

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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

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

This Form is Open to Public Inspection

**A** For the 1998 calendar year, OR tax year period beginning , 1998, and ending , 19

**B** Check if:

Change of address

Initial return

Final return

Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**ALCOHOLICS ANONYMOUS GRAPEVINE INC.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**475 RIVERSIDE DRIVE**

City or town, state or country, and ZIP+4  
**NEW YORK, NY 10015**

**D** Employer identification number  
**13-1871991**

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

**F** Check  if exemption application is pending

**G** Type of organization  Exempt under 501(c) ( 3 ) (insert number) OR  section 4947(a)(1) nonexempt charitable trust

**Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).**

**H(a)** Is this a group return filed for affiliates?  Yes  No

**(b)** If "Yes," enter the number of affiliates for which this return is filed: \_\_\_\_\_

**I** If either box in H is checked "Yes," enter four-digit group exemption number (GEN) \_\_\_\_\_

**(c)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**Note:** Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

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

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b> Direct public support	<b>1a</b>			
<b>b</b> Indirect public support	<b>1b</b>	78,352.		
<b>c</b> Government contributions (grants)	<b>1c</b>			
<b>d</b> Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 78,352. noncash \$ _____)		Stmt 1	<b>1d</b>	78,352.
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			1,785,675.
<b>3</b> Membership dues and assessments	<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			383.
<b>5</b> Dividends and interest from securities	<b>5</b>			91,500.
<b>6 a</b> Gross rents	<b>6a</b>			
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>			
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	<b>8a</b>	
<b>b</b> Less: cost or other basis and sales expenses			<b>8b</b>	
<b>c</b> Gain or (loss) (attach schedule)			<b>8c</b>	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8d</b>	
<b>9</b> Special events and activities (attach schedule):				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	517,166.		
<b>b</b> Less: cost of goods sold	<b>10b</b>	143,176.		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	Stmt 2		373,990.
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			2,329,900.
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			1,848,458.
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			514,481.
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			2,362,939.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<33,039.>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			421,770.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			0.
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			388,731.

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

SCANNED JUL 08 '98

<b>Part I Statement of Functional Expenses</b>		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) .....				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. ....	132,723.	47,525.	85,198.	0.
26	Other salaries and wages .....	653,279.	465,618.	187,661.	
27	Pension plan contributions .....	38,601.	24,729.	13,872.	
28	Other employee benefits .....	135,898.	83,823.	52,075.	
29	Payroll taxes .....	62,188.	40,268.	21,920.	
30	Professional fundraising fees .....				
31	Accounting fees .....	20,900.		20,900.	
32	Legal fees .....	3,750.		3,750.	
33	Supplies .....	85,326.	72,586.	12,740.	
34	Telephone .....	24,016.	18,252.	5,764.	
35	Postage and shipping .....	532,308.	532,308.		
36	Occupancy .....	96,124.	73,054.	23,070.	
37	Equipment rental and maintenance .....	15,537.	3,773.	11,764.	
38	Printing and publications .....	328,155.	328,155.		
39	Travel .....				
40	Conferences, conventions, and meetings .....	52,161.	814.	51,347.	
41	Interest .....				
42	Depreciation, depletion, etc. (attach schedule) ...				
43	Other expenses (itemize):				
a	<b>BAD DEBTS</b>	43a 21,654.	1,230.	20,424.	
b	<b>SELLING EXPENSES</b>	43b 152,797.	152,797.		
c	<b>PRODUCT DEVELOPMENT</b>	43c 3,526.	3,526.		
d	<b>CONSULTING</b>	43d 3,996.		3,996.	
e	.....	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 .....	44 2,362,939.	1,848,458.	514,481.	0.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part II Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **See Statement 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	SALE OF MONTHLY MAGAZINE DIRECTED TOWARDS THE REHAB. OF ALCOHOLICS, APPROXIMATE CIRCULATION 118,000 PER MONTH. ALSO, THE ORGANIZATION PRODUCES AND DIST, BOOKS, CALENDARS, TAPES, ETC. FOR THE SAME PURPOSE (Grants and allocations \$ _____)	1,848,458.
b	..... (Grants and allocations \$ _____)	
c	..... (Grants and allocations \$ _____)	
d	..... (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) .....	1,848,458.

