if a noncash contribution.)
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
4		\$	Individual Payroll Occash Complete Part II if a noncash contribution.)
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
5		\$	Individual Payroll Noncesh (Complete Part II if a noncash contribution.)
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
6		\$	Individual Payroll Noncash (Complete Part II if a noncash contribution.)

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No 1545-0047
2000
Open to Public

	A F	or the 2	000 calendar year, OR tax year period beginning	and	ending		
	Вс	heck if	Please C Name of organization			D Employer Id	entification number
	ap	plicable	USE IRS GENERAL SERVICE BOARD	OF ALCOHOLICS		' '	
5		Change eddress	of point or ANONYMOUS, INC.			23-72	82071
<u></u>	一	Change	of type Number and street (or P.O. how if mail is not d	elivered to street address)	Room/suite	E Telephone r	
t	Ē	Initial return	Specific 475 RIVERSIDE DRIVE		1100111702110		370-3400
⊃	Ħ	Final	Instruc-				if application pending
	=	Iretum Amende	A NEW YORK MY 10115			I SHOOK P	ii shbiication bananiğ
MAY		return (use als state re	o for		(H and I are not applic	l able to section !	527 oraș)
			tion type (check only one) $ ightharpoonup$ 501(c) (3) $ ightharpoonup$ (incart no \	H(a) is this a group ret		
<u></u>	ט נ	. Aannea	OR 4947(a)(1)	11581(110.) L J21	H(b) If "Yes," enter num		
<u>'6'</u>	_	Castia	n 501(c)(3) organizations and 4947(a)(1) nonexem		1 ' '		Yes X No
3 €	m	oecuo ust att	ach a completed Sche <u>dule A (Form 990 or 900-E</u> 2	pi chaniabie trusts N.	H(c) Are all affiliates inc (If "No," attach a lis		162 NO
POSTWARK DATE		countin		<u></u>	1	•	_
ַ אַ נ	m	ethod:	Cash X Accrual Other (specify)		H(d) is this a separate		ruling? Yes X No
8	, ^L		is the constitution of a constitution of the c	and many than 600 000. The			
,			if the organization's gross receipts are normally		I Enter 4-digit group		· · · · · · · · · · · · · · · · · · ·
			on need not file a return with the IRS; but if the organization, , it should file a return without financial data. Some states r		L Check this box if t attach Schedule 8	=	
			Revenue, Expenses, and Changes in Ne			Troilii 990 or s	190-62)
E	15.51				iances	[3:8:39]	··-
	1	1	Contributions, gifts, grants, and similar amounts received	1	1		
	}	a	Direct public support		E 000 4	20	
		b	Indirect public support		<u> </u>	<u> </u>	
		C	Government contributions (grants)				
		đ	Total (add lines 1a through 1c)	1995	F 020 420		
			(cash \$5,939,428 _ noncash \$				5,939,428. 4,108,388.
-		2	Program service revenue including government fees and o				4,108,388.
Ö		3	Membership dues and assessments	3	05 111		
70		4	Interest on savings and temporary cash investments				85,444.
	ı	5	Dividends and interest from securities	1			402,253.
季		6 a	Gross rents				
		b	Less: rental expenses		<u> </u>	2222	
_	9	C	Net rental income or (loss) (subtract line 6b from line 6a)				
出	5	7	Other investment income (describe	<u></u>			_
SCANNED	Revenue	8 a	Gross amount from sale of assets other	(A) Secunties	(B) Other		
Z	_		than inventory	2,000,000. 8	1	1 2 2 2 2 2	
ي			Less: cost or other basis and sales expenses			1000	
S			Gain or (loss) (attach schedule)		:		1 550
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))	Stmt 2) 8d	1,573.
		9	Special events and activities (attach schedule)			22 21 21 21 21 21 21 21 21 21 21 21 21 2	
		2	Gross revenue (not including \$		1		
			reported on line 1a)				
		b	Less: direct expenses other than fundraising expenses		- L		
		C	Net income or (loss) from special events (subtract line 9b	· · · · · · · · · · · · · · · · · · ·		<u>9c </u>	
	ł	10 a	Gross sales of inventory, less returns and allowances	<u>10</u> 2		20.25.5	
		b	Less: cost of goods sold	DECENTION OF THE PROPERTY OF T	IFN I	W. S. S.	
		C	Gross sales of inventory, less returns and allowances Less: cost of goods sold	lule) (su <u>btract line 1</u> 0b; from lif	10-10a) - U	10c	·
)			1 1	<u>[છ]</u>	11	10 527 006
-		12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c,		01 '3	12	10,537,086.
	s	13	Program services (from line 44, column (B))				7,104,510.
	Expenses	14	Management and general (from line 44, column (C)) Fundraising (from line 44, column (D))	VYZDEN	HT		2,215,808.
	be	15	Fundraising (from line 44, column (D))	UGDEIV,	<u></u>	15	
	ũ	16	Payments to affiliates (attach schedule)				0 200 210
-		17	Total expenses (add lines 16 and 44, column (A))				9,320,318.
	S	18	Excess or (deficit) for the year (subtract line 17 from line 1				1,216,768.
	Set	19	Net assets or fund balances at beginning of year (from line	73, column (A))		19	6,593,128.
•	AS	20	Other changes in net assets or fund balances (attach expla		Statement		<104,764.>
7	12300	21	Net assets or fund balances at end of year (combine lines		<u></u>	21	7,705,132.
1	2300 2-19	00	LHA For Paperwork Reduction Act Notice, see page 1 (of the separate Instructions.		\bigcap	Form 990 (2000) 🥎

ANONYMOUS, INC.

