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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

| B Copyright Septiment of Control    | A F          | or the 20        | 106 calendar year, or tax year beginning                 |                                   | and en         | ding   |                  |           |                   |   | _        |
|--|--------------|------------------|--|-----------------------------------|----------------|--|------------------|-----------|-------------------|---|----------|
| Construction   Security   Secu      |              | check if         |  |                                   |                |  |                  | D Empl    | loyer id          | lentification number                    |          |
| Construction   Second Street (or P O box in mails not delivered to street address)   Room/but   E Telephone number   212 = 870 - 340   | a            | pplicable        | use IRS GENERAL SERVICE BOAR                             | D OF ALCOHOLIC                    | CS             |  |                  |           |                   |   |          |
|  |              | Address change   | print or ANONYMOUS, INC.                                 |                                   |                |  |                  | 23        | 3-72              | 282071                                  | _        |
|  |              | change           |  | ot delivered to street address)   |                |  | Room/suite       |           |                   |   |          |
| The common     |              |                  | Specific 475 RIVERSIDE DRIVE                             |                                   |                |  |                  | 2:        | 12-8              |   |          |
| Section 501 (c)(s) organizations and 4987(a)(1) neneempt charitable trusts   Mark and a rem not applicable to section 527 organizations (from 980 or 999-12).  |              |                  | tions City or town, state or country, and ZIP + 4        |                                   |                |  |                  |           |                   |   | al       |
| must attach a completed schedule A (Farm 990 or 990-EZ).  ¶ Weaking ► WWW. ALCOHOLICS — ANONYMOUS_ORG  ☐ Organization type (executive) ► XI 501(c) (3  |              | ∟lreturn         | MEW TORK, NT TOTTS                                       |                                   | ,              |  |                  |           | Other<br>specify) | <u> </u>                                | _        |
| Website   ► WWW . ALCOHOLICS—ANONYMOUS.ORG   |              | Applicat pending |  |                                   | ts             | H and  | l are not app    | licable   | to sec            | tion 527 <u>organizations.</u>          |          |
| Check here   ►   of the organization is not a 509(s(s) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return   filed by an organization chooses to file a return, be sure to file a complete return   filed by an organization chooses to file a return, be sure to file a complete return   filed by an organization chooses to file a return, be sure to file a complete return   filed by an organization chooses to file a return, be sure to file a complete return   filed by an organization chooses to file a return, be sure to file a complete return   filed by an organization choose to year group ruling?   filed filed   filed filed filed   filed filed filed filed   filed filed filed filed   filed     |              |                  |  | ·                                 |                | H(a) i   | s this a group i | return fo | r affiliat        |   | ٩o       |
| Check here   |              |                  |  |                                   |                | H(b) 1   | f "Yes," enter n | umber o   |                   |   |          |
| Recept are maily not more than \$25,000 A return is not required, but if the organization and its gloss recept are maily not more than \$25,000 A return is not required, but if the organization of the a return, be sure to the a complete return of the areturn, be sure to the a complete return of the areturn, be sure to the a complete return of the areturn, be sure to the a complete return of the areturn, be sure to the a complete return of the areturn, be sure to the a complete return of the areturn, be sure to the a complete return of the areturn, be sure to the a complete return of the areturn, be sure to the a complete return of the areturn, be sure to the a complete return of the areturn of the aret   |              |                  |  |                                   |                |  |                  |           | ر دا              | N/A L Yes L I                           | No       |
| Chooses to file a return, be sure to file a complete return   1   Group Exemption Number   N/A   |              |                  | •  |                                   | s              | H(d) i   | s this a separat | te return | filed by          | y an or-                                |          |
| Coross receipts Add lines 60, 8b, 90, and 10b to line 12   12,507,392.   M   Check   1the organization is not required to attach Sch 8 (form 990, 990-EZ, or 990-PF)   |              |                  |  | uired, but if the organization    |                |  |                  |           |                   |   | 40       |
| Part     Revenue, Expenses, and Changes in Net Assets or Fund Balances   |              | hooses 1         | o file a return, be sure to file a complete return       |                                   |                |  |                  |           |                   |   |          |
| Pert   |              |                  |  | 10 507 20                         | `              |  |                  |           |                   |   | ch       |
| 1   Contributions, grits, grants, and similar amounts received   2   Contributions to donor advised funds   1   1   1   1   1   1   1   1   1  |              | :1-              |  |                                   |                |  | ich B (Form 9    | 90, 990-  | EZ, or            | 990-PF)                                 |          |
| Contributions to donor advesed funds   18  | P            | <del></del>      |  |                                   | Bala           | nces   |                  |           |                   |   | —        |
| Direct public support (not included on line 1a)  |              | 1                |  | ved 1                             | . 1            | i  |                  |           |                   |   |          |
| Comparison   Com     | -            | а                |  |                                   |                |  |                  |           |                   |   |          |
| 1  |              | þ                |  |                                   |                |  | 114 0            | 00        |                   |   |          |
| Total (add lines 1a through 1d) (cash \$ 9,114,999. noncash \$ ) 1e 9,114,999.  2 Program service revenue including government fees and contracts (from Part VII, line 93)  3 Membership dues and assessments  4 Interest on savings and temporary cash investments  5 Dividends and interest from securities  6 a Gross rents  b Less rental expenses  c Net rental income or (loss) Subtract line 6b from line 6a  7 Other investment income (describe)  8 a Gross amount from sales of assets other than inventory  10 b Less cost or other basis and sales expenses  c Gan or (loss) (attach schedule)  10 Net again or (loss) Combine line 8c, columns (A) and (B) Stmt 2  9 Special events and activities (attach schedule) If any amount is from gaming, check here loss stems of the columns  | ~            | 1 .              |  |                                   |                |  | 7,114,3          | 99.       | 1                 |   |          |
| Program service revenue including government fees and contracts (from Part VII, line 93)  2 Program service revenue including government fees and contracts (from Part VII, line 93)  3 Membership dues and assessments  4 1 Interest on savings and temporary cash investments  5 Dividends and interest from securities  6 a Gross rents  b Less rental expenses  c Net rental income or (loss) Subtract line 6b from line 6a  7 Other investment income (describe)  8 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss) (attach schedule)  d Net gain or (loss) (combine line 8c, columns (A) and (B)  Special events and activities (attach schedule) If any amount is from gaming, check here  4 Gross sales of inventory, less returns and allowances  c Net income or (loss) from special events Subtract line 9b from line 9a  10 a Gross sales of inventory, less returns and allowances  b Less cost of opods sold  c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a  11 Other revenue (from Part VII, line 103)  12 Total revenue. Add lines is 16 3 4 5 5 5 7 8 7 9 10c, and 11  13 Program services ((lan) (lan) (lan   | · ·          | 1                |  |                                   | 70             | l  |                  | $\dashv$  |                   | 0 11/ 000                               |          |
| A Interest on savings and temporary cash investments   4   69,570.   |              | _                |  |                                   | - 00\          |  |                  | -'        |                   | 7,114,333                               | ÷        |
| A Interest on savings and temporary cash investments   A   69,570.   |              |                  |  | ng contracts (from Part VII, III) | e 93)          |  |                  | -         |                   |   | —        |
| Dividends and interest from securities  6 a Gross rents  b Less rental expenses  6 a Gross rents  b Less rental expenses  6 a Gross amount from sales of assets other than income or (loss) Subtract line 6b from line 6a  7 Other investment income of (loss) Subtract line 6b from line 6a  8 a Gross amount from sales of assets other  4 a Gross amount from sales of assets other  5 a Gross remule (loss) (attach schedule)  6 b Less cost or other basis and sales expenses  6 c Gain or (loss) (attach schedule)  7 b Less cost or other basis and sales expenses  6 a Gross remule (loss) (attach schedule)  8 d 17,441.8  9 Special events and activities (attach schedule) If any amount is from gaming, check here  9 Special events and activities (attach schedule) If any amount is from gaming, check here  9 b Less direct expenses other than fundraising expenses  c Net income or (loss) from special events Subtract line 9b from line 9a  10 a Gross sales of inventory, less returns and allowances  10 a Gross sales of inventory, less returns and allowances  10 a Less cost of goods sold  10 c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a  11 Other revenue, Add Lines 19, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,  | _ `          | [ ]              |  |                                   |                |  |                  | ŀ         |                   | 69 570                                  | -        |
| b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8c, columns (A) and (B) Stmt 2  9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ of combibutions reported on line 1b) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events Subtract line 9b from line 9a  10 a Gross revenue (not including \$ of combibutions reported on line 1b) b Less cost of goods sold c Gross sprofit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a  11 Other revenue (from Part VIII, line 103) 12 Total revenue. Add lines 16, 29, 4, 5, 6c. 7, 8d, 9c 10c, and 11  12 Program services (from lane 14, column (A)) 13 Program services (from lane 14, column (A)) 14 Management and general from line 14, column (A)) 15 Fundraising from line, 14, column (A)) 16 Payments to be lates a stach schedule) 17 Total expenses. Add lines 16, and 44, column (A) 18 Excess or (deficit) for the pain subtract line 17, column (A)) 19 Net assets or fund balances a tend of year Combine lines 18, 19, and 20  20 Other changes in net assets or fund balances attach explanation) 20 See Statement 3 21 Net assets or fund balances attach explanation) 21 Net assets or fund balances attach explanation) 22 See Statement 3 23 Space   See Statement 3 24 Space   See Statement 3 25 Space   See Statement 3 26 Space   See Statement 3 27 Space   See Statement 3 28 Space   See Statement 3 29 Space   See Statement 3 20 Space   See Statement 3 20 Space   See Statement 3 21 Space   See Statement 3 22 Space   See Statement 3 23 Space   See Statement 3 24 Space   See Statement 3 25 Space   See Statement 3 26 Space   See Statement 3 27 Space   See Statement 3 28 Space   See Statement 3 29 Space   See Statement 3 20 Space   See Statement 3 20 Space   See Statement 3 21 Space   See Statement 3 22 Space   See Statement 3 23 Space   See Statement 3 24 Space   See Statement 3 25 Space   See S | $\Box$       | {                | *                  |                                   |                |  |                  | -         |                   | 322 823                                 | ÷        |
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| 9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$   |              | 1                |  | <u> </u>                          |                |  |                  |           | 8d                | 17,441                                  |          |
| a Gross revenue (not including \$ of contributions reported on line 1b)  |              |                  |  | -, -                              | here 🕨         | ▶ [_   | ]                |           |                   |   | _        |
| b Less direct expenses other than fundraising expenses  c Net income or (loss) from special events Subtract line 9b from line 9a  10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a  11 Other revenue (from Part VII, line 103)  12 Total revenue. Add lines to 2, 8, 4, 5, 6c, 7, 80, 9c 10c, and 11  12 Program services (from line 44, column (b))  13 Program services (from line 44, column (b))  14 Management and general from line 44, column (b))  15 Fundraising from line 44, column (b))  16 Payments to line 44, column (b))  17 Total expenses. Add lines 16 and 44, column (c)  18 Excess or (deficit) for the 240 fine line 12  19 Net assets or fund balances at haginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  See Statement 3  20 821, 094.  21 S, 284, 984.   |              |                  |  |                                   |                |  |                  |           |                   |   |          |
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| C Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a  11 Other revenue (from Part VII, line 103)  12 Total revenue. Add lines 16, 2, 3, 4, 5, 8c, 7, 80, 9c, 10c, and 11  13 Program services (from line 44, column (8))  14 Management and general (from line 44, column (8))  15 Fundraising from line 44, column (9)  16 Payments to add lines 16 and 44, column (8)  17 Total expenses. Add lines 16 and 44, column (8)  18 Excess or (deficit) for the pay funded line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  22 See Statement 3  23 See Statement 3  24 See Statement 3  25 See Statement 3  26 See Statement 3  27 See Statement 3  |              | 10 a             |  |                                   | 10a            |  |                  |           |                   |   | _        |
| C Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a  11 Other revenue (from Part VII, line 103)  12 Total revenue. Add lines 16, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11  13 Program services (from line 44, column (2))  14 Management and general (from line 44, column (2))  15 Fundraising from line 44, column (2))  16 Payments to add lines 16 and 44, column (2)  17 Total expenses. Add lines 16 and 44, column (2)  18 Excess or (deficit) for the column (2)  19 Net assets or fund balances at baginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  22 See Statement 3  23 See Statement 3  24 See Statement 3  25 See Statement 3  26 See Statement 3  27 See Statement 3  |              |                  |  |                                   |                |  |                  |           |                   |   |          |
| 12 Total revenue. Add lines 16, 2, 3, 4, 5, 80, 7, 80, 90, 10c, and 11  13 Program services (from im (3, column (8))) 14 Management and general (from time 44, column (8)) 15 Fundraising from line 44, column (9) 16 Payments to add lines 16 and 44, column (8) 17 Total expenses. Add lines 16 and 44, column (8) 18 Excess or (deficit) for the constitute of the column (9) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  12 9, 524, 833. 13 5, 296, 263. 14 3, 197, 209. 15 16 17 8, 493, 472. 18 1, 031, 361. 19 3, 432, 529. 20 See Statement 3 20 821, 094.   |              | С                | Gross profit or (loss) from sales of inventory (attach s | chedule) Subtract line 10b fro    | m line         | 10a  |                  |           | 10c               |   |          |
| 13 Program services (from inc 44 column (3)) 14 Management and general (from time 44 column (3)) 15 Fundraising from line 44 column (3) 16 Payments to attributes lattach schedule) 17 Total expenses. Add lines 16 and 44 column (2) 18 Excess or (deficit) for the real Subject line (7 from line 12) 19 Net assets or fund balances at negimning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 5, 284, 984.   |              | 11               | Other revenue (from Part VII, line 103)                  |                                   |                |  |                  |           | 11                |   | _        |
| Management and general (from time 44, column (A))  Fundraising from line 44, column (B))  Payments to attributes lattach schedule)  Total expenses. Add lines 16 and 44, column (A)  Excess or (deficit) for the year Subject line (7 from line 12)  Net assets or fund balances at end of year (from line 73, column (A))  Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year Combine lines 18, 19, and 20  14   |              | 12               | Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 80, 9c   | Oc, and 11                        |                |  |                  |           | 12                | 9,524,833                               | •        |
| 15 Fundraising from line 44 column (D) 16 16 16 16 17 Total expenses. Add lines 16 and 44 selumn (A) 17 Total expenses. Add lines 16 and 44 selumn (A) 17 8,493,472.  18 Excess or (deficit) for the cean surface time to from line 12 18 1,031,361.  19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 3,432,529.  20 Other changes in net assets or fund balances (attach explanation) See Statement 3 20 821,094.  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 5,284,984.   |              | 13               | Program services (free la Geolumna)                      |                                   |                |  |                  |           | 13                | 5,296,263                               | •        |
| 15 Fundraising from line 44 column (D) 16 16 16 16 17 Total expenses. Add lines 16 and 44 selumn (A) 17 Total expenses. Add lines 16 and 44 selumn (A) 17 8,493,472.  18 Excess or (deficit) for the cean surface time to from line 12 18 1,031,361.  19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 3,432,529.  20 Other changes in net assets or fund balances (attach explanation) See Statement 3 20 821,094.  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 5,284,984.   | Ses          | 14               | Managemen and general (from line 44, column (3))         |                                   | -              |  | •                |           | 14                | 3,197,209                               | •        |
| 17 Total expenses. Add lines 16 and 44, celumn (A)  18 Excess or (deficit) for the cean Surface time 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  17 8, 493, 472.  18 1, 031, 361.  19 3, 432, 529.  20 821, 094.  21 5, 284, 984.   | рел          | 15               | Fundraising (real) line 44 column (D) nn7                |                                   |                |  |                  | -         |                   | · - · · · · · · · · · · · · · · · · · · |          |
| 18 Excess or (deficit) for the real Subtract line to from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 22 See Statement 3 23 See Statement 3 24 See Statement 3 25 See Statement 3 26 See Statement 3 27 See Statement 3 28 See Statement 3 29 See Statement 3 20 See Statement 3 20 See Statement 3 20 See Statement 3 21 See Statement 3 22 See Statement 3 23 See Statement 3 24 See Statement 3 25 See Statement 3 26 See Statement 3 27 See Statement 3 28 See Statement 3 29 See Statement 3 20 See Statement 3 20 See Statement 3 20 See Statement 3 21 See Statement 3 22 See Statement 3 23 See Statement 3 24 See Statement 3 25 See Statement 3 26 See Statement 3 27 See Statement 3 28 See Statement 3 29 See Statement 3 20 See Statement 3 21 See Statement 3 22 See Statement 3 23 See Statement 3 24 See Statement 3 25 See Statement 3 26 See Statement 3 27 See Statement 3 28 See Statement 3 29 See Statement 3 20 See Statement 3 21 See Statement 3 22 See Statement 3 23 See Statement 3 24 See Statement 3 25 See Statement 3 26 See Statement 3 27 See Statement 3 28 See Statement 3 29 See Statement 3 20 See St   | Ä            | 16               | Payments to attributes (attach sehedule)                 |                                   |                |  |                  | 1         |                   | 0 400 450                               | _        |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 22 See Statement 3 23,432,529. 24 25,284,984.   |              |                  |  |                                   |                | <del></del>                                      |                  |           |                   | 8,493,472                               | <u>•</u> |
| 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 5, 284, 984.   | y.           | 18               | Excess or (deficit) to the sean support to 17 from       | ine 12                            |                |  |                  | -         |                   |   |          |
| 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 5, 284, 984.   | Set          | 19               |  |                                   |                | C+ ~   | Lomont           | <b>,</b>  |                   |   |          |
|  | As           |                  | - · · · · · · · · · · · · · · · · · · ·                  | •                                 | ಆಆ             | otd'   | rement           | 3         |                   |   | _        |
|  | 6230         |                  |  |                                   | ruetie-        | <u> </u>   |                  |           | 21                |   |          |

