

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS, INC.		D Employer identification number 23-7282071
		Number and street (or P O box if mail is not delivered to street address) 475 RIVERSIDE DRIVE	Room/suite	E Telephone number 212-870-3400

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.ALCOHOLICS-ANONYMOUS.ORG

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

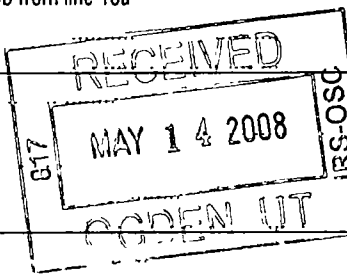
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates N/A
H(c) Are all affiliates included? Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number N/A

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **12,748,323.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c	8,805,429.	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 8,805,429. noncash \$)	1e		8,805,429.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		66,347.
	5	Dividends and interest from securities	5		372,059.
	6a	Gross rents	6a		
	6b	Less rental expenses	6b		
6c	Net rental income or (loss) Subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
		3,504,488.	8a		
		(B) Other	8b		
		3,479,180.	8b		
8c	Less cost or other basis and sales expenses	25,308.	8c		
		Net gain or (loss) Combine line 8c, columns (A) and (B) Stmt 2	8d		25,308.
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
9a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
		9b			
		Net income or (loss) from special events Subtract line 9b from line 9a	9c		
10a	Gross sales of inventory, less returns and allowances	10a			
		10b			
		Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		9,269,143.	
Expenses	13	Program services (from line 44, column (B))	13		5,430,367.
	14	Management and general (from line 44, column (C))	14		3,354,261.
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		8,784,628.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12	18		484,515.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,284,984.
	20	Other changes in net assets or fund balances (attach explanation) See Statement 3	20		-2,398,052.
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		3,371,447.



SCANNED JUN 16 2008

GENERAL SERVICE BOARD OF ALCOHOLICS

ANONYMOUS, INC.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 67,040 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	67,040.	67,040.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	387,891.	126,287.	261,604.	0.
25b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
25c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,976,882.	1,860,597.	1,116,285.	
27 Pension plan contributions not included on lines 25a, b, and c	735,838.	472,462.	263,376.	
28 Employee benefits not included on lines 25a - 27	517,370.	271,103.	246,267.	
29 Payroll taxes	233,533.	142,228.	91,305.	
30 Professional fundraising fees				
31 Accounting fees	30,000.		30,000.	
32 Legal fees	60,855.	12,180.	48,675.	
33 Supplies	134,367.	97,480.	36,887.	
34 Telephone	65,316.	38,982.	26,334.	
35 Postage and shipping	523,237.	504,315.	18,922.	
36 Occupancy	463,266.	242,133.	221,133.	
37 Equipment rental and maintenance	118,961.	46,324.	72,637.	
38 Printing and publications	447,319.	447,511.	-192.	
39 Travel				
40 Conferences, conventions, and meetings	872,645.	511,199.	361,446.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	189,508.		189,508.	
43 Other expenses not covered above (itemize):				
a OFFICE SERVICE AND				
b EXPENSE	124,763.	49,747.	75,016.	
c CONTRACTED SERVICES	550,457.	275,947.	274,510.	
d WRITERS FEES	139,852.	139,852.		
e FOREIGN LIT ASSISTANCE	124,454.	124,454.		
f OTHER EXPENSES	21,074.	526.	20,548.	
g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	8,784,628.	5,430,367.	3,354,261.	0.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Statement 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a See Statement 5 	
(Grants and allocations \$ 67,040.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	5,430,367.
b 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	5,430,367.