23-7282071

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (D) are required for section 501(c)(3) and (D) are required for section 501(c)(3).

Part II Statement of Functional Expenses (4) or	janiza ooniza	tions must complete colum	n (A). Columns (B), (C), and 1) nonexempt charitable tru	d (D) are required for section	n 501(c)(3) and
6b, 8b, 9b, 10b, or 16 of Part I.	941112	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	22	66,214.	66,214.	Statement 5	
23 Specific assistance to individuals (attach schedule)	23	· · · · · · · · · · · · · · · · · · ·			
24 Benefits paid to or for members (attach schedule)	24	105.00			
25 Compensation of officers, directors, etc	25	136,390.			0.
26 Other salaries and wages	26	2,434,893.			
27 Pension plan contributions	27	140,950.			
28 Other employee benefits	28	463,716.			
29 Payroll taxes	29	183,126.	113,058.	70,068.	
30 Professional fundraising fees	30	26 222		26.000	
31 Accounting fees	31	26,900.		26,900.	
32 Legal fees	32	68,696.	70 700	68,696.	
33 Supplies	33	116,364.	72,729.		
34 Telephone	34	91,062.	56,020.		
35 Postage and shipping	35	530,744.	516,598.	14,146.	
36 Occupancy	36	334,266.	174,175.	160,091.	
37 Equipment rental and maintenance	37	89,524.	42,372.		
38 Printing and publications	38	327,414.	320,302.	7,112.	
39 Travel	39	2 701 176	2 400 305	200 701	
40 Conferences, conventions, and meetings	40	3,781,176.	3,482,395.	298,781.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)43 Other expenses (iternize):	42				
OFFICE SERVICE AND	43a				
b EXPENSE	43b	208,039.	56,685.	151,354.	
c CONTRACTED SERVICES	43c	144,114.	94,477.	49,637.	
d WRITER'S FEES	43d	44,596.	44,596.		
e FOREIGN LIT ASSISTANCE	43e	132,134.	<u>1</u> 32,134.		
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	9,320,318.	7,104,510.	2,215,808.	0.
Reporting of Joint Costs. Did you report in column (8) (Yes X No
fundraising solicitation?					Yes _A_ No
If "Yes," enter (i) the aggregate amount of these joint cos					 ;
(iii) the amount allocated to Management and general \$ Part III Statement of Program Servio		ccomplishments	(iv) the amount allocated to	runoralsing \$	<u> </u>
What is the organization's primary exempt purpose?					
what is the organization's primary exempt purpose?	56	3 Statement	1		Program Service
All organizations must describe their exempt purpose achievement	s in a c	fear and concise manner. State	the number of clients served, pu	blications issued, etc. Discuss	Expenses (Required for 501(c)(3) and
achievements that are not measurable. (Section 501(c)(3) and (4) or allocations to others.)	ganizat	ions and 4947(a)(1) nonexempt o	charitable trusts must also enter	the amount of grants and	(4) orgs , and 4947(a)(1) trusts; but optional for others)
a SEE FOOTNOTE		<u>-</u>			dusts, but optioned for others y
	-				
					
			Grants and allocations \$, 66,214.)	7,104,510.
		1			
b				i	
b					
b				·	
b			Grants and allocations \$		
b		((Grants and allocations \$)	
c			Grants and allocations \$)	
c		(0	Grants and allocations \$)	
c):	
cd			Grants and allocations \$ Grants and allocations \$)	
c)	
c)	
c		(0)	
c		(0	Grants and allocations \$)	
d	ine 44	(0)	Grants and allocations \$ Grants and allocations \$ Grants and allocations \$)	7,104,510.