**Part IV Balance Sheets**

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

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing .....	24,468.	45 58,659.	
	46 Savings and temporary cash investments .....	42,615.	46 31,407.	
	47 a Accounts receivable .....	47a 168,439.	216,225.	47c 168,439.
	b Less: allowance for doubtful accounts .....	47b		
	48 a Pledges receivable .....	48a	48c	
	b Less: allowance for doubtful accounts .....	48b		
	49 Grants receivable .....	49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....	50		
	51 a Other notes and loans receivable .....	51a	51c	
	b Less: allowance for doubtful accounts .....	51b		
	52 Inventories for sale or use .....	253,941.	52 227,593.	
	53 Prepaid expenses and deferred charges .....	149,166.	53 124,750.	
	54 Investments - securities (attach schedule) .....	1,387,449.	54 1,471,449.	
	55 a Investments - land, buildings, and equipment: basis .....	55a	55c	
b Less: accumulated depreciation (attach schedule) .....	55b			
56 Investments - other .....	56			
57 a Land, buildings, and equipment: basis .....	57a	57c		
b Less: accumulated depreciation .....	57b			
58 Other assets (describe ▶ )	58			
59 Total assets (add lines 45 through 58) (must equal line 74) .....	2,073,864.	59 2,082,297.		
Liabilities	60 Accounts payable and accrued expenses .....	158,666.	60 178,927.	
	61 Grants payable .....	61		
	62 Deferred revenue .....	62		
	63 Loans from officers, directors, trustees, and key employees .....	63		
	64 a Tax-exempt bond liabilities .....	64a		
	b Mortgages and other notes payable .....	64b		
	65 Other liabilities (describe ▶ See Statement 5 )	1,493,428.	65 1,514,639.	
66 Total liabilities (add lines 60 through 65) .....	1,652,094.	66 1,693,566.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted .....	421,770.	67 388,731.	
	68 Temporarily restricted .....	68		
	69 Permanently restricted .....	69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds .....	70		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....	71		
	72 Retained earnings, endowment, accumulated income, or other funds .....	72		
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) .....	421,770.	73 388,731.		
74 Total liabilities and net assets / fund balances (add lines 66 and 73) .....	2,073,864.	74 2,082,297.		

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	a	2,329,900.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	2,329,900.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,329,900.

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

a	Total expenses and losses per audited financial statements	a	2,362,939.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	2,362,939.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,362,939.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARA HENNESSEY C/O A.A. GRAPEVINE NEW YORK, NY	ASST. SECRETARY	37,674.	0.	0.
AMES SWEET 545 W 111TH ST. NEW YORK, NY 10025	PRESIDENT FULL	95,049.	0.	0.
CARL BUDD 1405 COLLINS ST. ROCK SPRINGS, WY 82901	DIRECTOR/CHAIRMAN PART	0.	0.	0.
CHARLES E CRIST 820 N. BRADLEY DR. CHANDLER, AZ 85226	CHAIRMAN PART	0.	0.	0.
TOM MAGUIRE 941 PINEVIEW CIRCLE LIVE OAK, FL	DIRECTOR PART	0.	0.	0.
RAY STIVER 19 PRISCILLA ROAD CHESTNUT HILL, MA	DIRECTOR PART	0.	0.	0.
ELAINE JOHNSON, PHD 6631 HUNTERS WOOD CR BALTIMORE., MD	DIRECTOR PART	0.	0.	0.
DAVID EVERY 150 HAUOLI ST WAILUKU, HI 96793	SECRETARY PART	0.	0.	0.
GREG TOBIN 64 DUFFIELD DR. SOUTH ORANGE, NJ	TREASURER PART	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

Part VI Other Information

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement;	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization <b>GENERAL SERVICE BOARD OF A.A., INC.</b> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations. - Enter:			
a	Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. - Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. - Enter: Amount of tax imposed during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations. - Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax in 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <b>NEW YORK</b>			
b	Number of employees employed in the pay period that includes March 12, 1998	90b		22
91	The books are in care of <b>ORGANIZATION</b> Telephone no. <b>212-870-3400</b>			
	Located at <b>SAME AS PAGE 1</b> ZIP +4			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041. - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

**Part VII Analysis of Income-Producing Activities**

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
(a) <u>MAGAZINE CIRCULATION</u>					1,728,082.
(b) <u>SPANISH MAGAZINE</u>					57,593.
(c) _____					
(d) _____					
(e) _____					
(f) Medicare/Medicaid payments .....					
(g) Fees and contracts from government agencies .....					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments .....			14	383.	
96 Dividends and interest from securities .....			14	91,500.	
97 Net rental income or (loss) from real estate:					
(a) debt-financed property .....					
(b) not debt-financed property .....					
98 Net rental income or (loss) from personal property .....					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....					
101 Net income or (loss) from special events .....					
102 Gross profit or (loss) from sales of inventory .....					373,990.
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		91,883.	2,159,665.
105 TOTAL (add line 104, columns (B), (D), and (E)) .....					2,251,548.

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	MONTHLY MAGAZINE CIRCULATED TO AA GROUPS AND MEMBERS TO ASSIST IN THE
93A	REHABILITATION OF ALCOHOLICS
102	SALES OF BOOKS, CALENDARS, TAPES, ETC DIRECTED TOWARDS THE
102	REHABILITATION OF ALCOHOLICS
93B	BIMONTHLY SPANISH MAGAZINE TO SAME PURPOSE

**Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)**

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

I am preparing this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and I am providing all information of which preparer has any knowledge.

