

**Return of Organization Exempt From Income Tax**

**2005**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2005 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

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

**D** Employer identification number  
**23-7282071**

**E** Telephone number  
**212-870-3400**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: **WWW.ALCOHOLICS-ANONYMOUS.ORG**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **12,347,342.**

**H** and **I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **N/A**  
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a			
	b	Indirect public support	1b	7,587,482.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 7,587,482. noncash \$ )	1d		7,587,482.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		3,919,332.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		54,883.	
	5	Dividends and interest from securities	5		285,645.	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
		Net rental income or (loss) (subtract line 6b from line 6a)	6c			
	Other investment income (describe )	7				
	a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
			500,000.	8a		
	b	Less cost or other basis and sales expenses	495,322.	8b		
	c	Gain or (loss) (attach schedule)	4,678.	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	Stmt 2	8d	4,678.	
	g	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		11,852,020.	
Expenses	13	Program services (from line 44, column (B))	13		8,763,395.	
	14	Management and general (from line 44, column (C))	14		2,895,467.	
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		11,658,862.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		193,158.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,415,813.	
	20	Other changes in net assets or fund balances (attach explanation)	20	See Statement 3		-176,442.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			3,432,529.

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**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>107,739.</u> noncash \$ <u>0.</u> If this amount includes foreign grants, check here <input type="checkbox"/>	22 107,739.	107,739.	Statement 4	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 158,577.	92,593.	65,984.	0.
26 Other salaries and wages	26 2,847,137.	1,702,233.	1,144,904.	
27 Pension plan contributions	27 382,766.	226,610.	156,156.	
28 Other employee benefits	28 480,774.	238,563.	242,211.	
29 Payroll taxes	29 218,947.	129,716.	89,231.	
30 Professional fundraising fees	30			
31 Accounting fees	31 32,100.		32,100.	
32 Legal fees	32			
33 Supplies	33 129,975.	97,663.	32,312.	
34 Telephone	34 62,093.	37,692.	24,401.	
35 Postage and shipping	35 568,928.	549,389.	19,539.	
36 Occupancy	36 427,577.	227,348.	200,229.	
37 Equipment rental and maintenance	37 36,393.	16,163.	20,230.	
38 Printing and publications	38 363,793.	363,793.		
39 Travel	39			
40 Conferences, conventions, and meetings	40 4,773,290.	4,413,373.	359,917.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 149,456.		149,456.	
43 Other expenses not covered above (itemize):				
a OFFICE SERVICE AND	43a			
b EXPENSE	43b 168,380.	41,326.	127,054.	
c CONTRACTED SERVICES	43c 551,928.	321,560.	230,368.	
d WRITERS FEES	43d 35,059.	34,562.	497.	
e FOREIGN LIT ASSISTANCE	43e 163,072.	163,072.		
f OTHER EXPENSES	43f 878.		878.	
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 11,658,862.	8,763,395.	2,895,467.	0.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,  
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ▶ See Statement 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a SEE FOOTNOTE	
(Grants and allocations \$ 107,739. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	8,763,395.
b	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	8,763,395.

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**Part IV Balance Sheets** (See the instructions)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	920,807.	45	706,054.
	46 Savings and temporary cash investments	742,951.	46	1,128,703.
	47 a Accounts receivable	109,253.		
	b Less: allowance for doubtful accounts		47c	109,253.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,024,142.	53	133,363.
	54 Investments - securities Stmt 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,702,384.	54	9,982,856.
	55 a Investments - land, buildings, and equipment, basis			
b Less: accumulated depreciation		55c		
56 Investments - other See Statement 7	1.	56	1.	
57 a Land, buildings, and equipment, basis	3,704,643.			
b Less: accumulated depreciation Stmt 8	3,271,195.	57c	433,448.	
58 Other assets (describe _____)		58		
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	13,483,460.	59	12,493,678.	
Liabilities	60 Accounts payable and accrued expenses	218.	60	1,196,544.
	61 Grants payable		61	
	62 Deferred revenue	2,267,815.	62	2,737.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe _____ See Statement 9 )	7,799,614.	65	7,861,868.
66 <b>Total liabilities.</b> Add lines 60 through 65)	10,067,647.	66	9,061,149.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,415,813.	67	3,432,529.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,415,813.	73	3,432,529.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	13,483,460.	74	12,493,678.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	11,687,832.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	-164,188.	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	-164,188.
c	Subtract line b from line a		c	11,852,020.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d		e	11,852,020.

