

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2001 calendar year, or tax year period 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"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS, 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 10115	D Employer identification number 23-7282071
		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 Web site **WWW.ALCOHOLICS-ANONYMOUS.ORG**

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

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **11,716,720.**

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 **▶**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

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

I Enter 4-digit GEN **▶**

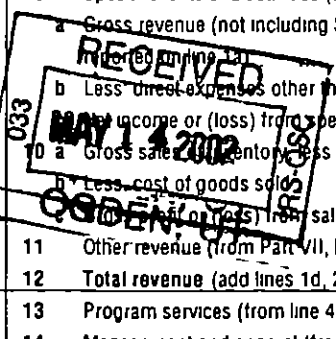
M Check if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a		
	b Indirect public support	1b	8,703,451.	
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 8,703,451. noncash \$ _____)	1d		8,703,451.
	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		73,785.
	5 Dividends and interest from securities	5		439,484.
	6 Gross rents	6a		
b Less rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7			
8 Gross amount from sale of assets other than inventory	(A) Securities	8a		
	2,500,000.	8a		
	Less cost or other basis and sales expenses	8b		
	2,499,141.	8b		
c Gain or (loss) (attach schedule)	8c	859.		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		859.	
9 Special events and activities (attach schedule)	Gross revenue (not including \$ _____ of contributions)	9a		
	Less direct expenses other than fundraising expenses	9b		
	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10 Gross sales (including returns and allowances)	10a			
	Less cost of goods sold	10b		
10c Net sales (including returns and allowances) (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		9,217,579.	
Expenses	13 Program services (from line 44, column (B))	13		4,797,056.
	14 Management and general (from line 44, column (C))	14		2,685,026.
	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		7,482,082.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,735,497.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		7,705,132.
	20 Other changes in net assets or fund balances (attach explanation)	20	See Statement 3	177,317.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		9,617,946.

ENVELOPE
POSTMARK DATE
MAY 08 2002

FILMED
JUN 12 2002



NE
20

**GENERAL SERVICE BOARD OF ALCOHOLICS
ANONYMOUS, INC.**

Form 990 (2001)

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) cash \$ 469,390. noncash \$	469,390.	469,390.	Statement 6		
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc	139,923.	84,318.	55,605.	0.	
26	Other salaries and wages	2,554,671.	1,574,252.	980,419.		
27	Pension plan contributions	93,690.	56,857.	36,833.		
28	Other employee benefits	506,528.	259,963.	246,565.		
29	Payroll taxes	196,022.	119,395.	76,627.		
30	Professional fundraising fees					
31	Accounting fees	27,200.		27,200.		
32	Legal fees	63,929.	844.	63,085.		
33	Supplies	141,051.	93,002.	48,049.		
34	Telephone	73,996.	39,794.	34,202.		
35	Postage and shipping	585,597.	569,480.	16,117.		
36	Occupancy	338,031.	172,520.	165,511.		
37	Equipment rental and maintenance	101,694.	47,351.	54,343.		
38	Printing and publications	391,966.	388,578.	3,388.		
39	Travel					
40	Conferences, conventions, and meetings	709,501.	403,478.	306,023.		
41	Interest					
42	Depreciation, depletion etc (attach schedule)	237,738.		237,738.		
43	Other expenses not covered above (itemize)					
a		43a				
b		43b				
c		43c				
d		43d				
e	See Statement 4	43e	851,155.	517,834.	333,321.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	7,482,082.	4,797,056.	2,685,026.	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 \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? See Statement 5		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	SEE FOOTNOTE	
	(Grants and allocations \$ 469,390.)	4,797,056.
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)	4,797,056.