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Part IV Balance Sheets (See the instructions)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	601,109.	730,862.
	46 Savings and temporary cash investments	2,608,021.	1,530,365.
	47 a Accounts receivable	138,486.	
	b Less: allowance for doubtful accounts		
		113,915.	138,486.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	209,934.	239,672.
	54 a Investments - publicly-traded securities Stmt 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,453,464.	11,540,222.
b Investments - other securities Stmt 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	499,535.	
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other See Statement 8	1.	1.	
57 a Land, buildings, and equipment: basis	4,185,268.		
b Less: accumulated depreciation Stmt 9	3,610,160.		
58 Other assets, including program-related investments (describe ▶ _____)			
59 Total assets (must equal line 74). Add lines 45 through 58	13,669,405.	15,254,251.	
Liabilities	60 Accounts payable and accrued expenses	1,144,270.	1,661,906.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ▶ See Statement 10)	7,240,151.	10,220,898.
66 Total liabilities. Add lines 60 through 65	8,384,421.	11,882,804.	
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	5,284,984.	3,371,447.
	68 Temporarily restricted		
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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)	5,284,984.	3,371,447.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	13,669,405.	15,254,251.

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

a	Total revenue, gains, and other support per audited financial statements		a	9,580,935.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	311,792.	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	311,792.
c	Subtract line b from line a		c	9,269,143.
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	9,269,143.

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

a	Total expenses and losses per audited financial statements		a	8,337,044.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>SFAS 87 & SFAS 106 ADJUSTMENTS</u>	b4	-447,584.	
	Add lines b1 through b4		b	-447,584.
c	Subtract line b from line a		c	8,784,628.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	8,784,628.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 12		292,364.	95,527.	0.

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ANONYMOUS, INC.**

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Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>20</u>		
75 b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		X
75 c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." See Statement 14 If "Yes," attach a statement that includes the information described in the instructions.	X	
75 d	Does the organization have a written conflict of interest policy?	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		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.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78 b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
80 b	If "Yes," enter the name of the organization ▶ <u>See Statement 13</u>		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 b	Did the organization file Form 1120-POL for this year? <u>0.</u>		X

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
83b	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
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.		
85a	N/A		
b	Dues, assessments, and similar amounts from members		
85b	N/A		
c	Section 162(e) lobbying and political expenditures		
85c	N/A		
d	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85d	N/A		
e	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85e	N/A		
f	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85f	N/A		
g	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?		
85g	N/A		
85h	N/A		
86 a	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 a	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 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		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		X
88a			
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization 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 or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89a			
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89c			
89d			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed <u>NY</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 <u>0</u>		
90b			
91 a	The books are in care of <u>The Organization</u> Telephone no <u>212-870-3400</u> Located at <u>475 RIVERSIDE DRIVE, NEW YORK, NY</u> ZIP + 4 <u>10115</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>Canada</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	X	
91b			

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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 | N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	66,347.	
96 Dividends and interest from securities			14	372,059.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	25,308.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		463,714.	0.
105 Total (add line 104, columns (B), (D), and (E))					463,714.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

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

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

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

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

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

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

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here
 Signature of officer: Donald W. Meyer Date: 5/1/08
 Type or print name and title: Donald W. Meyer ASSIST TREASURER / CFO

Paid Preparer's Use Only
 Preparer's signature: Owen J. Flanagan Date: MAY 08 2008 Check if employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Owen J Flanagan & Co
60 East 42nd Street
New York, NY 10165
 Preparer's SSN or PTIN (See Gen Inst X):
 EIN: 21-2820710
 Phone no: 212-682-2783

Form 990 (2007)

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

2007

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
THOMAS JASPER C/O GENERAL SERVICE BOARD, NEW YORK,	SENIOR ADVISOR 35.00	153,083.	57,399.	0.
VALERIE O'NEILL C/O GENERAL SERVICE BOARD, NEW YORK,	STAFF 35.00	100,666.	34,744.	0.
WARREN STAFFORD C/O GENERAL SERVICE BOARD, NEW YORK,	STAFF 35.00	99,428.	27,800.	0.
EVA SANCHEZ C/O GENERAL SERVICE BOARD, NEW YORK,	STAFF 35.00	99,006.	28,949.	0.
DOUG RICHARDSON C/O GENERAL SERVICE BOARD, NEW YORK,	STAFF 35.00	96,737.	31,970.	0.
Total number of other employees paid over \$50,000 ▶	14			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CS SYSTEMS SPARTA, NJ 07871	PROJECT MANAGEMENT	131,387.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

GENERAL SERVICE BOARD OF ALCOHOLICS

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990	X	
e	Transfer of any part of its income or assets?		X
3 a	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)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A	
f	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.	