Part IV Balance Sheets

Note	: Whe	ere required, attached schedules and amounts wil uid be for end-of-year amounts only.	thin the description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		1,582,154.	AE	358,804.
	46	Savings and temporary cash investments		663,367.		2,083,499.
	**	Savings and femibolary cash magatinents		003,307.	200	2,003,433.
	47 a	Accounts receivable	47a 161,875.			
	1	Less: allowance for doubtful accounts		116,081.	47c	161,875.
	"	Loos. Bilowallos for delabilar accounts			S 88.2	
	48 a	Pledges receivable	482			
	4	Less: allowance for doubtful accounts			48c	
	49		400		49	
	50	Receivables from officers, directors, trustees,			73	
	""	and key employees			50	
st	51 .	Other notes and loans receivable	51a		30	
Assets	1	Less: allowance for doubtful accounts			51c	
⋖	52	Inventories for sale or use			52	
	53	Prepaid expenses and deterred charges		1,697,651.	53	1,467,747.
	54	Investments - securities Stmt	6 D Cost X EMV	8,205,390.	54	8,722,109.
	1	Investments - land, buildings, and	Cost (AE) Field	0,203,330.		0,122,103.
	33 8	equipment: basis	55a			
		equipment, basis	334			
	<u>_</u>	Less: accumulated depreciation	55b		55c	
	56	Investments - other		1.	56	1.
		Land, buildings, and equipment: basis		1 •	23.00	1.
		Less: accumulated depreciation		731,798.	530	758,141.
	58	Other assets (describe		731,750.	57c 58	750,141.
	30	Other assets (describe	······································		20	
	59	Total assets (add lines 45 through 58) (must equal lin	ne 74\	12,996,442.	59	13,552,176.
	60	Accounts payable and accrued expenses		365,521.	60	1,406,254.
	61	Grants payable		000/3211	61	2710072011
ģ	62	Deferred revenue			62	
Liabilities	63	Loans from officers, directors, trustees, and key empl			63	
<u>a</u>		Tax-exempt bond liabilities			64a	
=		Mortgages and other notes payable		- · · · · · · · · · · · · · · · · · · ·	64b	
	65	Other liabilities (describe S	e Statement 8 \	6,037,793.	65	4,440,790.
	"		,	.,,		
	66	Total liabilities (add lines 60 through 65)		6,403,314.	66	5,847,044.
		nizations that follow SFAS 117, check here				
	•	69 and lines 73 and 74.				
Š	67	Unrestricted		6,593,128.	67	7,705,132.
ä	68	Temporarily restricted			68	. , ,
Ba	69	Permanently restricted			69	•
5	Organ	nizations that do not follow SFAS 117, check here				
Ē		70 through 74.				
ō	70	Capital stock, trust principal, or current funds			70	
Set	71	Paid-in or capital surplus, or land, building, and equip			71	
Ąŝ	72	Retained earnings, endowment, accumulated income,			72	
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines 67 throu				
_	-	column (A) must equal line 19 and column (B) must e		6,593,128.	73	7,705,132.
	74	Total liabilities and net assets / fund balances (add		12,996,442.	74	7,705,132. 13,552,176.

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.

PE	Reconciliation of Revenu Financial Statements wit Return	ie per Audited h Revenue per	Part	IV-B Recond Financi Return	al Statements	ense: With	s per A Expen	udited ises per
b (1) (2) (3) (4) — c d (1)	Total revenue, gains, and other support per audited financial statements Amounts included on line a but not on line 12, Form 990: Net unrealized gains on investments \$ 261,624. Donated services and use of facilities \$ Recoveries of prior year grants \$ Other (specify): SAdd amounts on lines (1) through (4) \$ Ine a minus line b \$ Amounts included on line 12, Form 990 but not on line a: Investment expenses not included on line 6b, Form 990 \$ \$ Included on line 6b, Form 990 \$ Included on li	ь 261,624.	(1) (2) (3) (4) <u>S</u>	Total expenses and lo audited financial state Amounts included on line 17, Form 990: Donated services and use of facilities Prior year adjustment reported on line 20, Form 990 Losses reported on line 20, Form 990 Other (specify): Lmt 9 Add amounts on lines Line a minus line b Amounts included on 990 but not on line a Investment expenses not included on line 6b, Form 990	s 366,3 (1) through (4)	88.	a 9,	366,388.
	Other (specify): \$ Add amounts on lines (1) and (2)	d	_	Other (specify):	.\$			
	Total revenue per line 12, Form 990 (line c plus line d)			Add amounts on lines Total expenses per lin (line c plus line d)	e 17, Form 990			320,318.
Pε	rt V List of Officers, Directors, 1	rustees, and Key E	Emplo	yees (List each one	e even if not compen	sated.)		
	(A) Name and address		per	e and average hours week devoted to position	(C) Compensation (If not paid, enter -0)	plans & comp	ributions to ree benefit & deferred ensation	(E) Expense account and other allowances
	a Chalamant 10				136,390.		0.	0.
<u></u>								
<u></u>								
<u></u>							_	
				:				
 					_			