Form 990 (2006)

ANONYMOUS, INC. 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<br>6b, 8b, 9b, 10b, or 16 of Part I |            | (A) Total  | (B) Program services                  | (C) Management and general | (D) Fundraising        |
|---------|---|------------|------------|---------------------------------------|----------------------------|------------------------|
| 22a     | Grants paid from donor advised funds  |            |            |                                       |                            |                        |
|         | (attach schedule)   |            |            |                                       |                            |                        |
|         | (cash \$ 0 • noncash \$ 0 •   |            |            |                                       | ]                          |                        |
|         |   | 22a        |            |                                       |                            |                        |
| 22b     | Other grants and allocations (attach schedule)                              |            |            |                                       | Statement 5                |                        |
|         | (cash \$ 72,004 • noncash \$ 0 •  |            |            |                                       |                            |                        |
|         | If this amount includes foreign grants, check here                          | 22b        | 72,004.    | 72,004.                               |                            |                        |
| 23      | Specific assistance to individuals (attach                                  |            |            |                                       |                            |                        |
|         | schedule)   | 23         |            |                                       |                            |                        |
| 24      | Benefits paid to or for members (attach                                     |            |            | ·-                                    |                            |                        |
|         | schedule)   | 24         |            |                                       |                            |                        |
| 25a     | Compensation of current officers, directors, key                            |            |            |                                       |                            |                        |
|         | employees, etc listed in Part V-A Stmt 4                                    | 25a        | 221,984.   | 127,669.                              | 94,315.                    | 0.                     |
| b       | Compensation of former officers, directors, key                             |            |            |                                       |                            |                        |
|         | employees, etc. listed in Part V-B  | 25b        | 0.         | 0.                                    | 0.                         |                        |
| C       | Compensation and other distributions, not included                          |            |            |                                       |                            |                        |
|         | above, to disqualified persons (as defined under                            |            |            |                                       |                            |                        |
|         | section 4958(f)(1)) and persons described in                                |            |            |                                       |                            |                        |
|         | section 4958(c)(3)(B)   | 25c        |            |                                       |                            |                        |
| 26      | Salaries and wages of employees not   |            |            |                                       |                            |                        |
|         | included on lines 25a, b, and c   | 26         | 2,968,497. | 1,755,010.                            | 1,213,487.                 |                        |
| 27      | Pension plan contributions not included on                                  |            |            |                                       |                            |                        |
|         | lines 25a, b, and c   | 27         | 464,375.   | 231,279.                              | 233,096.                   |                        |
| 28      | Employee benefits not included on lines                                     |            |            |                                       |                            |                        |
|         | 25a · 27  | 28         | 555,908.   | 328,923.                              |                            |                        |
| 29      | Payroll taxes   | 29         | 229,237.   | 136,194.                              | 93,043.                    |                        |
| 30      | Professional fundraising fees   | 30         |            |                                       |                            |                        |
| 31      | Accounting fees   | 31         | 30,000.    |                                       | 30,000.                    |                        |
| 32      | Legal fees  | 32         | 41,959.    |                                       | 41,959.                    |                        |
| 33      | Supplies  | 33         | 155,572.   | 114,440.                              | 41,132.                    |                        |
| 34      | Telephone   | 34         | 68,326.    | 45,911.                               | 22,415.                    |                        |
| 35      | Postage and shipping  | 35         | 526,379.   | 506,958.                              | 19,421.                    |                        |
| 36      | Occupancy   | 36         | 452,474.   | 235,051.                              | 217,423.                   |                        |
|         | Equipment rental and maintenance  | 37         | 92,758.    | 34,027.                               |                            |                        |
|         | Printing and publications   | 38         | 408,820.   | 408,644.                              | 176.                       |                        |
| 39      | Travel  | 39         | 000 757    | <u> </u>                              | 207 500                    |                        |
| 40      | Conferences, conventions, and meetings                                      | 40         | 890,757.   | 503,168.                              | 387,589.                   |                        |
| 41      | Interest  | 41         | 140 456    |                                       | 140 456                    |                        |
|         | Depreciation, depletion, etc. (attach schedule)                             | 42         | 149,456.   |                                       | 149,456.                   | ·                      |
|         | Other expenses not covered above (itemize): OFFICE SERVICE AND              | 42-        |            |                                       |                            |                        |
|         | EXPENSE   | 43a        | 171,439.   | 64,475.                               | 106,964.                   | ·                      |
|         | CONTRACTED SERVICES   | 43b        | 565,509.   | 310,868.                              |                            |                        |
|         | WRITERS FEES  | 43c<br>43d | 150,048.   | 150,048.                              |                            |                        |
|         | FOREIGN LIT ASSISTANCE  | 43e        | 271,594.   | 271,594.                              |                            |                        |
|         | OTHER EXPENSES  | 431        | 6,376.     | 2,2,0510                              | 6,376.                     |                        |
|         |   | 43g        | 0,0,00     |                                       | 3,3,00                     |                        |
| 9<br>44 | Total functional expenses. Add lines 22a through                            | 709        |            | · · · · · · · · · · · · · · · · · · · |                            |                        |
| 77      | 43g (Organizations completing columns (B)-(D),                              |            |            |                                       |                            |                        |
|         | carry these totals to lines 13-15)  | 44         | 8,493,472. | 5,296,263.                            | 3,197,209.                 | 0.                     |
| نمل     | nt Costs. Check ► ☐ If you are following                                    |            |            |                                       |                            |                        |
|         | any joint costs from a combined educational campai                          |            |            | ported in (B) Program serv            | rices? ► □                 | Yes X No               |
|         | es," enter (i) the aggregate amount of these joint cos                      |            | /-         | (li) the amount allocated to          |                            | N/A ,                  |
|         | the amount allocated to Management and general \$                           |            |            | (iv) the amount allocated to          |                            | N/A                    |
|         | 711<br>23-07  |            |            |                                       | м. Т                       | Form <b>990</b> (2006) |
|         | ·- ··   |            |            | 2                                     |                            | , ,                    |