GENERAL SERVICE BOARD OF ALCOHOLICS

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					<input type="checkbox"/>

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

GENERAL SERVICE BOARD OF ALCOHOLICS

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28.)	9,114,999.	7,587,482.	7,061,977.	7,036,227.	30,800,685.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		3,919,332.			3,919,332.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	392,393.	340,528.	297,670.	353,751.	1,384,342.
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	9,507,392.	11,847,342.	7,359,647.	7,389,978.	36,104,359.
24 Line 23 minus line 17	9,507,392.	7,928,010.	7,359,647.	7,389,978.	32,185,027.
25 Enter 1% of line 23	95,074.	118,473.	73,596.	73,900.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a	643,701.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	▶ 26b	0.
c Total support for section 509(a)(1) test Enter line 24, column (e)	▶ 26c	32,185,027.
d Add Amounts from column (e) for lines 18 <u>1,384,342.</u> 19 _____ 22 _____ 26b _____	▶ 26d	1,384,342.
e Public support (line 26c minus line 26d total)	▶ 26e	30,800,685.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f	95.6988%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year	N/A	
(2006) (2005) (2004) (2003)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	N/A	
(2006) (2005) (2004) (2003)		
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶ 27c	N/A
d Add Line 27a total _____ and line 27b total _____	▶ 27d	N/A
e Public support (line 27c total minus line 27d total)	▶ 27e	N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	▶ 27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ 27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ 27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

GENERAL SERVICE BOARD OF ALCOHOLICS

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

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

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

GENERAL SERVICE BOARD OF ALCOHOLICS

Schedule A (Form 990 or 990-EZ) 2007 ANONYMOUS, INC.

23-7282071 Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

N/A

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

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

N/A

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

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LEASEHOLD IMPROVEMENTS	Varies		.000	16	2586495.			2586495.	2009788.		88,093.
2	475 RIVERSIDE DR FURNITURE	Varies		.000	16	689,599.			689,599.	689,599.		0.
3	COMPUTER EQUIPMENT	Varies		.000	16	402,099.			402,099.	402,099.		0.
4	COMPUTER SOFTWARE	Varies		.000	16	507,075.			507,075.	319,166.		101,415.
	* Total 990 Page 2 Depr					4185268.		0.	4185268.	3420652.	0.	189,508.

FORM 990 PART III - PROGRAM SERVICES

THE MAJOR SERVICES RENDERED BY THE GENERAL SERVICE HEAD-QUARTERS OF A.A. INCLUDE: HANDLING THOUSANDS OF COMMUNICATIONS FROM INDIVIDUALS AND A.A. GROUPS; PUBLICATION OF BULLETINS FOR A.A. GROUPS; CONDUCT OF ANNUAL GENERAL SERVICE CONFERENCES COMPRISING 93 DELEGATES ELECTED BY A.A. GROUPS IN CANADA AND THE U.S.A. AND ITS POSSESSIONS; CONTINUATION OF PUBLIC RELATIONS ACTIVITIES WITH OBJECTIVES OF CREATING GREATER UNDERSTANDING OF THE A.A. RECOVERY PROGRAM WITHIN THE BASIC CONCEPT OF ATTRACTION RATHER THAN PROMOTION; MAINTENANCE OF ALL NECESSARY RECORDS FOR THE WORLDWIDE MOVEMENT.