071 · Page

Pa	rt VI Other Information	N/A	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	<u> </u>	X
	If "Yes," attach a conformed copy of the changes.	(0.70)		
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		Х
	If "Yes," attach a statement.	9000000 200800	3.000 A	
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,	200.70		
	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 nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the			
	instructions for line 81 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		X
	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
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		:33(3)	: OC.
_	expense in Part II. (See instructions for reporting in Part III.)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
Ь	Did the organization comply with the disclosure requirements relating to guid pro quo contributions? N/A	83b	 	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not		7500	500
•	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	37/3	85b		
U	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax	000	7777	F1 F1 F1
	owed for the prior year.			100
	Dues, assessments, and similar amounts from members	30,000		
C	Section 162(e) lobbying and political expenditures 85d N/A		73.33	
d	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		marr arjan	
8 1	Taxable amount of lobbying and political expenditures (line 85d less 85e) 851 N/A			
		OE-	(*************************************	0.000
9		85g		\vdash
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 allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	056		İ
86	, , , , , , , , , , , , , , , , , , , ,	85h	5 5 7 5 7 7	77.0
			pijid	
87				
Ų	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
				punn
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		}	
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		f	v
	If "Yes," complete Part IX	88	360.00	X
89 3	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		9	
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •	l-wol	(Jocal	proxis
D	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			v
	If "Yes," attach a statement explaining each transaction	891		_ X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			^
	sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 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, 2000			
91	The books are in care of ► ORGANIZATION Telephone no. ► 212-87	<u>u-3</u>	400	
	AZE DIVERGENE DECINE MANAGEMENT		_	
	Located at ► 475 RIVERSIDE DRIVE, NEW YORK, NY ZIP code ► 1	011	<u>5</u>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		. ►L	
<u> </u>	and enter the amount of tax-exempt interest received or accrued during the tax year P2	N/		
023041 12-19-	00 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Forn	n 990	(2000)

age 6

A Business Code	Related or exempt function income 4,108,38		du- on	E		Business						
33 Program service revenue: a INT'L CONVENTION b code indicate Amount along Amount along and a code and a		nount	on	1:	Amount							3 Proc
b c c d d d d d d d d d d d d d d d d d	4,108,38											
the discare/Medicaid payments If Medicare/Medicaid payments If Medicare/Medicare/Medicare/If Medicare/If Medicare/I			1				1		NTION	CONV	T'L (a Il
the discretified and season of the second season of the se												b
If Medicare/Medicald payments If Pees and contracts from government agencies 4 Membership dues and assessments Interest on savings and temporary cash investments 5 Dividends and interest from securities 7 Not rental income or (loss) from real estate: a debt-financed property b not debt-financed property b not debt-financed property cost investment income Cost of cost o												_
B 1 Medicare/Medicald payments 1 1 1 1 1 1 1 1 1												-
g Fees and contracts from government agencies 4 Membership dues and assessments 5 Interest on savings and temporary 5 cash investments 6 Dividends and interest from securities 7 Not rental income or (loss) from real estate: 8 debt-financed property 8 Net rental income or (loss) from personal property 9 Other investment income 9 Gain or (loss) from sales of assets 9 other than inventory 1 Reliance or (loss) from sales of inventory 1 Net income or (loss) from sales of inventory 2 Other revenue: 9 Other property 9 Other revenue: 9						_						8
g Fees and contracts from government agencies 4 Membership dues and assessments 5 Interest on savings and temporary cash investments 6 Dividends and interest from securities 7 Not rental income or (loss) from real estate: a debt-financed property 8 Net rental income or (loss) from personal property 9 Other investment income 10 Gain or (loss) from sales of assets other than inventory 11 Not income or (loss) from special events 2 Gross profit or (loss) from sales of Inventory 3 Other revenue: 4 Subtotal (add columns (B), (D), and (E)) 5 Total (add line 104, columns (B), (D), and (E)) 12 Line 106 plus line 104, Part I, should equal the amount on line 12, Part I. 2 Line 107 Line line 107 (Part I), should equal the amount on line 12 Part I. 3 Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes 1 In TERNATIONAL CONVENTION IN MINNEAPOLIS ATTENDED BY OVER 47, 3A MEMBERS. ACTIVITIES INCLUDED MEETINGS, WORKSHOPS, ETC. 3 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (B) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D						·			nts	aid paym	care/Medic	f Med
Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate: a debt-financed property not debt-financed property Net rental income or (loss) from personal property Cither investment income City of the investment income City										-		
Interest on savings and temporary cash investments Interest on savings and temporary cash investments Interest from securities Interest from secur						-		-				_
cash investments 5 Dividends and interest from securities 7 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property Cother investment income O Chier investment income O Chier investment income O Cother than inventory I Rel 1,573. Net rental income or (loss) from personal property I Rel 1,573. Net rental income or (loss) from personal property I Rel 1,573. Net rental income or (loss) from sales of assets other than inventory I Rel 1,573. O Cother investment income O Cother investment income I Rel 1,573. O Cother investmen												
6 Dividends and interest from securities 7 Net rental income or (loss) from reat estate: a debt-financed property 8 Net rental income or (loss) from personal property 9 Cither investment income 10 Gain or (loss) from sales of assets other than inventory 11 Net income or (loss) from sales of assets other than inventory 12 Gross profit or (loss) from sales of inventory 3 Other revenue: a b		85,444.	14							-		
7 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property 9 Other investment income 10 Gain or (loss) from sales of assets other than inventory 18 1,573. Net income or (loss) from sales of assets other than inventory 18 1,573. Net income or (loss) from sales of assets other than inventory 18 1,573. Net income or (loss) from sales of assets other than inventory 18 1,573. Net income or (loss) from sales of assets other than inventory 18 1,573. The finance of th		02,253.			-							
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partnership, or disregarded entity ownership interest	(E) End-of-year	(D)		oe.	(C) Nature of activiti				rnoration	A) d FIN of d	i) Ios esenh	Name :
OZ.	assets	mcome		73								
/0	•						%					
N/A %		·					%	1-		I/A	N	
%							%	1				
%						-	%					
art X Information Regarding Transfers Associated with Personal Benefit Contracts		racte	poefit C	sonal F	ted with Per	Associa		ling Te	Renard	rmatic	. Info	art Y
	Yes X											
a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		JIRTACRY				-			-			
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Let a 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Yes X	∟	act?	enetit cont								
ote:/f "Yes" to (t), file Form 8870 and Form 4720 (see instructions). Under centilies of perfury. I declare that I have examined this return. Including accompanying schedules and statements, and to the best of my knowledge and	d helief it is true	nest of my knowledge and	ements and t	dules and et-	n accompanying echa	structions	/20 (see ir	g <i>Form 4</i> at I nave e≃	m 8870 an	i), <i>Tile! F C</i> alticald no	res to (b	ote:/f
Under penalties of perjury, I declare that I hay's examined this return, Including accompanying schedules and statements, and to the best of my knowledge and correct, and corplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge (important See General Institute).	truction W.)	portant See General Insti	any knowlec	h preperer h	all information of whi	n is based on	er than office	preparer (ot	Declaration of	d confidete	correct, and	
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d signature P Coop I Filance Co CD / G	parer's SSN or PTIN		. <u> </u>	S	O., CPA'					or yours	Firm's name (parer's