5/13/99  
 AMES SWEET, EXECUTIVE EDITOR  
 Type or print name and title

**SCHEDULE A  
(Form 990)**

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

OMB No. 1545-0047

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

**1998**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information**

▶ Must be completed by the above organizations and attached to their Form 990 or 990EZ.

Name of the organization **ALCOHOLICS ANONYMOUS GRAPEVINE INC.** Employer identification number **13: 1871991**

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

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROBERT SLOTTERBACK	CONTROLLER			
C/O AA GRAPEVINE	FULL	53,599.		0.
ROBERT SCHERER	SEVERANCE			
C/O AA GRAPEVINE		80,500.		0.
Total number of other employees paid over \$50,000 ▶	0			

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

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

**Part III Statement About Activities**

	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. ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sale, exchange, or leasing of property? .....		X
b Lending of money or other extension of credit? .....		X
c Furnishing of goods, services, or facilities? .....		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>See Part V, Form 990</u> .....	X	
e Transfer of any part of its income or assets? ..... If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? .....		X
4 a Do you have a section 403(b) annuity plan for your employees? .....		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

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

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

Provide the following information about the supported organizations. (See instructions on page 4.)

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

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



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

Calendar year (or fiscal year beginning in) ▶	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	319,851.	189,000.	103,240.		612,091.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	2,220,421.	2,139,771.	2,084,430.	1,948,573.	8,393,195.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	84,380.	81,535.	79,338.	76,092.	321,345.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,624,652.	2,410,306.	2,267,008.	2,024,665.	9,326,631.
24 Line 23 minus line 17	404,231.	270,535.	182,578.	76,092.	933,436.
25 Enter 1% of line 23	26,247.	24,103.	22,670.	20,247.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. (1997) 0. (1996) 0. (1995) 0. (1994) 0.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1997) 0. (1996) 0. (1995) 0. (1994) 0.					
c Add: Amounts from column (e) for lines: 15 612,091. 16 _____ 17 8,393,195. 20 _____ 21 _____					27c 9,005,286.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c, total minus line 27d total)					27e 9,005,286.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 9,326,631.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.5545%
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					27h 3.4455%

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)  
None

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

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
	_____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities**

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

N/A

Check here  a If the organization belongs to an affiliated group.

Check here  b If you checked "a" above and "limited control" provisions apply.

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 1998	(b) 1997	(c) 1996	(d) 1995	
45	Lobbying nontaxable amount .....				0.
46	Lobbying ceiling amount (150% of line 45(e)) .....				0.
47	Total lobbying expenditures .....				0.
48	Grassroots nontaxable amount .....				0.
49	Grassroots ceiling amount (150% of line 48(e)) .....				0.
50	Grassroots lobbying expenditures .....				0.

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

(For reporting only by organizations that did not complete Part VI-A)

N/A

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

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

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

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

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

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, 51a(ii) Other assets, b(i) Sales of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

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

N/A

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

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

Yes No (X)

b If "Yes," complete the following schedule.

N/A

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

Form 990	Income and Cost of Goods Sold Included on Part I, Line 10	Statement 2
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## Income

1. Gross receipts . . . . .	555,287	
2. Returns and allowances . . . . .	38,121	
3. Line 1 less line 2 . . . . .		517,166
4. Cost of goods sold (line 13) . . . . .	143,176	
5. Gross profit (line 3 less line 4) . . . . .		373,990

## Cost of Goods Sold

6. Inventory at beginning of year . . . . .	253,941	
7. Merchandise purchased . . . . .	116,828	
8. Cost of labor . . . . .		
9. Materials and supplies . . . . .		
10. Other costs . . . . .		
11. Add lines 6 through 10 . . . . .		370,769
12. Inventory at end of year . . . . .	227,593	
13. Cost of goods sold (line 11 less line 12). . . . .		143,176

Form 990 Statement of Organization's Primary Exempt Purpose Statement 3  
Part III

Explanation

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

Form 990 Government Securities Statement 4

Description	Valuation Method	U.S. Government	State and Local Gov't	Total Gov't Securities
GENERAL SERVICE BOARD OF A.A., INC	Cost	1,471,449.		1,471,449.
Total to Form 990, line 54, Col B		1,471,449.		1,471,449.

Form 990 Other Liabilities Statement 5

Description	Amount
PREPAID SUBSCRIPTIONS	1,496,917.
GIFT CERTIFICATES & OTHER	17,722.
Total to Form 990, Part IV, line 65, Column B	1,514,639.

Footnotes Statement 6

990 PART V

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ARE NOT SEPARATELY CALCULATED.