Form **990** (2006)

Form 99Q (2006) 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.

| Wh   | at is the organization's pri                      | mary exemp        | ot purpose? -     | See     | Statement 7   |             |   | Program Service<br>Expenses  |
|------|---|-------------------|-------------------|---------|---|-------------|---|--|
| clie | nts served, publications is                       | sued, etc. [      | Discuss achiever  | ments t | ents in a clear and concise manner. State the number hat are not measurable. (Section 501(c)(3) and (4) also enter the amount of grants and allocations to ot |             |   | (Required for 501(c)(3)<br>and (4) orgs , and<br>4947(a)(1) trusts, but<br>optional for others ) |
| а    | See Statemen                                      | it 6              |                   | -       |   |             |   |  |
|      |   |                   |                   |         |   |             |   |  |
| b    | (Grants and allocations                           | \$                | 72,00             | 4.)     | If this amount includes foreign grants, check here  | <u> </u>    |   | 5,296,263.   |
|      |   |                   |                   |         |   |             |   |  |
| c    | (Grants and allocations                           | \$                |                   | )       | If this amount includes foreign grants, check here  | <b>&gt;</b> |   |  |
|      |   |                   |                   |         |   |             |   |  |
| d    | (Grants and allocations                           | \$                |                   |         | If this amount includes foreign grants, check here  |             |   |  |
|      |   |                   |                   |         |   |             |   |  |
| _    | (Grants and allocations                           | \$                | al al al          |         | If this amount includes foreign grants, check here  | <u> </u>    | Ш |  |
| е    | Other program services (a (Grants and allocations | attach sche<br>\$ | anie)             | ,       | If this amount includes foreign grants, check here  | •           |   |  |
| f    |   |                   | s (should equal l |         | column (B), Program services)   | _           | ┢ | 5,296,263.   |

Form 990 (2006)

| Фa                          | rt IV    | Balance Sheets (See the instructions.)   |            |                    |                           |           |                    |
|-----------------------------|----------|--|------------|--------------------|---------------------------|-----------|--------------------|
| Note                        |          | ere required, attached schedules and amounts wuld be for end-of-year amounts only. | ithin the  | description column | (A)<br>Beginning of year  |           | (B)<br>End of year |
|                             | 45       | Cash · non-interest-bearing  |            |                    | 706,054.                  | 45        | 601,109.           |
|                             | 46       | Savings and temporary cash investments   |            |                    | 1,128,703.                | 46        | 2,608,021.         |
|                             | 47 a     | Accounts receivable  | 47a        | 113,915.           |                           |           |                    |
|                             | b        | Less: allowance for doubtful accounts  | 47b        |                    | 109,253.                  | 47c       | 113,915.           |
|                             | 48 a     | Pledges receivable   | 48a        |                    |                           |           |                    |
|                             | b        | Less: allowance for doubtful accounts  | 48b        |                    |                           | 48c       |                    |
|                             | 49       | Grants receivable  |            | 49                 |                           |           |                    |
|                             | 50 a     | Receivables from current and former officers, of                                   | directors  | s, trustees, and   |                           |           |                    |
|                             |          | key employees  |            | }-                 |                           | 50a       |                    |
|                             | b        | Receivables from other disqualified persons (a:                                    |            |                    |                           |           |                    |
| ets                         | l        | 4958(f)(1)) and persons described in section 49                                    | 1 ' ' '    | )(B)               |                           | 50b       |                    |
| Assets                      |          | Other notes and loans receivable   | 51a        |                    |                           | E4.       |                    |
| _                           | _        | Less allowance for doubtful accounts Inventories for sale or use                   | 51b        | l                  |                           | 51c<br>52 | •                  |
|                             | 52<br>53 | Prepaid expenses and deferred charges  |            | 133,363.           | 53                        | 209,934.  |                    |
|                             |          | Investments - publicly-traded securities Stm                                       | t. 8       | Cost X FMV         | 9,982,856.                | 54a       | 9,453,464.         |
|                             | b        |  |            | Cost FMV           | 7,555,755                 | 54b       |                    |
|                             | _        | Investments - land, buildings, and   |            |                    |                           |           |                    |
|                             |          | equipment: basis   | 55a        |                    |                           |           |                    |
|                             |          | - 4-4  |            |                    |                           |           |                    |
|                             | b        |  | 55b        |                    |                           | 55c       |                    |
|                             | 56       | Investments - other S  | ee S       | tatement 9         | 1.                        | 56        | 1.                 |
|                             | 57 a     | Land, buildings, and equipment: basis  | 57a        | 4,103,613.         |                           |           |                    |
|                             | b        | Less accumulated depreciation Stmt 10  | 57b        | 3,420,652.         | 433,448.                  | 57c       | 682,961.           |
|                             | 58       | Other assets, including program-related investments                                |            |                    |                           |           |                    |
|                             |          | (describe ►  |            | )                  | 12 402 670                | 58        | 12 660 405         |
|                             | 59       | Total assets (must equal line 74). Add lines 45                                    | throug     | h 58               | 12,493,678.<br>1,196,544. | 59<br>60  | 13,669,405.        |
|                             | 60       | Accounts payable and accrued expenses  |            | -                  | 1,190,344.                | 61        | 1,144,270.         |
|                             | 61<br>62 | Grants payable Deferred revenue  |            |                    | 2,737.                    | 62        |                    |
| es                          | 63       | Loans from officers, directors, trustees, and ke                                   | v emnl     | avees              | 2,70,0                    | 63        |                    |
| ilities                     | 1        | Tax-exempt bond liabilities  | ,, op.     |                    |                           | 64a       |                    |
| Liab                        | 1        | Mortgages and other notes payable  |            |                    |                           | 64b       |                    |
| _                           | 65       |  | ee S       | tatement 11 )      | 7,861,868.                | 65        | 7,240,151.         |
|                             |          | <del></del>  |            |                    |                           |           |                    |
|                             | 66       | Total liabilities. Add lines 60 through 65   |            |                    | 9,061,149.                | 66        | 8,384,421.         |
|                             | Orga     | anizations that follow SFAS 117, check here  | • <u>X</u> | and complete lines |                           |           |                    |
| ý                           |          | 67 through 69 and lines 73 and 74.   |            |                    | 2 422 520                 |           | E 204 004          |
| ဥ                           | 67       | Unrestricted   |            |                    | 3,432,529.                | 67        | 5,284,984.         |
| ala                         | 68       | Temporarily restricted   |            |                    |                           | 68        |                    |
| <u> </u>                    | 69       | Permanently restricted   |            | <b>\</b> \         |                           | 69        | <del></del>        |
| 뎚                           | Orga     | anizations that do not follow SFAS 117, check complete lines 70 through 74.        | nere i     | ano                |                           |           |                    |
| 6                           | 70       | Capital stock, trust principal, or current funds                                   |            |                    |                           | 70        |                    |
| Net Assets or Fund Balances | 71       | Paid-in or capital surplus, or land, building, and                                 | d eautor   | ment fund          | <del> </del>              | 71        |                    |
| Ass                         | 72       | Retained earnings, endowment, accumulated  |            | Г                  |                           | 72        |                    |
| Žet                         | 73       | Total net assets or fund balances. Add lines 67 thro                               |            |                    |                           |           |                    |
| -                           |          | (Column (A) must equal line 19 and column (B) mus                                  | -          | ·                  | 3,432,529.                | 73        | 5,284,984.         |
|                             | 74       | Total liabilities and net assets/fund balance                                      | s. Add lı  | nes 66 and 73      | 12,493,678.               | 74        | 13,669,405.        |