PROGRAM SERVICES ARE AS FOLLOWS:

GROUP SERVICES	2,023,786.
FELLOWSHIP SERVICES	2,203,822.
GENERAL SERVICE CONFERENCE	720,339.
REGIONAL FORUMS	415,380.
DONATIONS TO A.A. GRAPEVINE FOR LAVINA SPANISH MAGAZINE	67,040.
TOTAL	<u>5,430,367.</u>

Form 990	Gain (Loss) From Publicly Traded Securities			Statement	2
Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)	
PUBLICLY TRADED SECURITIES	3,500,000.	3,479,180.	0.	20,820.	
PUBLICLY TRADED SECURITIES	4,488.	0.	0.	4,488.	
To Form 990, Part I, line 8	<u>3,504,488.</u>	<u>3,479,180.</u>	<u>0.</u>	<u>25,308.</u>	

Form 990	Other Changes in Net Assets or Fund Balances		Statement	3
Description				Amount
CHANGE IN UNREALIZED GAIN				311,792.
SFAS 87 & SFAS 106 ADJUSTMENTS				447,584.
SFAS 158 ADJUSTMENT				-3,157,428.
Total to Form 990, Part I, line 20				<u>-2,398,052.</u>

Form 990	Cash Grants and Allocations to Others	Statement	4
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Class of Activity/Donee's Name and Address	Amount
LA VINA OPERATING SUPPORT A.A. GRAPEVINE, INC. 475 RIVERSIDE DRIVE NEW YORK, NY 10115	67,040.
Total Included on Form 990, Part II, line 22b	67,040.

Form 990 Statement of Program Service Accomplishments Statement 5

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	67,040.	5,430,367.

Form 990 Statement of Organization's Primary Exempt Purpose Part III Statement 6

Explanation

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

Form 990 Government Securities Statement 7

Description	Cost/FMV	U.S.		Total Gov't Securities
		Government	State and Local Gov't	
US TREASURY NOTES AND BILLS	FMV	11,540,222.		11,540,222.
Total to Form 990, line 54a, Col B		11,540,222.		11,540,222.

Form 990	Other Investments	Statement	8
Description	Valuation Method	Amount	
AA WORLD SERVICES AND AA GRAPEVINE AT NOMINAL VALUE	Cost	1.	
Total to Form 990, Part IV, line 56, Column B		1.	

Form 990	Depreciation of Assets Not Held for Investment	Statement	9
Description	Cost or Other Basis	Accumulated Depreciation	Book Value
LEASEHOLD IMPROVEMENTS - 475 RIVERSIDE DR FURNITURE	2,586,495.	2,097,881.	488,614.
COMPUTER EQUIPMENT	689,599.	689,599.	0.
COMPUTER SOFTWARE	402,099.	402,099.	0.
	507,075.	420,581.	86,494.
Total to Form 990, Part IV, ln 57	4,185,268.	3,610,160.	575,108.

Form 990	Other Liabilities	Statement	10
Description	Amount		
SUBSCRIPTION LIABILITY - AA GRAPEVINE	1,550,000.		
ACCRUED POSTRETIREMENT BENEFITS	4,122,317.		
ACCRUED PENSION BENEFITS	4,548,581.		
Total to Form 990, Part IV, line 65, Column B	10,220,898.		

Form 990	Other Securities	Statement	11
Security Description	Cost/FMV	Other Securities	
BOND FUNDS	FMV	189,053.	
EQUITY FUNDS	FMV	310,482.	
To Form 990, line 54b, Col B		499,535.	

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

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account	
MICHAEL ALEXANDER NEW YORK, NY 10021	TRUSTEE EMERITUS 2.00	0.	0.	0.
GARY GLYNN NEW YORK, NY 10128	TRUSTEE EMERITUS 2.00	0.	0.	0.
ADRIENNE BROWN C/O GENERAL SERVICE BOARD NEW YORK, NY 10115	ASST SECRETARY 35.00	98,271.	28,016.	0.
DONALD MEURER - SEE FOOTNOTE C/O GENERAL SERVICE BOARD NEW YORK, NY 10115	ASST TREASURER 17.50	72,050.	35,993.	0.
MADELEINE PARMLEY POCATELLO, ID 83201	TRUSTEE 2.00	0.	0.	0.
JIM ESTELLE EL DORADO HILLS, CA 95762	TRUSTEE EMERITUS 2.00	0.	0.	0.
ELAINE MCDOWELL, PHD BALTIMORE, MD 21228	TRUSTEE EMERITUS 2.00	0.	0.	0.
LEONARD BLUMENTHAL ROLLY VIEW, AB CANADA	CHAIRPERSON 2.00	0.	0.	0.
PAUL CLEARY OCEANSIDE, CA 92054	TRUSTEE 2.00	0.	0.	0.
CONLEY F. BYRD, JR. REDFIELD, AR 72132	TRUSTEE 2.00	0.	0.	0.
HOWARD LOWERY COLUMBIA, MS 39429	TRUSTEE 2.00	0.	0.	0.