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

Supplementary Information

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

2000

GENERAL SERVICE BOARD OF ALCOHOLICS Name of the organization Employer Identification number ANONYMOUS, INC. 23 7282071 Partil 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 position (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (a) Name and address of each employee paid (c) Compensation more than \$50,000 allowances GREG MUTH GENERAL MGR 35 150,000. 0. SLEEPY HOLLOW, NY THOMAS JASPER SERVICES DIR 0. BROOKLYN, N.Y. 35 121,016. PERSONNEL MGR LEONORA HALLIGAN 35 0. NEW YORK, N.Y. 100,213. EDP MGR LILLIANNA MURPHY 35 89,609. 0. BROOKLYN, N.Y. STAFF LOIS FISHER 0. 35 121,262 Total number of other employees paid over \$50,000 13 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 or 990-EZ) 2000

Schedule A (Form 990 or 990-EZ) 2000

from above

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

Schedule A (Form 990 or 990-EZ) 2000 ANONYMOUS, INC.

Pε	Support Schedule (C Note: You may use the	Complete only if you ch he worksheet in the ins	ecked a box on line 10 tructions for converting	0, 11, or 12.) Use cas h o from the accrual to ti	method of accour he cash method of a	nting. accounting.
	ndar year (or fiscal year nning 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)	5,875,461.	5,946,790.	5,722,629.	4,574,917	7. 22,1 <u>19,797</u> .
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					
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	420,875.	440,897.	420,661.	477,169	1,759,602.
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 benaif					
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					23,879,399.
24	Line 23 minus line 17	6,296,336.	6,387,687.			23,879,399.
25	Enter 1% of line 23	62,963.				
26	Organizations described on lines 10	3 or 11: a Enter 2% of a	amount in column (e), lin	e 24		477,588.
b	Attach a list (which is not open to pu	· -		-		
	governmental unit or publicly suppo		•	-	. 177	
	in line 26a. Enter the sum of all these	excess amounts			▶ 26	b 0.
	Tatal assessed 4as assessed 500/a3/41	anti Cata dina 04 anti-ma				23,879,399.
	Total support for section 509(a)(1) to Add: Amounts from column (e) for li		759,602. ₁₉		▶ 26	<u> </u>
u	Add. Amodnis from Column (e) for i			ib		1
е	Public support (line 26c minus line 2					00 110 505
1	Public support percentage (line 26)				······	00 1010
<u></u>	Organizations described on line 12					
	to public inspection) to show the name (1999) N/A	me of, and total amounts i	received in each year fron	n, each "disqualified persi	on." Enter the sum of s	uch amounts for each year:
b						
	that was more than the larger of (1) individuals.) After computing the diff excess amounts) for each year: N	erence between the amou	nt received and the large	r amount described in (1)	or (2), enter the sum	of these differences (the
	(1999)	(1998)		(1997)	(199	36)
-	Add: Amounto from asluma /s\ for b	nno: 45		46		
C	Add: Amounts from column (e) for li	nes: 15 20		21		. N/A
d	Add: Line 27a total	031 hns	ine 27b total	<u> </u>	270	
6	Public support (line 27c total minus					
f	Total support for section 509(a)(2) to				N/A	
0	Public support percentage (lin		· · · · · · · · · · · · · · · · · · ·		27	
<u>h</u>						
28	Unusual Grants: For an organization	described in line 10, 11,	or 12, that received any t	inusual grants during 19	96 through 1999, attac	ch a list (which is not open to

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.)