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ANONYMOUS, INC.**

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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	358,804.	772,525.
	46 Savings and temporary cash investments	2,083,499.	1,140,377.
	47 a Accounts receivable	143,494.	
	47 b Less allowance for doubtful accounts		143,494.
	48 a Pledges receivable		
	48 b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	51 b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	1,467,747.	1,754,176.
	54 Investments - securities	8,722,109.	10,897,817.
	55 a Investments - land, buildings, and equipment basis		
	55 b Less accumulated depreciation		
56 Investments - other	1.	1.	
57 a Land, buildings, and equipment basis	3,469,239.		
57 b Less accumulated depreciation		520,403.	
58 Other assets (describe)			
59 Total assets (add lines 45 through 58) (must equal line 74)	13,552,176.	15,228,793.	
Liabilities	60 Accounts payable and accrued expenses	1,406,254.	1,234,942.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	64 b Mortgages and other notes payable		
	65 Other liabilities (describe)	4,440,790.	4,375,905.
66 Total liabilities (add lines 60 through 65)	5,847,044.	5,610,847.	
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	7,705,132.	9,617,946.
	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, column (B) must equal line 21)	7,705,132.	9,617,946.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	13,552,176.	15,228,793.

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	9,394,896.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 177,317.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	177,317.
c	Line a minus line b	c	9,217,579.
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	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	9,217,579.

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

a	Total expenses and losses per audited financial statements	a	7,482,082.
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	0.
c	Line a minus line b	c	7,482,082.
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	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,482,082.

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
See Statement 10		139,923.	0.	0.

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**GENERAL SERVICE BOARD OF ALCOHOLICS
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Part VI	Other Information	Yes	No
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76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	<input type="checkbox"/>	<input type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," enter the name of the organization ▶ AA WORLD SERVICES & AA GRAPEVINE and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	<input type="checkbox"/>	<input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	81b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input type="checkbox"/>	<input type="checkbox"/>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	<input type="checkbox"/>	<input type="checkbox"/>
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
c	Dues, assessments, and similar amounts from members	85c	<input type="checkbox"/>	<input type="checkbox"/>
d	Section 162(e) lobbying and political expenditures	85d	<input type="checkbox"/>	<input type="checkbox"/>
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	<input type="checkbox"/>	<input type="checkbox"/>
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	<input type="checkbox"/>	<input type="checkbox"/>
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	<input type="checkbox"/>	<input type="checkbox"/>
h	If section 6033(e)(1)(A) dues notices 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	<input type="checkbox"/>	<input type="checkbox"/>
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	<input type="checkbox"/>	<input type="checkbox"/>
b	Gross receipts, included on line 12, for public use of club facilities	86b	<input type="checkbox"/>	<input type="checkbox"/>
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	<input type="checkbox"/>	<input type="checkbox"/>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	<input type="checkbox"/>	<input type="checkbox"/>
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	89b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input type="checkbox"/>	<input type="checkbox"/>
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		<input type="checkbox"/>	<input type="checkbox"/>
90 a	List the states with which a copy of this return is filed ▶ <u>NEW YORK</u>			
b	Number of employees employed in the pay period that includes March 12, 2001	90b	<input type="checkbox"/>	<input type="checkbox"/>

91 The books are in care of **▶ ORGANIZATION** Telephone no **▶ 212-870-3400**
 Located at **▶ 475 RIVERSIDE DRIVE, NEW YORK, NY** ZIP + 4 **▶ 10115**

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

**GENERAL SERVICE BOARD OF ALCOHOLICS
ANONYMOUS, INC.**

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Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a INT'L CONVENTION					
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	73,785.	
96 Dividends and interest from securities			14	439,484.	
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	859.	
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.		514,128.	0.
105 Total (add line 104, columns (B), (D), and (E))					514,128.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

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 Specific Instructions on page 33)

(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 Specific Instructions on page 33)

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

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

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

Please Sign Here: Donald W. Mucker 5/7/02 Donald W Mucker CFO ASSIST TR

Paid Preparer's Use Only: Preparer's signature Kem Hill Date MAY 02 2002 Check if self-employed Preparer's SSN or PTIN _____
 Firm's name (or yours if self-employed), address and ZIP + 4 Owen J. Flanagan & Co., CPA's
60 E 42nd Street
New York, NY 10165 EIN _____ Phone no _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GREG MUTH ----- SLEEPY HOLLOW, NY	GEN MANAGER 35	174,484.		0.
THOMAS JASPER ----- BROOKLYN, N.Y.	SERVICES DIR 35	125,263.		0.
LEONORA HALLIGAN ----- NEW YORK, N.Y.	PERSONNEL MGR 35	103,127.		0.
LILLIANNA MURPHY ----- BROOKLYN, N.Y.	EDP MANAGER 35	93,679.		0.
VALERIE O'NEIL ----- NEW YORK, NY	STAFF 35	85,050.		0.
Total number of other employees paid over \$50,000 ▶	13			

Part II 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
None ----- ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

GENERAL SERVICE BOARD OF ALCOHOLICS

Schedule A (Form 990 or 990-EZ) 2001 ANONYMOUS, INC.