GENERAL SERVICE BOARD OF ALCOHOLICS ANON

23-7282071

ROGELIO R. FLORES	TRUSTEE			
	2.00	0.	0.	0.
NEW YORK, NY 10011				
DOROTHY HURLEY	TRUSTEE			
	2.00	0.	0.	0.
PLYMOUTH MEETING, PA 19462				
VINCENT KEEFE	TREASURER			
	2.00	0.	0.	0.
ORLAND PARK, IL 60462				
JOHN J. KANE, JR	TRUSTEE			
	2.00	0.	0.	0.
COLLINGSWOOD, NJ 08107-1926				
JO-ANNE LOWENBERGER	TRUSTEE			
	2.00	0.	0.	0.
WINNIPEG, MB CANADA				
JOHN SKILTON	TRUSTEE			
	2.00	0.	0.	0.
FORT WASHINGTON, MD 20744				
RAY MASSEY	TRUSTEE			
	2.00	0.	0.	0.
CALGARY, AL CANADA				
ROBERT MAYER	TRUSTEE			
	2.00	0.	0.	0.
OAK CREEK, WI 53154				
DOROTHY WILSON	TRUSTEE			
	2.00	0.	0.	0.
INDIANAPOLIS, IN 46203				
HERBERT GOODMAN	1ST VICE-CHAIR			
	2.00	0.	0.	0.
HOUSTON, TX 77057				
CHARLES J BARTA	SECRETARY			
	2.00	0.	0.	0.
CEDAR RAPIDS, IA 52403				
WILLIAM D CLARK	2ND VICE-CHAIR			
	2.00	0.	0.	0.
WOOLWICH, ME 04579				
REV WARD B EWING	TRUSTEE			
	2.00	0.	0.	0.
NEW YORK, NY 10011				

GENERAL SERVICE BOARD OF ALCOHOLICS ANON

23-7282071

TOM KRAEMER	TRUSTEE			
	2.00	0.	0.	0.
VIBANK, SASKATCHEWAN, CANADA				
JEANNE WOODFORD	TRUSTEE			
	2.00	0.	0.	0.
BENICIA, CA 94510				
GREG MUTH - SEE FOOTNOTE	GENERAL MANAGER			
C/O GENERAL SERVICE BOARD	17.50	122,043.	31,518.	0.
NEW YORK, NY 10115				
Totals Included on Form 990, Part V-A		<u>292,364.</u>	<u>95,527.</u>	<u>0.</u>

Form 990 Identification of Related Organizations Statement 13
Part VI, Line 80b

<u>Name of Organization</u>	<u>Exempt</u>	<u>NonExempt</u>
AA WORLD SERVICES, INC.	X	
AA GRAPEVINE, INC.	X	

Form 990

Part V-A Officer Compensation from
Related Organizations

Statement 14

<u>Officer's Name</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contribution</u>	<u>Expense Account</u>
DONALD MEURER	72,050.	35,993.	0.

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

Relationship Between Organizations
AFFILIATED EXEMPT ORGANIZATION

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

<u>Officer's Name</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contribution</u>	<u>Expense Account</u>
GREG MUTH	122,043.	31,518.	0.

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

Relationship Between Organizations
AFFILIATED EXEMPT ORGANIZATION

Compensation Description
THE COMPENSATION OF THE GENERAL MANAGER IS SHARED EQUALLY BETWEEN THE GENERAL SERVICE BOARD OF AA AND AA WORLD SERVICES, TWO RELATED TAX EXEMPT ORGANIZATIONS.