Page 5

| Pa     | Reconciliation of Revenue per Audited Final Instructions.)  | ncial Statements W                                 | th Revenue pe   | er Re                               | turn (Se  | e the  |
|--------|---|--|---|-------------------------------------|---|--|
| a      | Total revenue, gains, and other support per audited financial statemen  | nts .  |   |                                     | a 9,  | 498,218.                                       |
| b      | Amounts included on line a but not on Part I, line 12:  |  |   |                                     |   |  |
| 1      | Net unrealized gains on investments   | t  | -26,6   | 15.                                 |   |  |
| 2      | Donated services and use of facilities  | - I  | 02  |                                     | i   |  |
| 3      | Recoveries of prior year grants   | •  | 3   |                                     |   |  |
| 4      | Other (specify):  |  | 14  |                                     |   |  |
| •      | Add lines b1 through b4   |  |   |                                     | ь   | -26,615.                                       |
| C      | Subtract line b from line a   |  |   |                                     | c 9,  | $\frac{-26,615}{524,833}$                      |
| d      | Amounts included on Part I, line 12, but not on line a:   |  |   |                                     | <u> </u>  |  |
| 1      | Investment expenses not included on Part I, line 6b   | 1,   | n   |                                     |   |  |
| -      | Other (specify):  |  | 12  | $\neg \neg$                         |   |  |
| _      | Add lines d1 and d2   | <u> </u>   |   | $\neg \uparrow$                     | d   | 0.   |
|        | Total revenue (Part I, line 12). Add lines c and d  |  |   | ▶                                   |   | 524,833.                                       |
| P      | art IV-B Reconciliation of Expenses per Audited Fina  | ncial Statements V                                 | ith Expenses  | per F                               | eturn   | <u> </u>                                       |
| a      | Total expenses and losses per audited financial statements  |  |   | · 1                                 |   | 645,763.                                       |
| b      | Amounts included on line a but not on Part I, line 17:  |  |   | ľ                                   |   |  |
| 1      | Donated services and use of facilities  | 1,   | o1  |                                     |   |  |
| •      | Prior year adjustments reported on Part I, line 20  | <del>-</del>                                       | 12  |                                     |   |  |
|        | Losses reported on Part I, line 20  | <u> </u>   | 13  |                                     |   |  |
| 4      | CDAC OF CDAC 106 ADTUCOM  |  | -847,7  | 09.                                 |   |  |
| 4      | Add lines <b>b1</b> through <b>b4</b>   |  | ,41   | -                                   | ь -   | 847,709.                                       |
|        | Subtract line b from line a   |  |   | -                                   | c 8,  | 847,709.<br>493,472.                           |
| C      | Amounts included on Part I, line 17, but not on line a:   |  |   | -                                   | • • •   |  |
| d<br>1 |   | 1.   | 11  |                                     |   |  |
| 1      | Investment expenses not included on Part I, line 6b   | · · · · · <del>[-</del>                            | 12  |                                     |   |  |
| 4      | Other (specify):  | L  | 16 j  |                                     |   | 0.   |
|        |   |  |   |                                     |   |  |
| •      | Add lines d1 and d2   |  |   | ▶                                   | d 8.  | 493,472.                                       |
|        | Total expenses (Part I, line 17). Add lines c and d   | ev Employees (List ea                              | ch person who was   | ▶ san off                           | e 8,  |  |
|        |   |  |   |                                     | e 8,<br>ficer, dire   | ctor, trustee,                                 |
|        | Total expenses (Part I, line 17). Add lines c and d  art V-A   Current Officers, Directors, Trustees, and Ke  |  | e the instructions.)  |                                     | e 8,<br>ficer, dire   | ctor, trustee,                                 |
|        | Total expenses (Part I, line 17). Add lines c and d  art V-A  Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we                       | (B) Title and average hours<br>per week devoted to | e the instructions.) (C) Compensation (If not paid, enter     |                                     | e 8,  | ctor, trustee,                                 |
|        | Total expenses (Part I, line 17). Add lines c and d  art V-A  Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we                       | (B) Title and average hours<br>per week devoted to | e the instructions.) (C) Compensation (If not paid, enter     |                                     | e 8,<br>ficer, dire   | ctor, trustee,                                 |
| Pa     | Total expenses (Part I, line 17). Add lines c and d  art V-A  Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we                       | (B) Title and average hours<br>per week devoted to | e the instructions.) (C) Compensation (If not paid, enter     | (D) Con<br>emplo<br>plans<br>compen | e 8,<br>ficer, dire   | (E) Expense account and other allowances       |
| Pa     | Total expenses (Part I, line 17). Add lines c and d  art V-A  Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | (B) Title and average hours<br>per week devoted to | e the instructions.) (C) Compensation (If not paid, enter -0) | (D) Con<br>emplo<br>plans<br>compen | e 8, ficer, directions to the benefit & deferred sation plans | (E) Expense account and other allowances       |
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| Pa     | Total expenses (Part I, line 17). Add lines c and d  art V-A  Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | (B) Title and average hours<br>per week devoted to | e the instructions.) (C) Compensation (If not paid, enter -0) | (D) Con<br>emplo<br>plans<br>compen | e 8, ficer, directions to the benefit & deferred sation plans | (E) Expense<br>account and<br>other allowances |
| Pa     | Total expenses (Part I, line 17). Add lines c and d  art V-A  Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | (B) Title and average hours<br>per week devoted to | e the instructions.) (C) Compensation (If not paid, enter -0) | (D) Con<br>emplo<br>plans<br>compen | e 8, ficer, directions to the benefit & deferred sation plans | (E) Expense account and other allowances       |
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| Pa     | Total expenses (Part I, line 17). Add lines c and d  art V-A  Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | (B) Title and average hours<br>per week devoted to | e the instructions.) (C) Compensation (If not paid, enter -0) | (D) Con<br>emplo<br>plans<br>compen | e 8, ficer, directions to the benefit & deferred sation plans | (E) Expense account and other allowances       |
| Pa     | Total expenses (Part I, line 17). Add lines c and d  art V-A  Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | (B) Title and average hours<br>per week devoted to | e the instructions.) (C) Compensation (If not paid, enter -0) | (D) Con<br>emplo<br>plans<br>compen | e 8, ficer, directions to the benefit & deferred sation plans | (E) Expense account and other allowances       |
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623161/01-18-07

81 a

exempt or L

」 nonexempt

0

Form 990 (2006)

b If 'Yes,' enter the name of the organization ▶ See Statement 13

81 a Enter direct or indirect political expenditures. (See line 81 instructions.)

Did the organization file Form 1120-POL for this year?

| _    | GENERAL SERVICE BOARD OF ALCOHOLICS  | 28207            | 1 .           |  |
|------|--|------------------|---------------|--|
|      | 1 990 (2006) ANONYMOUS, INC. 23-73   | 20201            | Yes           | Page 7   |
|      |  | olbu             | 103           | 140  |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantial transfer received and the services of the use of materials, equipment, or facilities at no charge or at substantial transfer received and the use of materials, equipment, or facilities at no charge or at substantial transfer received and the use of materials, equipment, or facilities at no charge or at substantial transfer received and the use of materials, equipment, or facilities at no charge or at substantial transfer received and the use of materials, equipment, or facilities at no charge or at substantial transfer received and the use of materials. | 82:              |               | X  |
|      | less than fair rental value?   | 02               | 4             | <u></u>  |
| U    | 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.   |                  |               |  |
|      | 1 1 37/3   |                  | 1             |  |
| P3 - | (See instructions in Part III.)  Did the organization comply with the public inspection requirements for returns and exemption applications?   | 83               | a X           |  |
|      | T  | 83               |               | +  |
| 84 a | Did the organization comply with the disclosure requirements relating to quite pio quo contributions:  N/A  N/A  | 84               |               | +  |
|      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were no   | ļ <del></del>    |               | 1  |
| U    | tax deductible?  | 84               | <b>,</b> ]    |  |
| 85   | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  N/A   | 85               |               | <del>                                     </del> |
| b    | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A   | 85               |               | 1  |
|      | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a   | 30               | _             | 1  |
|      | waiver for proxy tax owed for the prior year.  |                  |               |  |
| C    | Dues, assessments, and similar amounts from members   85c   N/A  |                  |               |  |
| ď    | 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   |                  |               |  |
| q    | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A   | 85               | a 1           |  |
| -    | 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? N/A  | 85               | h             |  |
| 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.)  |                  |               |  |
| 88 a | 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   | 88               | a             | X  |
| b    | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of   |                  |               |  |
|      | section 512(b)(13)? If "Yes," complete Part XI   | ▶ 88             | b             | X  |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:   |                  |               |  |
|      |  | 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   | 89               | b             | X  |
| C    |  | _                |               |  |
|      |  | 0.               |               |  |
| ۵    |  | — i              | _ 1           | v  |
| 8    |  | 89               |               | X  |
| 1    | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?  | . 89             | ''            | 1  |
| g    | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations are fixed resistanced by a great property of the supporting organizations.   | r                | _             | х  |
| 00 - | or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? List the states with which a copy of this return is filed $ ightharpoonup NY$  | 89               | <u>y 1</u>    | <u> </u>   |
| 90 a |  |                  | _             | 0  |
| 91 a | The Opposite tion  | <del>-870-</del> | 3400          |  |
| 91 4 | Located at ► 475 RIVERSIDE DRIVE, NEW YORK, NY  ZIP+4  | <b>▶</b> 101     | 15            |  |
| h    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over  |                  | Yes           | No   |
| U    | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 91               |               | † <u> </u>                                       |
|      | If "Yes," enter the name of the foreign country  Canada  |                  | _             |  |
|      | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  | <b>—</b> [       |               |  |
|      | and Financial Accounts.  |                  |               |  |
|      |  | Fo               | m <b>99</b> 0 | (2006)   |

623162 / 01-18-07

623163 01-18-07

|                                 |  |  |   | Yes                        | No     |
|---------------------------------|--|--|---|----------------------------|--------|
|                                 | Did the reporting organization make any transfers to a controlled entity a   | s defined in section 5   | 12(b)(13) of the Code? If "Yes            |                            |        |
|                                 | complete the schedule below for each controlled entity.  (A)  Name, address, of each   | (B)<br>Employer  | (C) Description of                        | (D)                        | of     |
| ,                               | controlled entity  | Identification<br>Number   | transfer                                  | transfer                   | r      |
|                                 |  |  |   |                            |        |
| a _                             |  |  |   |                            |        |
| b  -                            |  |  |   |                            |        |
| c _                             |  |  |   |                            |        |
|                                 | Totals   |  |   |                            |        |
|                                 |  |  |   | Yes                        | No.    |
|                                 | Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled encomplete the schedule below for each controlled entity.   | tity as defined in secti   | on 512(b)(13) of the Code? If             | i "Yes,"                   |        |
|                                 | (A) Name, address, of each controlled entity   | (B)<br>Employer<br>Identification<br>Number  | (C) Description of transfer               | (D)<br>Amount e<br>transfe |        |
| a -                             |  |  |   |                            |        |
|                                 |  |  |   |                            |        |
| ь <u>_</u>                      | ·  |  |   |                            |        |
| - 1                             |  |  |   |                            |        |
| c _                             |  |  |   |                            |        |
| c _                             |  |  |   |                            |        |
| c _                             | Totals   |  |   |                            |        |
|                                 |  |  |   | Yes                        | No     |
| 108                             | Did the organization have a binding written contract in effect on August 1 annuities described in question 107 above?  |  |   | 1                          |        |
| 108                             | Did the organization have a binding written contract in effect on August 1   | ing schedules and statement  | s, and to the best of my knowledge and    | 1                          |        |
| 108                             | Did the organization have a binding written contract in effect on August 1  annuties described in question 107 above?  Under peratties of perjury, I declare that I have examined this return, including accompany, and complete. Declaration of greparer (other than officer) is based on all information of which  | ing schedules and statement  | s, and to the best of my knowledge and    | 1                          |        |
| 108                             | Did the organization have a binding written contract in effect on August 1 annurties described in question 107 above?  Under peratties of perjury, I declare that I have examined this return, including accompany, and complete. Declaration of preparer (other than officer) is based on all information of whice  | ing schedules and statements of preparer has any knowleds  | s, and to the best of my knowledge and be | 1                          |        |
| 108                             | Did the organization have a binding written contract in effect on August 1 annurties described in question 107 above?  Under peratties of perjury, I declare that I have examined this return, including accompany, and complete. Declaration of preparer (other than officer) is based on all information of whice  | ing schedules and statements on preparer has any knowleds  | s, and to the best of my knowledge and    | 1                          |        |
| 108  <br>Please<br>Sign<br>Here | Did the organization have a binding written contract in effect on August 1 annurties described in question 107 above?  Under peraties of perjury, I declare that I have examined this return, including accompany, and complete. Declaration of greparer (other than officer) is based on all information of whice Signature of officer  Type or print name and title  Preparer's signature  | ing schedules and statements the preparer has any knowledged and statements and statements and statements are sense and statements and statements and statements are sense and statements and statements and statements are sense as sense a | Date                                      | 1                          | rrect, |
| Please<br>Sign<br>Here<br>Pald  | Did the organization have a binding written contract in effect on August 1 annurties described in question 107 above?  Under peraties of perjury, I declare that I have examined this return, including accompany, and complete. Declaration of greparer (other than officer) is based on all information of whice  Signature of officer  Type or print name and title  Preparer's signature  Firm's name (or Owen J Flanagan & Co   | ing schedules and statements the preparer has any knowledged and statements and statements and statements are sense and statements and statements and statements are sense and statements and statements and statements are sense as sense a | Date  Check If Preparer's SS              | d belief, it is true, cor  | rrect, |
| 108                             | Did the organization have a binding written contract in effect on August 1 annurities described in question 107 above?  Under penalties of perjury, I declare that I have examined this return, including accompany, and complete. Declaration of greparer (other than officer) is based on all information of which is based on all information of which is lightly and the contract of the c | ing schedules and statements the preparer has any knowledged and statements and statements and statements are sense and statements and statements and statements are sense and statements and statements and statements are sense as sense a | Date  Preparer's SS                       | d belief, it is true, cor  | rrect, |