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

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)

	Yes	No
1		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3		X
4	X	

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

Note 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

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

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 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 page 5 of the instructions)

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

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

Schedule A (Form 990 or 990-EZ) 2001

GENERAL SERVICE BOARD OF ALCOHOLICS

Schedule A (Form 990 or 990-EZ) 2001 ANONYMOUS, INC.

23-7282071 Page 3

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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	5,939,428.	5,875,461.	5,946,790.	5,722,629.	23,484,308.
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	4,108,388.				4,108,388.
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	487,697.	420,875.	440,897.	420,661.	1,770,130.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a 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	10,535,513.	6,296,336.	6,387,687.	6,143,290.	29,362,826.
24 Line 23 minus line 17	6,427,125.	6,296,336.	6,387,687.	6,143,290.	25,254,438.
25 Enter 1% of line 23	105,355.	62,963.	63,877.	61,433.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 505,089.
	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 1997 through 2000 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 25,254,438.
	d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____				26d 1,770,130.
	e Public support (line 26c minus line 26d total)				26e 23,484,308.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 92.9908%
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				
	(2000)	(1999)	(1998)	(1997)	
	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 11, 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				
	(2000)	(1999)	(1998)	(1997)	
	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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

None

GENERAL SERVICE BOARD OF ALCOHOLICS

Schedule A (Form 990 or 990-EZ) 2001 **ANONYMOUS, INC.**

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<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	

Schedule A (Form 990 or 990-EZ) 2001

GENERAL SERVICE BOARD OF ALCOHOLICS

Schedule A (Form 990 or 990-EZ) 2001 ANONYMOUS, INC.

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

N/A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -	41	
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			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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

- 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

Yes	No	Amount
		0.

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

GENERAL SERVICE BOARD OF ALCOHOLICS

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

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

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

(i) Cash

(ii) Other assets

b Other transactions

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

(ii) Purchases of assets from a noncharitable exempt organization

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

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' cells contain an 'X'.

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. The table is currently empty.

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

Yes No (X) No

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

GENERAL SERVICE BOARD OF ALCOHOLICS
ANONYMOUS, INC.

Employer identification number

23-7282071

Organization type (check one)

Filers of

Section

Form 990 or 990 EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

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

Employer identification number
23-7282071

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 4,014,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990 PART III

THE GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS, INC. SERVES AS THE CUSTODIAN OF A.A. TRADITIONS AND FUNDS. IT ACTS FOR THE SOCIETY IN MATTERS OF NATIONAL AND INT'L SCOPE TO FURTHER THE PURPOSE OF THE MOVEMENT, WHICH IS THE REHABILITATION OF PERSONS SUFFERING FROM ALCOHOLISM AND ITS ATTENDANT PROBLEMS.

THE MAJOR SERVICES RENDERED BY THE GENERAL SERVICE HEAD-QUARTERS OF A.A. INCLUDE: HANDLING THOUSANDS OF COMMUNICA-TIONS FROM INDIVIDUALS AND A.A. GROUPS; PUBLICATION OF BULLETINS FOR A.A. GROUPS; CONDUCT OF ANNUAL GENERAL SERVICE CONFERENCES COMPRISING 91 DELEGATES ELECTED BY A.A. GROUPS IN CANADA AND THE U.S.A. AND ITS POSSESSIONS; CONTINUATION OF PUBLIC RELATIONS ACTIVITIES WITH OBJECTIVES OF CREATING GREATER UNDERSTANDING OF THE A.A. RECOVERY PROGRAM WITHIN THE BASIC CONCEPT OF ATTRACTION RATHER THAN PROMOTION; MAINTENANCE OF ALL NECESSARY RECORDS FOR THE WORLDWIDE MOVEMENT.