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

a	Total expenses and losses per audited financial statements		a	11,671,116.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <b>SFAS 87 &amp; SFAS 106 ADJUSTMENTS</b>	b4	12,254.	
	Add lines b1 through b4		b	12,254.
c	Subtract line b from line a		c	11,658,862.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d		e	11,658,862.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 10		158,577.	45,511.	0.



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**Part VI Other Information** (continued)

		Yes	No
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?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
83b	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85b	N/A		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
b	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? If "Yes," attach a statement explaining each transaction		X
89b			
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 ▶ NY		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	0
91 a	The books are in care of ▶ ORGANIZATION Telephone no ▶ 212-870-3400 Located at ▶ 475 RIVERSIDE DRIVE, NEW YORK, NY ZIP + 4 ▶ 10115		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		
		N/A	

	Yes	No
91b		X
91c		X

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ANONYMOUS, INC.

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**Part VII Analysis of Income-Producing Activities** (See the instructions)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <u>INTERNATIONAL CONVENTION</u>					3,919,332.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	54,883.	
96 Dividends and interest from securities			14	285,645.	
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			18	4,678.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		345,206.	3,919,332.
105 Total (add line 104, columns (B), (D), and (E))					4,264,538.

**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** (See the instructions)

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	REGISTRATION FEES AND RELATED INCOME FOR INTERNATIONAL CONVENTION
93A	WITH 42,000 ATTENDEES TO PROMOTE UNITY AND SHARING AMONG THE AA
93A	FELLOWSHIP.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: Donald W. Meura Signature of officer      Date: 5/1/06      Type or print name and title: DONALD W. MEURA CFO/ASSIST

Paid Preparer's Use Only: Preparer's signature: Kern Ankel CPA Date: MAY 02 2006 Check if employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: Owen J Flanagan & Co  
60 East 42nd Street  
New York, NY 10165

EIN: \_\_\_\_\_ Phone no: 212-682-2783



**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 4947(a)(1) Nonexempt Charitable Trust

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization **GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS, INC.** Employer identification number **23 7282071**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GREG MUTH SLEEPY HOLLOW, NY	GEN MANAGER 35.00	229,701.	65,924.	0.
THOMAS JASPER BROOKLYN, NY	SERVICES DIR 35.00	143,192.	41,096.	0.
WARREN STAFFORD ROSEDALE, NY	STAFF 35.00	88,107.	25,287.	0.
ADRIENNE BROWN BROOKLYN, NY	STAFF 35.00	88,557.	25,416.	0.
DOUG RICHARDSON NEW YORK, NY	STAFF 35.00	88,658.	25,445.	0.
Total number of other employees paid over \$50,000	▶ 12			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CS SYSTEMS SPARTA, NJ	PROJECT MANAGEMENT	251,000.
LASER REGISTRATION WASHINGTON, DC	REGISTRATION SERVICES	192,646.
INVISION COMMACK, NY	COMPUTER SERVICES	181,474.
TALLEY MANAGEMENT GROUP MT ROYAL, NJ	CONVENTION MANAGEMENT	146,888.
COMPUTER SOLUTIONS NEW YORK, NY	COMPUTER SERVICES	135,338.
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

GENERAL SERVICE BOARD OF ALCOHOLICS

**Part III** Statements About Activities (See page 2 of the instructions)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities $\blacktriangleright$ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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

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

Provide the following information about the supported organizations (See page 6 of the instructions)

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

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

GENERAL SERVICE BOARD OF ALCOHOLICS

Schedule A (Form 990 or 990-EZ) 2005 ANONYMOUS, INC.