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Organization Exempt Under Section 501(c)(3)**

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2006

Employer identification number Name of the organization GENERAL SERVICE BOARD OF ALCOHOLICS 23 7282071 ANONYMOUS, INC. Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one If there are none, enter "None") (b) Title and average hours d) Contributions to employee benefit plans & deferred (e) Expense account and other (a) Name and address of each employee paid (c) Compensation per week devoted to more than \$50,000 allowances position compensation GREG MUTH -SEE FOOTNOTE GEN MANAGER C/O GENERAL SERVICE BOARD, **NEW YORK** 17.50 120,893 43,207 0. SERVICES DIR THOMAS JASPER NEW YORK C/O GENERAL SERVICE BOARD, 35.00 149,263. 53,347 0. VALERIE O'NEILL STAFF C/O GENERAL SERVICE BOARD, NEW YORK 35.00 95,872. 34,265 0. STAFF ADRIENNE BROWN C/O GENERAL SERVICE BOARD, NEW YORK, 95,094. 33,987. 0. 35.00 STAFF DOUG RICHARDSON C/O GENERAL SERVICE BOARD, 94,828. 33,892 NEW YORK 35.00 0. Total number of other employees paid 14 over \$50,000 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 PROJECT SPARTA, NJ 07871 MANAGEMENT 126,585. INVISION NY 11725COMMACK, 116,532. COMPUTER SERVICES UNIKRON TORONTO, CANADA VIDEO PRODUCTION 70,750. TALLEY MANAGEMENT GROUP CONVENTION MT ROYAL, NJ 08061 MANAGEMENT 56,006. UTOPIA SYSTEMS NEW CASTLE, DE 19710 COMPUTER SERVICES 52,094. Total number of others receiving over 0 \$50,000 for professional services 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 ) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service None Total number of other contractors receiving over

623101/01-18-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

0

\$50,000 for other services

| <u> </u> | The state of the s |     | r i | 7-3      |
|----------|--|-----|-----|----------|
|          | 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 🕨 \$ (Must equal amounts on line 38, Part VI-A, or   |     |     |          |
|          | line i of Part VI-B )  | 1   |     | X        |
|          | 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   |     |     |          |
| 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?  | 2a  | ļ   | X        |
|          | b Lending of money or other extension of credit?   | 2b  |     | X        |
|          | c Furnishing of goods, services, or facilities?  | 2c  |     | X        |
|          | d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990   | 2d  | X   | <u> </u> |
|          | e Transfer of any part of its income or assets?  | 2e  |     | X        |
| 3        | a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how   |     |     |          |
|          | the organization determines that recipients qualify to receive payments )  | 3a  |     | X        |
|          | b Dd the organization have a section 403(b) annuity plan for its employees?  | 3b  | X   |          |
|          | c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,  |     |     | ĺ        |
|          | the environment, historic land areas or historic structures? If "Yes," attach a detailed statement   | _3c |     | X        |
|          | d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?  | 3d  |     | X        |
| 4        | a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f  | ŀ   |     |          |
|          | and 4g   | 4a  |     | X        |
|          | b Did the organization make any taxable distributions under section 4966?  | 4b  |     | X        |
|          | c Did the organization make a distribution to a donor, donor advisor, or related person?   | 4c  |     | X        |
|          | d Enter the total number of donor advised funds owned at the end of the tax year   |     |     | C        |
|          | e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year   |     |     | 0.       |
|          | 1 Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on   |     |     |          |
|          | line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts  |     |     | 0.       |
|          | g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year  |     |     | 0.       |
|          | 2 2 2  |     |     |          |

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006

|  | structions )          |               |                    |
|--|-----------------------|---------------|--------------------|
| certify that the organization is not a private foundation because it is (Please check only ONE applicable box )  |                       |               |                    |
| A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)   |                       |               |                    |
| A school Section 170(b)(1)(A)(II) (Also complete Part V)   |                       |               |                    |
| A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III)   |                       |               |                    |
| A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).  |                       |               |                    |
| A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III)  | Enter the hospital's  | s name, city, |                    |
| and state  |                       |               |                    |
| An organization operated for the benefit of a college or university owned or operated by a governr   | mental unit Section   | 170(b)(1)(A)( | iv)                |
| (Also complete the Support Schedule in Part IV-A )   |                       |               |                    |
| a X An organization that normally receives a substantial part of its support from a governmental unit  | or from the general p | public        |                    |
| Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)  |                       |               |                    |
| b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)   | )                     |               |                    |
| An organization that normally receives: (1) more than 33 1/3% of its support from contributions,   |                       |               |                    |
| receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and   |                       |               |                    |
| its support from gross investment income and unrelated business taxable income (less section 5 by the organization after June 30, 1975   See section 509(a)(2) (Also complete the <b>Support Sch</b> e |                       | ses acquired  |                    |
| by the digamization after date 30, 1373 dec section 303(a)(2) (Also complete the dapport dete  | culio in raiciv-A )   |               |                    |
| An organization that is not controlled by any disqualified persons (other than foundation manager  | rs) and otherwise me  | ets the requi | rements of section |
| 509(a)(3). Check the box that describes the type of supporting organization  |                       |               |                    |
| Type I Type II Type III-Functionally Integrat  | ted                   | Type III      | -Other             |
|  |                       |               |                    |
| Provide the following information about the supported organizations. (See pa   |                       |               |                    |
| (a) (b) (c)  | (d)                   | )             | (e)                |
| Name(s) of supported organization(s) Employer Type of organization   |                       |               | Amount of          |
| identification (described in number (EIN) 5 through 12 a   |                       | on listed in  | support            |
| or IRC section   | on)   organiz         | zation's      |                    |
|  | governing (           | documents?    |                    |
|  | Yes                   | No            |                    |
|  |                       |               |                    |
|  |                       | 1             |                    |
|  |                       |               |                    |
|  |                       |               |                    |
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| l l  |                       | <del></del>   |                    |
|  |                       | l             |                    |
| otal   |                       | <b>▶</b>      |                    |

623121 01-18-07 Schedule A (Form 990 or 990-EZ) 2006 ANONYMOUS, INC.

| P    | ert IV-A Support Schedule (C  | omplete only if you che                   | ecked a box on line 10                             | . 11. or 12.) Use cash                                  | method of acc                        | ountir     | na.   |
|------|---|---|--|---|--------------------------------------|------------|---|
| -7 € | Note: You may use the   | e worksheet in the insti                  | ructions for converting                            | from the accrual to th                                  | e cash method o                      | f acco     | ounting.  |
| Cale | indar year (or fiscal year inning in)   | (a) 2005                                  | (b) 2004   | (c) 2003  | (d) 2002                             |            | (e) Total   |
| 15   | Gifts, grants, and contributions received (Do not include unusual grants See line 28)   |   |  |   |                                      | 01.        | 28,269,687.   |
| 16   |   |   | ··································                 |   |                                      |            |   |
| 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                         | 3,919,332.                                |  |   |                                      |            | 3,919,332.  |
| 18   | <del></del>   | 340,528.                                  | 297,670.   | 353,751.  | 450,7                                | 89.        | 1,442,738.  |
| 19   | Net income from unrelated business  |   |  |   |                                      |            |   |
| 20   | activities not included in line 18  Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf  |   |  |   |                                      |            |   |
| 21   | The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge |   |  |   |                                      |            |   |
| 22   | Other income Attach a schedule<br>Do not include gain or (loss) from<br>sale of capital assets  |   |  |   |                                      |            |   |
| 23   | Total of lines 15 through 22  | 11,847,342.                               | 7,359,647.   | 7,389,978.  | 7,034,7                              | 90.        | 33,631,757.<br>29,712,425.                          |
| 24   | Line 23 minus line 17   | 7,928,010.                                | 7,359,647.   | 7,389,978.  | 7,034,7                              | 90.        | 29,712,425.   |
| 25   | Enter 1% of line 23   | 118,473.                                  | 73,596.  | 73,900.   | 70,3                                 | 48.        |   |
| 26   | Organizations described on lines 1  | <b>D or 11:</b> a Enter 2% of             | amount in column (e), lin                          | e 24  | <b>&gt;</b>                          | 26a        | 594,249.  |
| t    | Prepare a list for your records to sho  |   | •  |   |                                      |            |   |
|      | unit or publicly supported organizati   | •   |  | ded the amount shown in                                 | line 26a                             |            |   |
|      | Do not file this list with your return.   |   |  |   | <b>•</b>                             | 26b        | 0.  |
| 0    | Total support for section 509(a)(1) t   |   |  |   |                                      | 26c        | 29,712,425.   |
| C    | Add Amounts from column (e) for li  |   |  |   |                                      | 004        | 1,442,738.  |
| _    | Dublin avancet (line OSe minus line S   | 22  | 26b  |   | —                                    | 26d<br>26e | 28,269,687.   |
|      | <ul> <li>Public support (line 26c minus line 2</li> <li>Public support percentage (line 26)</li> </ul>  | •   | line 25s (denominator))                            |   |                                      | 261        | 95.1443%  |
| 27   | Organizations described on line 12  |   |  |   | discussified person                  |            |   |
| .,   | records to show the name of, and to such amounts for each year  | tal amounts received in ea $\mathbf{N/A}$ | ach year from, each "disq                          | ualified person <b>* Do not fi</b>                      | le this list with yo                 | ur retu    | =   |
|      | (2005)  | (2004)                                    |  | 003)  | (200                                 |            |   |
| t    |   |   | · ·  |   | -                                    |            |   |
|      | and amount received for each year, t  |   |  |   |                                      |            | -   |
|      | described in lines 5 through 11b, as the larger amount described in (1) o   | · ·                                       | =  |   | /-                                   | een the    | amount received and                                 |
|      | (2005)  | (2004)                                    | ,  | 003)  | (200                                 | 2)         |   |
|      | ` '   |   |  | 16<br>21  |                                      | 27c        | N/A   |
| c    |   |   | d line 27b total                                   | <u>-</u> ·  |                                      | 27d        | N/A   |
|      |   | <del></del>                               |  |   |                                      | 27e        | N/A   |
| f    |   | •   | 23, column (e)                                     | <b>▶</b> 27f  | N/A                                  |            |   |
| Ç    | Public support percentage (lin  | e 27e (numerator) div                     | rided by line 27f (deno                            | ominator))  | <b>&gt;</b>                          | 27g        | N/A %   |
| -    | Investment income percentage  |   |  |   |                                      | 27h        | N/A %   |
| 28   | Unusual Grants: For an organization show, for each year, the name of the coreturn. Do not include these grants in [2], 23, 24, 25.  | ontributor, the date and ai               | or 12 that received any umount of the grant, and a | inusual grants during 200<br>brief description of the n | )2 through 2005, pature of the grant | Do not     | a list for your records to file this list with your |