PROGRAM SERVICES ARE AS FOLLOWS:

GROUP SERVICES	1,663,188.
FELLOWSHIP SERVICES	1,801,851.
GENERAL SERVICE CONFERENCE	607,844.
REGIONAL FORUMS	254,783.
DONATION TO A.A. GRAPEVINE	469,390.
TOTAL	<u>4,797,056.</u>

FORM 990 PART V AND SCH A PART 1

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ARE NOT SEPARATELY CALCULATED.

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)
UST NOTES 3/31/01 6.375%	500,000.	499,141.	0.	859.
UST NOTES 6/30/01 6.625%	500,000.	500,000.	0.	0.
UST NOTES 7/31/01 6.625%	500,000.	500,000.	0.	0.
UST NOTES 10/31/01 6.25%	250,000.	250,000.	0.	0.
UST NOTES 10/31/01 6.25%	250,000.	250,000.	0.	0.
UST NOTES 11/30/01 5.875%	500,000.	500,000.	0.	0.
To Form 990, Part I, line 8	2,500,000.	2,499,141.	0.	859.

Form 990 Other Changes in Net Assets or Fund Balances Statement 3

Description	Amount
CHANGE IN UNREALIZED GAIN	177,317.
Total to Form 990, Part I, line 20	177,317.

Form 990 Other Expenses Statement 4

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
OFFICE SERVICE AND EXPENSE	306,678.	48,601.	258,077.	
CONTRACTED SERVICES	226,108.	179,124.	46,984.	
WRITERS FEES	52,640.	52,640.		
FOREIGN LIT ASSISTANCE	237,469.	237,469.		
EARLY RETIREMENT SEVERANCE	345,831.		345,831.	
EMP BENEFIT ADJUSTMENT	<317,571.>		<317,571.>	
Total to Fm 990, ln 43	851,155.	517,834.	333,321.	

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

Explanation

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

Form 990 Cash Grants and Allocations Statement 6

Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount
	A.A. GRAPEVINE, INC.	NEW YORK, NY	SEE PART VI	469,390.
Total Included on Form 990, Part II, line 22				469,390.

Form 990 Government Securities Statement 7

Description	U.S. Government	State and Local Gov't	Total Gov't Securities
SEE ATTACHED LIST	10,897,817.		10,897,817.
Total to Form 990, line 54, Col B	10,897,817.		10,897,817.

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	Other Liabilities	Statement	9
<u>Description</u>		<u>Amount</u>	
DEFERRED INCOME - AAGV		1,482,949.	
ACCRUED POSTRETIREMENT BENEFITS		2,892,956.	
Total to Form 990, Part IV, line 65, Column B		4,375,905.	

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

Name and Address	Title and Avrg Hrs/Wk	Compen-sation	Employee Ben Plan Contrib	Expense Account
MICHAEL ALEXANDER NY, NY	TRUSTEE EMER PART	0.	0.	0.
GARY GLYNN NY, NY	TRUSTEE EMER PART	0.	0.	0.
JOANIE MONCRIEF NY, NY	SECRETARY 35	84,318.	0.	0.
DONALD MEURER BABYLON NY	TREASURER 20	55,605.	0.	0.
LINDA CHEZEM MOORESVILLE, IN	1ST V-CHAIR PART	0.	0.	0.
JIM CLOUGH COSTA MESA, CA	TRUSTEE PART	0.	0.	0.
JIM ESTELLE EL DORADO HILLS, CA	TRUSTEE EMER PART	0.	0.	0.
ELAINE JOHNSON, PHD BALTIMORE, MD	CHAIR PART	0.	0.	0.