23-7282071 Page 3

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,061,977.	7,036,227.	6,584,001.	8,703,451.	29,385,656.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related 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	297,670.	353,751.	450,789.	513,269.	1,615,479.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	7,359,647.	7,389,978.	7,034,790.	9,216,720.	31,001,135.
24 Line 23 minus line 17	7,359,647.	7,389,978.	7,034,790.	9,216,720.	31,001,135.
25 Enter 1% of line 23	73,596.	73,900.	70,348.	92,167.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 620,023.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 31,001,135.
d Add: Amounts from column (e) for lines 18 <u>1,615,479.</u> 19 _____ 22 _____ 26b _____					26d 1,615,479.
e Public support (line 26c minus line 26d total)					26e 29,385,656.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.7890%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2004)	(2003)	(2002)	(2001)	
	N/A				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2004)	(2003)	(2002)	(2001)	
	N/A				
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 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) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

None

GENERAL SERVICE BOARD OF ALCOHOLICS

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

GENERAL SERVICE BOARD OF ALCOHOLICS

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

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

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

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

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

N/A

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

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

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

N/A

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

2005 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LEASEHOLD IMPROVEMENTS	Varies		.000	16	2105871.			2105871.	1913706.		48,041.
	1- 475 RIVERSIDE DR	Varies		.000	16	689,598.			689,598.	689,598.		0.
2	FURNITURE	Varies		.000	16	402,099.			402,099.	402,099.		0.
3	COMPUTER EQUIPMENT	Varies		.000	16	507,075.			507,075.	116,336.		101,415.
4	COMPUTER SOFTWARE	Varies		.000	16	3704643.		0.	3704643.	3121739.	0.	149,456.
	* Total 990 Page 2											
	Depr											

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Footnotes

Statement 1

## 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; INTERNATIONAL CONVENTION WITH MORE THAN 42,000 ATTENDEES.

## PROGRAM SERVICES ARE AS FOLLOWS:

GROUP SERVICES	1,671,150.
FELLOWSHIP SERVICES	1,827,750.
GENERAL SERVICE CONFERENCE	677,279.
REGIONAL FORUMS	381,775.
DONATIONS TO A.A. GRAPEVINE FOR LAVINA SPANISH MAGAZINE	107,739.
INTERNATIONAL CONVENTION	4,097,702.
TOTAL	<u>8,763,395.</u>



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Form 990	Gain (Loss) From Publicly Traded Securities	Statement	2
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<u>Description</u>	<u>Gross Sales Price</u>	<u>Cost or Other Basis</u>	<u>Expense of Sale</u>	<u>Net Gain or (Loss)</u>
US TREASURY NOTES	500,000.	495,322.	0.	4,678.
To Form 990, Part I, line 8	<u>500,000.</u>	<u>495,322.</u>	<u>0.</u>	<u>4,678.</u>

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Form 990	Other Changes in Net Assets or Fund Balances	Statement	3
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<u>Description</u>	<u>Amount</u>
CHANGE IN UNREALIZED GAIN	-164,188.
SAFS 87 & SFAS 106 ADJUSTMENTS	-12,254.
Total to Form 990, Part I, line 20	<u>-176,442.</u>

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Form 990	Cash Grants and Allocations	Statement	4
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<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>	<u>Donee's Relationship</u>	<u>Amount</u>
CHARITABLE	A.A. GRAPEVINE, INC.	475 RIVERSIDE DRIVE, NEW YORK, NY	SEE PART VI	107,739.
Total Included on Form 990, Part II, line 22				<u>107,739.</u>

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Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	5
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Explanation

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

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Form 990	Government Securities	Statement 6
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Description	Cost/FMV	U.S. Government	State and Local Gov't	Total Gov't Securities
US TREASURIES	FMV	9,982,856.		9,982,856.
Total to Form 990, line 54, Col B		9,982,856.		9,982,856.

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Form 990	Other Investments	Statement 7
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Description	Valuation Method	Amount
AA WORLD SERVICES AND AA GRAPEVINE AT NOMINAL VALUE	Cost	1.
Total to Form 990, Part IV, line 56, Column B		1.

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Form 990	Depreciation of Assets Not Held for Investment	Statement 8
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
LEASEHOLD IMPROVEMENTS - 475 RIVERSIDE DR	2,105,871.	1,961,747.	144,124.
FURNITURE	689,598.	689,598.	0.
COMPUTER EQUIPMENT	402,099.	402,099.	0.
COMPUTER SOFTWARE	507,075.	217,751.	289,324.
Total to Form 990, Part IV, ln 57		3,704,643.	433,448.

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Form 990	Other Liabilities	Statement 9
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Description	Amount
SUBSCRIPTION LIABILITY - AA GRAPEVINE	1,550,000.
ACCRUED POSTRETIREMENT BENEFITS	3,892,640.
ACCRUED PENSION BENEFIT	2,419,228.
Total to Form 990, Part IV, line 65, Column B	
	7,861,868.