Part V
Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box

A/I

| 9 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing    |       | Yes      | No           |
|---|--|-------|----------|--------------|
| J | instrument, or in a resolution of its governing body?  | 29    | <u> </u> | $\vdash$     |
| 0 | 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?                          | 30    | 1        | Ì            |
| 1 | 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)                               | _     |          |              |
|   |  | _     |          |              |
| 2 | Does the organization maintain the following   | -     |          |              |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff?                                      | 32a   |          | <u> </u>     |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?                | 32b   | ļ        | _            |
| C | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student                |       |          |              |
|   | admissions, programs, and scholarships?  | 32c   |          | ├            |
| d | Copies of all material used by the organization or on its behalf to solicit contributions?   | 32d   |          | <del> </del> |
|   | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)                         | _     |          |              |
| 3 | Does the organization discriminate by race in any way with respect to  | -     |          |              |
| a | Students' rights or privileges?  | 33a   |          | <del> </del> |
| þ | Admissions policies?   | 33b   | <u> </u> | <u> </u>     |
| C | Employment of faculty or administrative staff?   | 33c   | ļ        | ⊢            |
| d | Scholarships or other financial assistance?  | . 33d |          | <u> </u>     |
| 6 | Educational policies?  | 33e   |          | ├            |
| f | Use of facilities?   | 331   | -        |              |
| g | Athletic programs?   | 33g   | <u> </u> | <u> </u>     |
| h | Other extracurricular activities?  | 33h   |          | ļ            |
|   | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)                        | _     |          |              |
|   |  | _     |          |              |
|   | Does the organization receive any financial aid or assistance from a governmental agency?  | 34a   |          | -            |
| þ | ·  | 34b   |          | -            |
|   | If you answered "Yes" to either 34a or b, please explain using an attached statement   |       |          |              |
| 5 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, |       |          |              |

Schedule A (Form 990 or 990-EZ) 2006

| _     | t VI-A Lobbying E                               |   | cting Public Charities                            | (See pa    | ge 10 (  | of the instructions )    | 23      | <u>-/282071 Page</u><br>N/A           |
|-------|---|---|---|------------|----------|--------------------------|---------|---------------------------------------|
| Check | - السم  | d ONLY by an eligible organization belongs to an affiliated g |   | lt l       | vou ch   | ecked "a" and "limited c | ontrol* | provisions apply                      |
|       | Li  | mits on Lobbying E  | xpenditures                                       |            | 4        | (a)<br>Affiliated group  |         | (b)<br>To be completed for <b>all</b> |
|       | (The teri                                       | m "expenditures" means amoi                                   | ints paid or incurred )                           |            |          | totals                   |         | electing organizations                |
|       |   |   |   |            |          | N/A                      |         |                                       |
|       |   | o influence public opinion (gra                               | · ·   |            | 36       |                          |         | <u> </u>                              |
|       | ·   | o influence a legislative body                                | (direct lobbying)                                 |            | 37       |                          |         |                                       |
|       | otal lobbying expenditures (                    | •   |   |            | 38       |                          |         |                                       |
|       | ther exempt purpose expend                      |   |   |            | 39       |                          |         |                                       |
|       |   | itures (add lines 38 and 39)                                  | . Harris and Ashida                               |            | 40       |                          |         |                                       |
|       | , ,   | Enter the amount from the fo                                  | •   |            |          |                          |         |                                       |
|       | the amount on line 40 is -                      | • •   | nontaxable amount is -                            |            |          |                          |         |                                       |
|       | ot over \$500,000                               | 20% of the armo   |   | )          |          |                          |         |                                       |
|       | ver \$500,000 but not over \$1,000              |   | 5% of the excess over \$500,000                   | l          | 41       |                          |         |                                       |
|       | ver \$1,000,000 but not over \$1,50             |   | 0% of the excess over \$1,000,000                 | (          |          |                          |         |                                       |
|       | ver \$1,500,000 but not over \$17,0             | \$225,000 pius 5<br>\$1,000,000                               | % of the excess over \$1,500,000                  |            |          |                          |         |                                       |
|       | ver \$17,000,000<br>irassroots nontaxable amour |   |   |            | 42       |                          |         |                                       |
|       |   | Enter -0- if line 42 is more thi                              | an line 36  |            | 43       | _                        |         |                                       |
|       |   | Enter -0- if line 41 is more that                             |   |            | 44       |                          |         |                                       |
| 44 0  | ubitact line 41 from line 50                    | Citter 'O' if lifte 41 is those the                           | an iiilo 30                                       |            | 77       |                          |         |                                       |
| Ca    | aution: If there is an amo                      | unt on either line 43 or line                                 | e 44, you must file Form 4720.                    |            |          |                          |         |                                       |
|       |   |   | Lobbying Expenditure                              | es Durir   | ng 4-Ye  | ar Averaging Period      |         | N/A_                                  |
|       | dar year (or<br>year beginning in)              | (a)<br>2006   | (b)<br>2005                                       | (c)<br>200 | 4        | (d)<br>2003              |         | (e)<br>Total                          |
| 45 L  | obbying nontaxable                              |   |   |            |          |                          |         |                                       |
| ar    | mount   |   |   |            |          |                          |         | 0                                     |
| 46 L  | obbying ceiling amount                          |   |   |            |          |                          |         |                                       |
|       | 150% of line 45(e))                             |   |   |            |          |                          |         | 0                                     |
|       | otal lobbying                                   |   |   |            |          |                          |         |                                       |
|       | xpenditures                                     |   |   |            |          | <del>-  </del>           |         | 0                                     |
|       | rassroots nontaxable                            |   |   |            |          |                          |         | 0                                     |
|       | mount   |   |   |            |          |                          |         |                                       |
|       | rassroots ceiling amount<br>150% of line 48(e)) |   |   |            |          |                          |         | 0                                     |
|       | rassroots lobbying                              |   |   |            | .,       |                          |         |                                       |
|       | xpenditures                                     |   |   |            |          |                          |         | 0                                     |
|       |   | Activity by Nonelect  | ing Public Charities                              |            |          |                          |         |                                       |
|       | (For reporting o                                | nly by organizations that did i                               | not complete Part VI-A) (See page                 | 13 of t    | he insti | ructions )               |         | N/A                                   |
| _     | •   | · · · · · · · · · · · · · · · · · · ·                         | al, state or local legislation, includ            | ling any   | attem    | ot to Yes                | No      | Amount                                |
|       | •   | lative matter or referendum, t                                | hrough the use of                                 |            |          |                          |         |                                       |
|       | olunteers                                       |   |   |            |          | <u> </u>                 | -       |                                       |
|       | • •   | clude compensation in expen                                   | ses reported on lines <b>c</b> through <b>h</b> . | .)         |          |                          |         |                                       |
|       | ledia advertisements                            |   |   |            |          |                          |         | <del></del>                           |
|       | failings to members, legislat                   |   |   |            |          |                          |         |                                       |
|       | ublications, or published or                    |   |   |            |          | <del> </del>             |         |                                       |
|       | rants to other organizations                    | tor lobbying purposes<br>, their staffs, government offi      | niala, ar a laqualatura hadir                     |            |          |                          |         |                                       |
|       |   | , their stalls, government om:<br>nars, conventions, sneeches |   |            |          | <del> </del>             |         |                                       |

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i 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

|                    |   | 6 ANONYMOUS, INC.  |                                       |   | <u> 2820 /</u>  | <u> </u> | Page     |
|--------------------|---|--|---------------------------------------|---|-----------------|----------|----------|
| ·Part \            |   | garding Transfers To and<br>zations <u>(See page 13 of the instr</u> |                                       | d Relationships With Nonchar                    | itable          |          |          |
| 51 Di              |   | directly or indirectly engage in any of                              |                                       | r organization described in section             |                 |          |          |
|                    |   | section 501(c)(3) organizations) or ii                               |                                       |   |                 |          |          |
| a Tr               | ansfers from the reporting or   | ganization to a noncharitable exempt                                 | t organization of                     |   |                 | Yes      | -        |
|                    | l) Cash   | •  |                                       |   | 51a(i)          |          | X        |
|                    | i) Other assets   |  |                                       |   | a(ii)           | ļ. —     | X        |
|                    | her transactions  |  |                                       |   |                 |          | V        |
|                    |   | ets with a noncharitable exempt organ                                | nization                              |   | b(i)            |          | X        |
| •                  | <ul> <li>i) Purchases of assets from a</li> <li>i) Rental of facilities, equipme</li> </ul> | a noncharitable exempt organization                                  |                                       |   | b(ii)<br>b(iii) |          | X        |
|                    | <ul> <li>r) Reimbursement arrangement</li> </ul>  |  |                                       |   | b(iv)           | -        | X        |
|                    | Loans or loan guarantees  |  |                                       |   | b(v)            |          | X        |
|                    |   | r membership or fundraising solicitat                                | ions                                  |   | b(vi)           |          | X        |
| c St               | naring of facilities, equipment,  | , mailing lists, other assets, or paid e                             | mployees                              |   | C               |          | X        |
|                    | •   | · · · · · · · · · · · · · · · · · · ·                                |                                       | always show the fair market value of the        |                 |          |          |
| _                  |   | s given by the reporting organization                                | -                                     |   |                 | 37 / B   |          |
| -                  | l   | ment, show in column (d) the value o                                 | the goods, other assets, o            | <u> </u>  |                 | N/A      | <u> </u> |
| (a)<br>Line no     | (b) Amount involved   | (c)<br>Name of noncharitable ex                                      | empt organization                     | (d) Description of transfers, transactions, and | l sharing ar    | ranger   | nents    |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       | -   |                 |          |          |
| -                  |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
| <del></del>        |   | 1  |                                       |   |                 |          |          |
|                    | the organization directly or in<br>ode (other than section 501(c                            | -  | one or more tax-exempt org            | ganizations described in section 501(c) of the  | Yes             | TX       | No.      |
|                    | "Yes," complete the following   |  | •                                     | -   |                 |          |          |
|                    |   | 1)   | (b)                                   | (c)   |                 |          |          |
|                    | Name of or  | ganization   | Type of organization                  | Description of relation                         | ship            |          |          |
|                    |   |  |                                       |   |                 | <u> </u> |          |
| <del></del>        |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   | <del></del> -   |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   | <del></del>  |                                       |   |                 |          |          |
|                    | ·   |  |                                       |   |                 |          |          |
|                    |   | <del></del>  | · · · · · · · · · · · · · · · · · · · |   |                 |          |          |
|                    |   |  |                                       |   |                 |          |          |
|                    |   |  |                                       |   |                 | _        |          |
|                    |   | <del> </del>   |                                       |   |                 |          |          |
| 623152<br>01-18-07 |   |  | <u> </u>                              | Schedule A (Fo                                  | rm 990 or '     | 990-E    |          |

| Current Year<br>Deduction   | 48,041.                                      | 0            | 0                     | 101,415,   | 149,456.                 |   | ction, GO Zone   |
|-----------------------------|--|--------------|-----------------------|------------|--------------------------|---|--|
| Current<br>Sec 179          |  |              |                       |            | 0                        |   | talization Dedu  |
| Accumulated<br>Depreciation | 1961747.                                     | 689,599.     | 402,099.              | 217,751.   | 3271196.                 |   | * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone |
| Basis For<br>Depreciation   | 2504840.                                     | 689,599.     | 402,099.              | 507,075.   | 4103613.                 |   | , Salvage, Bonus,  |
| Reduction In<br>Basis       |  |              | <del></del>           |            | 0                        |   | C, Section 179   |
| Bus %<br>Excl               |  | •            |                       |            |                          | • | -  |
| Unadjusted<br>Cost Or Basis | 2504840.                                     | 689,599,     | 402,099.              | 507,075.   | 4103613.                 |   | (D) - Asset disposed   |
| No                          | 16   | 16           | 16                    | 16         |                          |   | - Asset  |
| Life                        | 000.   | 000          | 000                   | 000        |                          |   | <u> </u>   |
| Method                      |  | ,            |                       |            |                          |   |  |
| Date<br>Acquired            | Varies                                       | Varies       | Varies                | Varies     |                          |   |  |
| Description                 | LEASEHOLD IMPROVEMENTS<br>- 475 RIVERSIDE DR | 2FURNITURE V | 3COMPUTER EQUIPMENT N | R SOFTWARE | notal 330 raye 2<br>Depr |   |  |
| Asset<br>No                 | 7  | N            | m                     | য          |                          |   | 628102<br>07-28-06   |