9

Schedule A (Form 990 or 990-EZ) 2000 ANONYMOUS, INC.

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

Part V Private School Questionnaire

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	<u>A</u>	
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?	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:	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32a	<u> </u>	ļ
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C				
	admissions, programs, and scholarships?	32c		
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:	-		
2	Students' rights or privileges?			
þ	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?			<u> </u>
h		33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
34 2	Does the organization receive any financial aid or assistance from a governmental agency?	_ 34a	patente.	pressue:
b				
U	If you answered "Yes" to either 34a or b, please explain using an attached statement.	. 340	757 157	
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,	Mistir.	aa.reae	miaso.

Schedule A (Form 990 or 990-EZ) 2000

		N/A			
Calendar year (or fiscal year beginning in)	(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))	- INVERSARIA (000000000		decembration and control of		0.
50 Grassroots lobbying					0

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A (For reporting only by organizations that did not complete Part VI-A) During the year, did the organization attempt to influence national, state or local legislation, including any attempt to 29Y Nο Amount influence public opinion on a legislative matter or referendum, through the use of: Volunteers b Paid staff or management (include compensation in expenses reported on lines c through h) Media advertisements d Mailings to members, legislators, or the public Publications, or published or broadcast statements 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 0. Total lobbying expenditures (add lines c through h) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2000

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

		irectly or indirectly engage in any of t section 501(c)(3) organizations) or in					
	• •	panization to a noncharitable exempt	- -	minut organizations.		Yes	No
•			•		51a(l)		Х
					a(ii)		Х
	Other transactions:						
		ts with a noncharitable exempt organ	nization		b(I)		х
		· · · · · · · · · · · · · · · · · · ·			b(ii)		X
					b(iii)		Х
					b(iv)		X
					b(v)		X
	• •				b(vi)		X
					C C		X
	=			always show the fair market value of the			
		given by the reporting organization.					
		ent, show in column (d) the value of	•			N/A	
(a)	(b)		the goods, ether adocto, o	(d)			
Line ne		(c) Name of noncharitable exe	empt organization	Description of transfers, transactions, and sh	aring ar	rangen	nents
				-			
			· · ·				
	+			-			
				 			
	- -						
				ļ			
			<u> </u>				
		· · · · · · · · · · · · · · · · · · ·					
		· · · · · · · · · · · · · · · · · · ·					
				-			
				<u> </u>			
		-		anizations described in section 501(c) of the		- T.F	7
				▶ □	Yes	LX	No
Ь	f "Yes," complete the following s			·			
	(a) Name of org	- a signation	(b)	(c) Description of relationship			
	Name or org	Janization	Type of organization	Description of relationship			
		<u>. —</u>		ļ	_		
				<u> </u>		_	
						_	
				<u> </u>			
				Schedule A (Farm	990 or 9	90-EZ)	2000

Schedule B (Form 990 or 990-EZ)

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or

OMB No. 1545-0047

: . •

Department of the Treasury Internal Revenue Service

line 1 of Form 990-EZ (see instructions)

Na	nme of organization GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS, INC.	Employer identification number 23-7282071
Or		1947(a)(1) nonexempt charitable trus
Α	Section 501(c)(7), (8), or (10) organizations-	
	Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the	year. (But see General
	rule below.)	 ▶ □
	Enter here the total gifts received during the year for a religious, charitable, etc., purpose 🕨 \$	

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule 8 (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 9090-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

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Footnotes

Statement 1

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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 93 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 INTERNATIONAL CONVENTION/WORLD SERVICE MEETING DONATION TO A.A. GRAPEVINE	1,560,375. 1,521,190. 557,202. 227,091. 3,172,438. 66,214.
TOTAL	7,104,510.

FORM 990 PART V AND SCH A PART 1

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ARE NOT SEPARATELY CALCULATED.

escription	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
ST NOTES 2/15/00 .5% ST NOTES 3/31/00	250,000.	248,510.	0.	1,490.
.5%	500,000.	500,000.	0.	0.
ST NOTES 5/15/00 .875% ST NOTES 5/15/00	250,000.	249,917.	0.	83.
.375%	500,000.	500,000.	0.	. 0.
ST NOTES 8/31/00 .25%	500,000.	500,000.	0.	0.
o Form 990, Part I, line	e 8 2,000,000.	1,998,427.	0.	1,573.
orm 990 Other Ch	anges in Net Assets	or Fund Bala	nces St	tatement 3
escription				Amount
EPRECIATION - CAPITAL P OST-RETIREMENT HEALTH B HANGE IN UNREALIZED GAI ENSION ADJ - FAS 87	ENEFITS - FAS 106			<280,513.3 <504,322.3 261,624. 418,447.
otal to Form 990, Part	I, line 20		_	<104,764.

Explanation

TO ASSIST IN THE FORMATION OF AA GROUPS AND COORDINATING THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD.