GENERAL SERVICE BOARD OF ALCOHOLICS ANON

23-7282071

LEONARD BLUMENTHAL	TRUSTEE PART	0.	0.	0.
ROLLY VIEW, AB				
JOHN C. KOSTER	TRUSTEE PART	0.	0.	0.
NEW YORK, NY				
MARNE HILL	SECRETARY PART	0.	0.	0.
THUNDER BAY, ON				
DOROTHY J. MAY	TRUSTEE PART	0.	0.	0.
INDIANAPOLIS, IN				
JACQUELINE JOHNSTON	TRUSTEE PART	0.	0.	0.
PALM DESERT, CA				
GORDON PATRICK	TRUSTEE EMER PART	0.	0.	0.
ETOBICOKE, CANADA				
RIC DOWNEY	TRUSTEE PART	0.	0.	0.
BURNABY, BC				
ALEX PALMER	TRUSTEE PART	0.	0.	0.
ABBOTSFORD, BC CANADA				
ARTHUR KNIGHT, JR.	TREASURER PART	0.	0.	0.
LAKE FOREST, IL				
GEORGE VAILLANT	TRUSTEE PART	0.	0.	0.
BOSTON, MA				
REV. ROBERT MILLER	2ND V-CHAIR PART	0.	0.	0.
BIRMINGHAM, AL				
BETH RABREN	TRUSTEE PART	0.	0.	0.
BRAZORIA, TX				
TONY TASCHNER	TRUSTEE PART	0.	0.	0.
BERLIN, CT				

GENERAL SERVICE BOARD OF ALCOHOLICS ANON

23-7282071

GREG TOBIN	TRUSTEE PART	0.	0.	0.
SOUTH ORANGE, NJ				
TED STOA	TRUSTEE PART	0.	0.	0.
ABERDEEN, SD				
ALLEN L. AULT	TRUSTEE PART	0.	0.	0.
WASHINGTON, DC				
CHARLES F. BARTELL	TRUSTEE PART	0.	0.	0.
NEW ORLEANS, LA				
DAVID J. EVERY	TRUSTEE PART	0.	0.	0.
WAILUKU, HI				
RICHARD F. GALLAGHER	TRUSTEE PART	0.	0.	0.
ALTAMONTE SPRINGS, FL				

Totals Included on Form 990, Part V

139,923. 0. 0.

Form 990

Part V - Officer Compensation from
Related Organizations

Statement 11

<u>Officer's Name</u>	<u>Name of Related Organization</u>	<u>Compen- sation</u>	<u>Employee Ben Plan Contrib</u>	<u>Expense Account</u>
DONALD MEURER	AA WORLD SERVICES, INC.	55,605.	0.	0.

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

	<u>Cost 1-1-01</u>	<u>Additions</u>	<u>Deletions</u>	<u>Cost 12-31-01</u>
Leasehold Improvements	\$2,795,469	\$0	\$0	\$2,795,469
Computer				
Hardware	402,099	0	0	402,099
Software	271,671	0	0	271,671
Totals	<u>3,469,239</u>	<u>0</u>	<u>0</u>	<u>3,469,239</u>

	<u>Acc. Dep. 1-1-01</u>	<u>Additions</u>	<u>Deletions</u>	<u>Acc. Dep. 12-31-01</u>
Leasehold Improvements	\$2,282,813	\$176,367	\$0	\$2,459,180
Computer				
Hardware	156,614	61,371	0	217,985
Software	271,671	0	0	271,671
Totals	<u>2,711,098</u>	<u>237,738</u>	<u>0</u>	<u>2,948,836</u>