(D) - Asset disposed

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

Footnotes

Statement 1

#### FORM 990 PART III - PROGRAM SERVICES

THE MAJOR SERVICES RENDERED BY THE GENERAL SERVICE HEAD-OUARTERS OF A.A. INCLUDE: HANDLING THOUSANDS OF COMMUNICA-TIONS 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  | 1,866,811. |
|---|------------|
| FELLOWSHIP SERVICES                                     | 2,187,578. |
| GENERAL SERVICE CONFERENCE                              | 688,940.   |
| REGIONAL FORUMS   | 393,016.   |
| DONATIONS TO A.A. GRAPEVINE FOR LAVINA SPANISH MAGAZINE | 72,004.    |
| WORLD SERVICE MEETING                                   | 87,914.    |
| TOTAL   | 5,296,263. |

#### 990 PART V & SCHEDULE A

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS (PENSION, MEDICAL AND LIFE INSURANCE) ARE BASED UPON REASONABLE ESTIMATES. THERE ARE NO OTHER DEFERRED COMPENSATION PLANS.

PART OF THE GENERAL MANAGER'S SALARY IS CARRIED BY AA WORLD SERVICES, INC.

| Form 990 Gain (Loss) Fr   | om Publicly T                                    | raded Securit                                | ies S              | tatement 2                        |
|---|--|--|--------------------|-----------------------------------|
| Description   | Gross<br>Sales Price                             | Cost or<br>Other Basis                       | Expense<br>of Sale | Net Gain<br>or (Loss)             |
| UST NOTE 7-15-06 7% UST NOTE 1-31-06 1.875% UST NOTE 4-30-06 2.25% UST NOTE 11-15-06 3.5% | 500,000.<br>500,000.<br>1,000,000.<br>1,000,000. | 500,000.<br>495,996.<br>989,063.<br>997,500. | 0.<br>0.<br>0.     | 0.<br>4,004.<br>10,937.<br>2,500. |
| To Form 990, Part I, line 8   | 3,000,000.                                       | 2,982,559.                                   | 0.                 | 17,441.                           |
| Form 990 Other Changes Description  | in Net Assets                                    | or Fund Bala                                 | inces S            | tatement 3                        |
| CHANGE IN UNREALIZED GAIN SFAS 87 & SFAS 106 ADJUSTMENTS                                  | 5  |  | out the second     | -26,615.<br>847,709.              |
| Total to Form 990, Part I, lin  | ne 20  |  |                    | 821,094.                          |

| Form 990 Office                 | cer Compensation Part II, Lin |                        |                     | Statement 4 |
|---------------------------------|-------------------------------|------------------------|---------------------|-------------|
| Name of Officer, etc.           | Compensation                  | Employee<br>Ben. Plans | Expense<br>Accounts | Totals      |
| EVA SANCHEZ                     | 94,054.                       | 33,615.                |                     | 127,669.    |
| A. Program Services             | 94,054.                       | 33,615.                |                     | 127,669.    |
| B. Management and General       |                               |                        |                     |             |
| C. Fundraising                  |                               |                        |                     |             |
| Name of Officer, etc.           | Compensation                  | Employee<br>Ben. Plans | Expense<br>Accounts | Totals      |
| DONALD MEURER - SEE<br>FOOTNOTE | 69,482.                       | 24,833.                |                     | 94,315.     |
| A. Program Services             |                               |                        |                     |             |
| B. Management and General       | 69,482.                       | 24,833.                |                     | 94,315.     |
| C. Fundraising                  |                               |                        |                     |             |
| Total Program Services          |                               | -                      |                     | 127,669.    |
| Total Management and Gener      | al                            |                        |                     | 94,315.     |
| Total Fundraising               |                               |                        |                     |             |
| Total Officer, etc., Compe      | nsation Include               | ed on Part II          | , Line 25a          | 221,984.    |

| Form 990  | Cash Grants and Allocations<br>to Others | Statement 5 |
|---|--|-------------|
| Class of Activit  | ty/Donee's Name and Address              | Amount      |
| LA VINA OPERATION A.A. GRAPEVINE, 475 RIVERSIDE DINEW YORK, NY 10 | INC.<br>RIVE                             | 72,004.     |
| Total Included  | on Form 990, Part II, line 22b           | 72,004.     |

Form 990 Statement of Program Service Accomplishments Statement

### Description of Program Service One

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 INTERNATIONAL SCOPE TO FURTHER THE PURPOSE OF THE MOVEMENT, WHICH IS THE REHABILITATION OF PERSONS SUFFERING FROM ALCOHOLISM AND ITS ATTENDANT PROBLEMS.

SEE FOOTNOTE ATTACHED FOR FURTHER DETAILS OF SPECIFIC PROGRAM SERVICES.

|                               |              |                                 | Grants |         | Expenses  |     |
|-------------------------------|--------------|---------------------------------|--------|---------|-----------|-----|
| To Form 990, Part III, line a |              |                                 |        | 72,004. | 5,296,2   | 63. |
| Form 990                      | Statement of | Organization's Primary Part III | Exempt | Purpose | Statement | 7   |

#### Explanation

TO PROVIDE SERVICES TO AA GROUPS AND TO COORDINATE THE AA PROGRAM OF REHABILITATING ALCOHOLICS THROUGHOUT THE WORLD.

| Form 990 Gov                 | vernment Sec | curities           |                          | Statement               | 8   |
|------------------------------|--------------|--------------------|--------------------------|-------------------------|-----|
| Description                  | Cost/FMV     | U.S.<br>Government | State and<br>Local Gov't | Total Gov'<br>Securitie |     |
| US TREASURY NOTES AND BILLS  | FMV          | 9,453,464.         |                          | 9,453,46                | 54. |
| Total to Form 990, line 54a, | Col B        | 9,453,464.         |                          | 9,453,46                | 54. |

| Form 990 Othe  | er Investments                                 |  | Statement      | 9        |
|--|--|--|----------------|----------|
| Description  |  | Valuation<br>Method                            | Amount         |          |
| AA WORLD SERVICES AND AA GRAPEVINE VALUE   | E AT NOMINAL                                   | Cost   |                | 1.       |
| Total to Form 990, Part IV, line 5   | 56, Column B                                   |  |                | 1.       |
| Form 990 Depreciation of Asse  | ets Not Held for                               | Investment                                     | Statement      | 10       |
| Description  | Cost or<br>Other Basis                         | Accumulated<br>Depreciation                    | Book Valu      | e        |
| LEASEHOLD IMPROVEMENTS - 475 RIVERSIDE DR FURNITURE COMPUTER EQUIPMENT COMPUTER SOFTWARE         | 2,504,840.<br>689,599.<br>402,099.<br>507,075. | 2,009,788.<br>689,599.<br>402,099.<br>319,166. | 495,0<br>187,9 | 0.<br>0. |
| Total to Form 990, Part IV, ln 57  | 4,103,613.                                     | 3,420,652.                                     | 682,9          | 61.      |
| Form 990 Other   | Liabilities                                    |  | Statement      | 11       |
| Description  |  |  | Amount         |          |
| SUBSCRIPTION LIABILITY - AA GRAPEV<br>ACCRUED POSTRETIREMENT BENEFITS<br>ACCRUED PENSION BENEFIT | 1,550,000<br>4,028,210<br>1,661,941            |  |                |          |
| Total to Form 990, Part IV, line 6   | 55, Column B                                   |  | 7,240,1        | 51.      |

, · · ,

| Name and Address  | Title and<br>Avrg Hrs/Wk | Compen-<br>sation | Employee<br>Ben Plan<br>Contrib | Expense |
|---|--------------------------|-------------------|---------------------------------|---------|
| MICHAEL ALEXANDER   | TRUSTEE EMERITU          |                   | 0.                              | 0.      |
| NEW YORK, NY 10021  |                          |                   |                                 |         |
| GARY GLYNN  | TRUSTEE EMERITU 2.00     |                   | 0.                              | 0.      |
| NEW YORK, NY 10128  | 2.00                     | •                 | •                               | •       |
| EVA SANCHEZ<br>C/O GENERAL SERVICE BOARD<br>NEW YORK, NY 10115                  | ASST SECRETARY 35.00     | 94,054.           | 33,615.                         | 0.      |
| DONALD MEURER - SEE FOOTNOTE<br>C/O GENERAL SERVICE BOARD<br>NEW YORK, NY 10115 | ASST TREASURER 17.50     | 69,482.           | 24,833.                         | 0.      |
| MADELEINE PARMLEY   | TRUSTEE                  | 0                 | 0                               | 0       |
| POCATELLO, ID 83201   | 2.00                     | 0.                | 0.                              | 0.      |
| JIM ESTELLE   | TRUSTEE EMERITU 2.00     | us<br>0.          | 0.                              | 0.      |
| EL DORADO HILLS, CA 95762   |                          |                   |                                 |         |
| ELAINE MCDOWELL, PHD  | TRUSTEE EMERITU 2.00     | JS<br>0.          | 0.                              | 0.      |
| BALTIMORE, MD 21228   | 2.00                     | •                 | •                               | •       |
| LEONARD BLUMENTHAL  | CHAIRPERSON              | •                 | •                               | •       |
| ROLLY VIEW, AB CANADA   | 2.00                     | 0.                | 0.                              | 0.      |
| PAUL CLEARY   | TRUSTEE                  |                   | •                               | •       |
| OCEANSIDE, CA 92054   | 2.00                     | 0.                | 0.                              | 0.      |
| JANE SHEPPARD   | TRUSTEE                  | •                 | •                               | •       |
| BEASLEY, TX 77417   | 2.00                     | 0.                | 0.                              | 0.      |
| HOWARD LOWERY   | TRUSTEE                  | •                 | 0                               | 0       |
| COLUMBIA, MS 39429  | 2.00                     | 0.                | 0.                              | 0.      |