Part III

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Form 990	Cash Grant	s and Allocation	າຣ	Statement 5			
Classification	Donee's Name	Donee's Address	Donee's Relations	nip Amount			
	A.A. GRAPEVINE, INC.	NEW YORK, NY	SEE PART V	66,214			
Total Included	on Form 990, Part I	I, line 22		66,214.			
Form 990	Gove	rnment Securitie	28	Statement 6			
Description		U.S. Government	State and Local Gov't	Total Gov't Securities			
SEE ATTACHED LIS	ST	8,722,109.		8,722,109.			
Total to Form 99	90, line 54, Col B	8,722,109.		8,722,109			
Form 990	Othe	r Investments		Statement 7			
Description		7	Valuation Method	Amount			
AA WORLD SERVICE VALUE	ES AND AA GRAPEVINE	AT NOMINAL C	Cost	1.			
Total to Form 99	90, Part IV, line 5	6, Column B		1.			
Form 990	Other	Liabilities		Statement 8			
Description				Amount			
DEFERRED INCOME ACCRUED POSTRET				1,482,949. 2,957,841.			
Total to Form 99	00, Part IV, line 6	5, Column B		4,440,790.			

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Form 990	Other Expenses	Not Included on	Form 990	State	ement 9
Description				Aı	mount
DEPRECIATION SFAS 87 ADJUSTMENT SFAS 106 ADJUSTMEN					280,513. <418,447.> 504,322.
Total to Form 990,	Part IV-B				366,388.
Form 990		f Officers, Dire		State	ement 10
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
MICHAEL ALEXANDER		TRUSTEE EMER	0.	0.	0.
NY, NY		1711(1	•	••	.
GARY GLYNN NY, NY		CHAIRMAN PART	0.	0.	0.
JOANIE MONCRIEF		ASST SECT'Y 35	83,011.	0.	0.
DONALD MEURER BABYLON NY		ASST TRES 20	53,379.	0.	0.
LINDA CHEZEM		2ND V-CHAIR			
MOORESVILLE, IN		PART	0.	0.	0.
JIM CLOUGH COSTA MESA, CA		TRUSTEE PART	0.	0.	0.
JIM ESTELLE	A	TRUSTEE EMER PART	0.	0.	0.

GENERAL SERVICE BOARD OF ALCOHO	LICS ANON		23-728		
ELAINE JOHNSON, PHD	1ST V-CHAIR PART	0.	0.	0.	
BALTIMORE, MD	PART	0.	0.	0.	
LEONARD BLUMENTHAL	TRUSTEE		•	0	
ROLLY VIEW, AB	PART	0.	0.	0.	
TOM MAGUIRE	TRUSTEE				
LIVE OAK, FL	PART	0.	0.	0.	
MARNE HILL	TRUSTEE			•	
THUNDER BAY, ON	PART	0.	0.	0.	
JACK L. OSTREM	TRUSTEE		•	•	
JOLIET, IL	PART	0.	0.	0.	
DEAN RINEHART	TRUSTEE			•	
EL RENO, OK	PART	0.	0.	0.	
JACQUELINE JOHNSTON	TRUSTEE			•	
PALM DESERT, CA	PART	0.	0.	0.	
RICHARD ROUGHTON	TRUSTEE			0	
CHICAGO, IL	PART	0.	0.	0.	
GORDON PATRICK	TRUSTEE EMER			•	
ETOBICOKE, CANADA	PART	0.	0.	0.	
RIC DOWNEY	TRUSTEE			•	
BURNABY, BC	PART	0.	0.	0.	
ALEX PALMER	TRUSTEE			•	
ABBOTSFORD, BC CANADA	PART	0.	0.	0.	
ARTHUR KNIGHT, JR.	TREASURER				
LAKE FOREST, IL	PART	0.	0.	0.	
GEORGE VAILLANT	TRUSTEE	0	0		
BOSTON, MA	PART	0.	0.	0.	

GENERAL SERVICE BOARD OF A			282071	
REV. ROBERT MILLER BIRMINGHAM, AL	TRUSTEE PART	0.	0.	0.
BETH RABREN BRAZORIA, TX	TRUSTEE PART	0.	0.	0.
ELIZABETH STEVENS COLUMBIA, SC 29210	SECRETARY PART	0.	0.	0.
TONY TASCHNER BERLIN, CT	TRUSTEE PART	0.	0.	0.
GREG TOBIN SOUTH ORANGE, NJ	TRUSTEE PART	0.	0.	0.
TED STOA ABERDEEN, SD	TRUSTEE PART	0.	0.	0.
Totals Included on Form 990,	136,390.	0.	0.	