**AAGSB
RESERVE FUND
US TREASURIES**

Year Month 2001 12

Date	Par Value	Maturity Mo Da	Yr	Int Rate	Cost	Purchases	(Premium Amort)	(Sales)	#480 Gain (Loss)	#411 Ending Cost	#412 Market Value	4th	Total Income	Acc'd Mos	#416 Income Amount
Var	\$500,000	3 31	2001	6.375%	\$0.00					\$0.00	\$0.00		\$0.00	00	\$0
Var	\$500,000	6 30	2001	6.625%	499,140.63			(500,000.00)	859.37	0.00	\$0.00		15,937.50	00	0
Aug 00	\$500,000	7 31	2001	6.625%	500,000.00			(500,000.00)	0.00	0.00	0.00		33,125.00	00	0
Jan 01	\$250,000	10 31	2001	6.250%	500,683.88		(683.88)	(500,000.00)	(0.00)	(0.00)	0.00		33,125.00	00	0
May 01	\$500,000	10 31	2001	6.250%		251,445.31	(1,445.31)	(250,000.00)	(0.00)	0.00	0.00	7,812.50	12,905.73	00	0
May 99	\$500,000	11 30	2001	5.875%		253,085.94	(3,085.94)	(250,000.00)	(0.00)	0.00	0.00	7,812.50	7,685.12	00	0
May 92	\$250,000	5 15	2002	7.500%	502,376.38		(2,376.38)	(500,000.00)		0.00	0.00	14,687.50	29,375.00	00	0
Nov 97	\$500,000	8 15	2002	6.375%	249,480.00					249,480.00	255,391.00		18,750.00	15	2,344
Nov 97	\$500,000	10 31	2002	5.750%	488,843.39					488,843.39	514,219.00		31,875.00	45	11,953
Dec 97	\$250,000	11 30	2002	5.750%	498,785.00					498,785.00	515,625.00		28,750.00	20	4,792
May 01	\$250,000	11 30	2002	5.750%	249,959.49					249,959.49	258,438.00		14,375.00	10	1,198
Sep 00	\$250,000	2 15	2003	5.750%		256,152.34	(2,592.00)			256,152.34	261,094.00		8,293.27	10	1,198
Mar 98	\$250,000	3 31	2003	6.250%	251,249.31		(588.00)			250,661.31	258,437.50		15,625.00	45	5,859
May 99	\$500,000	6 30	2003	5.375%	249,062.50					249,062.50	259,766.00		13,750.00	30	3,438
Var 93	\$500,000	8 15	2003	5.750%	502,292.75					501,416.75	523,750.00		40,312.50	00	0
Jul 99	\$500,000	2 15	2004	5.875%	502,256.25		(876.00)			501,380.25	527,656.00		28,750.00	45	10,781
Jun 94	\$250,000	5 15	2004	7.250%	250,000.00		(720.00)			250,000.00	271,797.00		29,375.00	45	11,016
Sep 94	\$250,000	8 15	2004	7.250%	245,000.00					245,000.00	272,969.00		18,125.00	15	2,266
Aug 99	\$500,000	8 15	2004	6.000%	499,856.25					499,856.25	530,781.00		18,125.00	45	6,797
Var	\$500,000	5 15	2005	6.500%	505,817.25					504,485.25	540,312.00		30,000.00	45	11,250
Var	\$500,000	8 15	2005	6.500%	505,399.19		(1,332.00)			504,067.19	541,562.00		32,500.00	15	4,063
Nov 99	\$500,000	11 15	2005	5.875%	495,321.51		(1,164.00)			494,157.51	541,562.00		32,500.00	45	12,188
Feb 00	\$500,000	7 15	2006	7.000%	505,181.00		(936.00)			494,245.00	531,250.00		29,375.00	15	3,672
Oct 01	\$500,000	2 15	2007	7.625%	0.00	510,390.63	(483.00)			509,907.63	503,125.00	(5,283.63)	35,000.00	55	16,042
May 01	\$500,000	5 15	2009	5.500%	0.00	505,000.00	(390.00)			504,610.00	518,125.00	(2,411.68)	(5,283.63)	45	14,297
Oct 01	\$250,000	2 15	2011	5.000%	0.00	257,460.94				257,460.94	249,219.00	13,750.00	13,825.97	15	3,438
May 01	\$250,000	2 15	2011	5.000%	0.00	242,500.00				242,500.00	249,219.00	(2,411.68)	(2,411.68)	45	4,688
Dec 01	\$250,000	2 15	2011	5.000%	0.00	247,148.44				247,148.44	249,219.00		3,211.33	45	4,688
Nov 01	\$1,000,000	2 21	2002	0.000%	0.00	995,250.00				995,250.00	995,250.00		(4,279.89)	45	4,688
Dec 01	\$1,000,000	3 14	2002	0.000%	0.00	995,770.00				995,770.00	995,770.00		0.00	00	2,006
													0.00	00	837
	\$13,000,000				8,499,142.28	4,514,203.60	(16,672.51)	(2,500,000.00)	859.37	10,497,532.74	10,897,817.00	130,524.80	562,696.22		143,494
	(\$2,500,000)														
	\$10,500,000														

(Sales)

(10,497,533)

400,284