Form 990 Part V-A - List of Current Officers, Directors, Statement 12 Trustees and Key Employees

| GENERAL SERVICE BOARD OF AI |                |    | 23-72 |    |
|-----------------------------|----------------|----|-------|----|
| DENIS VEZINA                | TRUSTEE 2.00   | 0. | 0.    | 0. |
| BROSSARD, PQ CANADA         |                |    |       |    |
| ARNOLD L. ROSS              | TRUSTEE 2.00   | 0. | 0.    | 0. |
| BALTIMORE, MD 21212         | 2.00           | •  |       | •  |
| VINCENT KEEFE               | TREASURER 2.00 | 0. | 0.    | 0. |
| ORLAND PARK, IL 60462       | 2.00           | 0. | 0.    | 0. |
| MURRAY MCINTOSH             | TRUSTEE        | 0  | 0     | 0  |
| THUNDER BAY, ON CANADA      | 2.00           | 0. | 0.    | 0. |
| MICHAEL PERRY               | TRUSTEE        | 0  |       | •  |
| FAIR HAVEN, VT 05743        | 2.00           | 0. | 0.    | 0. |
| ALLEN L. AULT               | 1ST VICE-CHAIR | •  |       | 0  |
| RICHMOND, KY 40475          | 2.00           | 0. | 0.    | 0. |
| RAY MASSEY                  | TRUSTEE        | 0  | 0     |    |
| CALGARY, AL CANADA          | 2.00           | 0. | 0.    | 0. |
| ROBERT MAYER                | TRUSTEE        |    | •     |    |
| OAK CREEK, WI 53154         | 2.00           | 0. | 0.    | 0. |
| DOROTHY WILSON              | TRUSTEE        | •  |       |    |
| INDIANAPOLIS, IN 46203      | 2.00           | 0. | 0.    | 0. |
| HERBERT GOODMAN             | 2ND VICE-CHAIR |    | _     |    |
| HOUSTON, TX 77057           | 2.00           | 0. | 0.    | 0. |
| GARY KLUKSDAHL              | SECRETARY      | _  | _     |    |
| PARKER, CO 80138            | 2.00           | 0. | 0.    | 0. |
| CHARLES J BARTA             | TRUSTEE        |    |       |    |
| CEDAR RAPIDS, IA 52403      | 2.00           | 0. | 0.    | 0. |
| WILLIAM D CLARK             | TRUSTEE        |    |       |    |
| WOOLWICH, ME 04579          | 2.00           | 0. | 0.    | 0. |

| GENERAL SERVICE BOARD O                       | 2   | 3-7282071 |         |           |
|---|---|-----------|---------|-----------|
| REV WARD B EWING NEW YORK, NY 10011           | TRUSTEE 2.00                                  |           | 0.      |           |
| TOM KRAEMER VIBANK, SASKATCHEWAN, CAN         | TRUSTEE<br>2.00<br>JADA                       | 0.        | 0.      | 0.        |
| JEANNE WOODFORD BENICIA, CA 94510             | TRUSTEE 2.00                                  | 0.        | 0.      | 0.        |
| Totals Included on Form 9                     | 990, Part V-A                                 | 163,536.  | 58,448. | 0.        |
| Form 990 Ident                                | rification of Related Or<br>Part VI, Line 80b |           | Stat    | ement 13  |
| Name of Organization                          |   |           | Exempt  | NonExempt |
| AA WORLD SERVICES, INC.<br>AA GRAPEVINE, INC. |   |           | X<br>X  |           |

- ~u

Form 990 Part V-A Officer Compensation from Statement Related Organizations Employee Benefit Plan Expense Contribution Account Officer's Name Compensation 24,833. 0. DONALD MEURER 69,483. Name of Related Organization Employer ID Number AA WORLD SERVICES, INC. 13-1679617 Relationship Between Organizations AFFILIATED EXEMPT ORGANIZATION

Compensation Description

. 4 ,

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.

State of New York | ss: Department of State |

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of Said original.

Witness my hand and seal of the Department of State on

August 3, 2006



Special Deputy Secretary of State

DOS-1266 (Rev. 11/05)

6060803000 840

# RESTATED CERTIFICATE OF INCORPORATION OF

THE GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS, INC. Under Section 805 of the Not-for-Profit Corporation Law

We, the undersigned, being the Chairperson and President, and the Secretary, of THE GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS, INC., do hereby certify:

- (1) The name of the Corporation is THE GENERAL SERVICE
  BOARD OF ALCOHOLICS ANONYMOUS, INC. The name under which
  the Corporation was formed is THE ALCOHOLIC FOUNDATION,
  INC.
- (2) The certificate of incorporation of THE ALCOHOLIC FOUNDATION, INC was filed by the Department of State on the  $6^{\rm th}$  day of July, 1943.
- (3) The certificate of incorporation of THE GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS, INC. is amended to effect the following amendments authorized by the Not-For-Profit Corporation Law of the State of New York (the "NPCL"): paragraph FOURTH has been reworded to more specifically comply with the NPCL; a paragraph FIFTH is added to state the Corporation's type under Section 201 of the NPCL and to provide that the Corporation is a corporation as defined in Section 102(a)(5) of the NPCL; a paragraph SIXTH is added

in order to include language required by Section 501(c)(3) of the Internal Revenue Code, regarding limitations respecting the Corporation's activities, language indicating that the Corporation is non-profit and therefore limited regarding the distribution of the Corporation's earnings, and language defining limitations regarding the Corporation's involvement in political activities; a paragraph SEVENTH is added to include such limitations, respecting the Corporation's activities, as would apply in the event the Corporation is treated as a "private foundation; a paragraph EIGHTH is added stating limitations regarding the distribution of the Corporation's assets, in the event of dissolution; and a paragraph NINTH is added designating the New York Secretary of State as the Corporation's agent for the service of process, and providing the post office address to which the Secretary of State may mail such process.

. 9.,

(4) The text of the certificate of incorporation is hereby restated, as amended, to read as herein set forth in full:

FIRST: The name of the Corporation is The General Service Board of Alcoholics Anonymous, Inc.

 $\underline{\mathtt{SECOND}}$ : The purposes for which this Corporation is to be formed are for the relief and rehabilitation of persons suffering from or threatened with

alcoholism through spiritual guidance in order to restore them to normal life and to render any other noninstitutional class of service calculated to be of assistance to persons suffering from or threatened with alcoholism.

THIRD: The territory in which the operations of the Corporation are principally to be conducted is the entire United States of America and Canada.

FOURTH: The County within the State of New York in which the office of the Corporation is located is the County of New York.

FIFTH: The Corporation is a corporation as defined in Section 102(a)(5) of the Not-for-Profit Corporation Law of the State of New York (the "NPCL"), and is a Type B corporation under Section 201 of the NPCL.

- SIXTH: A. The Corporation shall not carry on any activities not permitted to be carried on by a corporation exempt from federal income tax as an organization described in Section 501(c)(3) of the Code.
- B. The Corporation is not formed for pecuniary profit or for financial gain and no part of the net earnings of the Corporation, shall inure to the benefit of, or be distributable to, any member, trustee, director, or officer of the Corporation, or any private individual, except that the Corporation shall be authorized to pay reasonable compensation for services rendered to or for the Corporation in furtherance of one or more of its purposes.
- C. Except to the extent permitted by the Code, the Corporation shall not carry on propaganda or otherwise attempt to influence legislation. The Corporation shall not participate or intervene (including the publishing or distributing of statements) in any political campaign on behalf of or in opposition to any candidate for public office.

SEVENTH: During such period or periods of time as the Corporation is treated as a "private

foundation" pursuant to the Code, the trustees must distribute the Corporation's income at such time or times and in such manner so as not to subject the Corporation to tax under Section 4942 of the Code, and the Corporation is prohibited from engaging in any act of self-dealing (as defined in Section 4941(d) of the Code), from retaining any excess business holdings (as defined in Section 4943(c) of the Code) which would subject the Corporation to a tax under Section 4943 of the Code, from making any investments or otherwise acquiring assets in such a manner so as to subject the Corporation to a tax under Section 4944 of the Code. from retaining any assets which would subject the Corporation to a tax under Section 4944 of the Code if the trustees had acquired such assets, and from making any taxable expenditures (as defined in Section 4945(d) of the Code).

In the event of dissolution of the Corporation, all of the remaining assets and property of the Corporation shall, after paying or making provision for the payment of all the liabilities of the Corporation and for the necessary expenses thereof, be applied as determined by the Board of Trustees and as approved by a Justice of the Supreme Court of the State of New York, for the charitable or educational purposes for which the Corporation is organized by distributing such property and assets for the furtherance of the work of institutions with similar purposes and objects which shall qualify under Section 501(c)(3) of the Code or corresponding section of any future Federal tax code. In the event of voluntary dissolution, such institutions shall be selected in the discretion of the trustees, subject to approval of the plan of dissolution and distribution of assets upon an order of the Justice of the Supreme In no event shall any Court of the State of New York. of such assets be distributed to any member, trustee, director, or officer, or any private individual.

NINTH: The Secretary of State of the State of New York is hereby designated the agent of the corporation upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process against the



corporation served upon him as agent of the corporation is: General Manager, Alcoholics Anonymous World Services, Inc., 475 Riverside Drive, New York, NY, 10115.

(5) This restatement of the certificate of incorporation of The General Service Board of Alcoholics Anonymous, Inc., was authorized by the unanimous vote of all members of the Corporation entitled to vote thereon, at a meeting of the members, duly called, and held on April 29, 2006.

IN WITNESS WHEREOF, the undersigned have subscribed this certificate and hereby affirm it as true under the penalties of perjury, this 25th day of July; 2006.

Leonard M. Blumenthal, LL.D., Chairperson and President General Service Board of Alcoholics Anonymous, Inc.

Gary Kluksdahl, Secretary

General Service Board of Alcoholics Anonymous, Inc.

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

#### FILING RECEIPT

ENTITY NAME: THE GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS, INC.

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)

COUNTY: NEWY

PROCESS PROVISIONS RESTATED

SERVICE COMPANY: DELANEY CORPORATE SERVICES LTD.

SERVICE CODE: 30

FILED:08/03/2006 DURATION:\*\*\*\*\*\*\* CASH#:060803000930 FILM #:060803000840

ADDRESS FOR PROCESS

GENERAL MANAGER, ALCOHOLICS ANONYMOUS WORLD SERVICES, INC.

475 RIVERSIDE DRIVE NEW YORK, NY 10115

REGISTERED AGENT

| FILER                   | FEES     | 65.00 | PAYMENTS | 65.00        |
|-------------------------|----------|-------|----------|--------------|
|                         |          |       |          | <del>-</del> |
|                         | FILING   | 30.00 | CASH     | 0.00         |
|                         | TAX      | 0.00  | CHECK    | 0.00         |
| HOLLAND & KNIGHT LLP    | CERT     | 0.00  | CHARGE   | 0.00         |
| 195 BROADWAY            | COPIES   | 10.00 | DRAWDOWN | 65.00        |
|                         | HANDLING | 25.00 | OPAL     | 0.00         |
| NEW YORK, NY 10007-3189 |          |       | REFUND   | 0.00         |
|                         |          |       |          |              |
|                         |          |       |          |              |

DOS-1025 (11/89)