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

	Cost 1-1-00	Additions	<u>Deletions</u>	Cost 12-31-00
Leasehold Improvements	\$2,795,469	\$0	\$0	\$2,795,469
Computer				
Hardware	502,054	306,856	406,811	402,099
Software	271,671	0	0	271,671
Totals	3,569,194	306,856	406,811	3,469,239
	Acc. Dep. 1-1-00	Additions	<u>Deletions</u>	Acc. Dep. 12-31-00
Leasehold improvements	\$2,063,671	\$219,142	\$0	\$2,282,813
Computer				
Hardware	502,054	61,371	406,811	156,614
Software	271,671	0	0	271,671
Totals	2,837,396	280,513	406,811	2,711,098

AAGSB RESERVE FUND US TREASURIES

Garage S

											_	_																							
	TOTAL INCOME	\$0.00	10,625.00	13,750.00	11,093.75	15,937,50	31,250.00	15,937.50	696.72	8,281.25	(1,485.22)	(180.03)	29,375.00	18,750.00	31,875.00	14 275 00	(934.10)	13 750 00	13 437 50	28,750.00	29,375.00	18,125.00	18,125.00	30,000.00	16,250.00	6,402.85	16,250.00	7,300.07	29,375.00	14,403.84	00.00	464,707,63			
	#412 Market Value							\$250,234	250,234	251,094	251,094	502,656	501,406	256,953	508,594	252 422	255,422	251.953	502,813	507,500	510,156	266,094	267,188	514,219	263,750	263,750	264,375	204,573	11,031	544,375		8,722,109	(8 409 142)	(5)	222,967
	#411 Ending Cost	\$0.00	0.00	0.00	0.00	0.00	00:0	249,140.63	250,000.00	250,000.00	250,000.00	500,683.88	502,376.38	249,480.00	488,843.39	2490,763.00	251 249 31	249 062 50	498 437 50	502,292.75	502,256.25	250,000.00	245,000.00	499,856.25	253,853.75	251,963.50	253,961.94	67.764,167	495,321.51	00.181,606	0.00	8,499,142.28			
	#480 Gain (Loss)		1,490.00	0.00	82.50	0.00	0.00														•										:	1,572.50			
	(Sales)		(250,000.00)	(200,000.00)	(250,000.00)	(200,000.00)	(200'000'005)																									(2,000,000.00)			
KIES.	(Premium Amort.)					(540.82)	(523.57)	•	(273.44)		(585.75)	(488.00)	(2,596.00)				(198.00)	(00:061)		(872.00)	(724.00)	•			(880.00)	(224.00)	(856.00)	(284.00)	(00 000)	(00.818)		(10,172.58)			
US IREASURIES	Purchases								250,273.44		250,585.75	501,171.88					251 445 31	10:04								06.781,262	70 000	62.150,262		506,000.00		2,263,695.13			
	Cost	\$0.00	248,510.00	500,000.00	249,917,50	500,540.82	500,523.57	249,140.63		250,000.00			504,972.38	249,480.00	488,843.39	240,763.00	64.000,047	249 062 50	498 437 50	503 164 75	502,980.25	250,000.00	245,000.00	499,856.25	254,733.75		254,817.94	700	495,321.51		0.00	8,244,047.23			
	Int Rate		8.500%	5.500%	8.875%	6.375%	6.250%	6.375%	6.375%	6.625%	6.625%	6.625%	5.875%	7.500%	6.37.3%	3.7.30% 7.750%	5.750% 6.250%	5.500%	5 375%	5.750%	5.875%	7.250%	7.250%	%000.9	6.500%	6.500%	6.500%	0.500%	5.875%	%000.7	•	"			
	۶		2000	2000	2000	2000	2000	2001	2001	2001	2001	2001	2001	2002	7007	2002	2003	2003	2003	2003	2004	2004	2004	2004	2005	2002	2002	2007	2002	2007					
	Maturity Da		15	31	5	5	뜐	31	31	8	ဓ	ਲ	<u></u> 닭 !	ر د ب	2 등	- c	5 t	2 6		5	5	13	ŧ	5	ن 5	ب ت ز	ည မှ	<u>.</u>	ე ,	ဌ					
	₩ W		7	က	S	Ŋ	∞	ო	ო	တ	9	~ :	Ξ,	മ	∞ ⊊	2 7	۰ :	4 ec	(ω	7	2	œ	Φ	ι Ω	a 0	x 0 c	; ه	<u>,</u>	_					
2000	Par Value		\$250,000	\$500,000	\$250,000	\$500,000	\$500,000	\$250,000	\$250,000	\$250,000	\$250,000	\$500,000	\$500,000	\$250,000	\$500,000	4300,000	\$250,000	\$250,000	\$500,000	\$500,000	\$500,000	\$250,000	\$250,000	\$500,000	\$250,000	\$250,000	\$250,000	000,002	\$500,000 \$00,000	\$500,000		\$10,500,000	(\$2,000,000)	\$8,500,000	
Year Month	Date		Feb 90	Mar 98	May 90	Var 97	Var 97	May 97	Sep 00	May 97	Aug 00	Aug 00	May 99	May 92	Var 92	100 97	Sen 00	Mar 98	99 veW	Var 93	Jul 99	Jun 94	Sep 94	Aug 99	Nov 99	20 unc	86 AON	00 LD .	Nov 99	rep oo	·		(Sales)		