Form 990                      Part V - List of Officers, Directors,  
Trustees and Key Employees                      Statement 10

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
MICHAEL ALEXANDER NY, NY	TRUSTEE EMERITUS 2.00	0.	0.	0.
GARY GLYNN NY, NY	TRUSTEE EMERITUS 2.00	0.	0.	0.
VALERIE O'NEILL NY, NY	ASST SECRETARY 35.00	92,593.	26,574.	0.
DONALD MEURER BABYLON NY	ASST TREASURER 20.00	65,984.	18,937.	0.
PHYLLIS HALLIDAY LACEY, WA	TRUSTEE 2.00	0.	0.	0.
JIM ESTELLE EL DORADO HILLS, CA	TRUSTEE EMERITUS 2.00	0.	0.	0.
ELAINE MCDOWELL, PHD BALTIMORE, MD	TRUSTEE EMERITUS 2.00	0.	0.	0.
LEONARD BLUMENTHAL ROLLY VIEW, AB	CHAIRPERSON 2.00	0.	0.	0.
PAUL CLEARY OCEANSIDE, CA	TRUSTEE 2.00	0.	0.	0.
RONALD GAUTHIER SO. HAMILTON, MA	SECRETARY 2.00	0.	0.	0.
HOWARD LOWERY COLUMBIA, MS	TRUSTEE 2.00	0.	0.	0.

ROBERT PELOT	TRUSTEE			
	2.00	0.	0.	0.
ST JEROME, QUEBEC CANADA				
ARNOLD L. ROSS	TRUSTEE			
	2.00	0.	0.	0.
BALTIMORE, MD				
VINCENT KEEFE	TREASURER			
	2.00	0.	0.	0.
ORLAND PARK, IL				
MURRAY MCINTOSH	TRUSTEE			
	2.00	0.	0.	0.
THUNDER BAY, ON CANADA				
MICHAEL PERRY	TRUSTEE			
	2.00	0.	0.	0.
FAIR HAVEN, VT				
ALLEN L. AULT	1ST VICE-CHAIR			
	2.00	0.	0.	0.
RICHMOND, KY				
RAY MASSEY	TRUSTEE			
	2.00	0.	0.	0.
CALGARY, AL CANADA				
ROBERT MAYER	TRUSTEE			
	2.00	0.	0.	0.
ONTONAGON, MI				
DOROTHY WILSON	TRUSTEE			
	2.00	0.	0.	0.
INDIANAPOLIS, IN				
HERBERT GOODMAN	2ND VICE-CHAIR			
	2.00	0.	0.	0.
HOUSTON, TX				
GARY KLUKSDAHL	TRUSTEE			
	2.00	0.	0.	0.
PARKER, CO				
CHARLES J BARTA	TRUSTEE			
	2.00	0.	0.	0.
CEDAR RAPIDS, IA				
WILLIAM D CLARK	TRUSTEE			
	2.00	0.	0.	0.
WOOLWICH, ME				

GENERAL SERVICE BOARD OF ALCOHOLICS ANON

23-7282071

REV WARD B EWING	TRUSTEE			
	2.00	0.	0.	0.
NEW YORK, NY				
TOM KRAEMER	TRUSTEE			
	2.00	0.	0.	0.
VIBANK, SASKATCHEWAN, CANADA				
JEANNE WOODFORD	TRUSTEE			
	2.00	0.	0.	0.
BENICIA, CA				
Totals Included on Form 990, Part V		<u>158,577.</u>	<u>45,511.</u>	<u>0.</u>

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

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<u>Officer's Name</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contribution</u>	<u>Expense Account</u>
DONALD MEURER	65,984.	18,937.	0.

<u>Name of Related Organization</u>	<u>Employer ID Number</u>
AA WORLD SERVICES, INC.	13-1679617

Relationship Between Organizations  
 AFFILIATED EXEMPT ORGANIZATION

Compensation Description

THE COMPENSATION OF THE CFO/CONTROLLER IS SHARED EQUALLY BETWEEN THE GENERAL SERVICE BOARD OF AA AND AA WORLD SERVICES, TWO RELATED TAX EXEMPT ORGANIZATIONS.