Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

A For	the 1	1999 calendar year, OR lax year period beginning	and ending	_		
B Cne	Change	Please C Name of organization			D Employer identification number	
0	if iddress	use IRS	ES, INC		13-1679617	
r	nitial etum	type. Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number	
	inal eturn	Specific 475 RIVERSIDE DRIVE			212-870-3400	
L—∐re (re)	kmend etum quired a state	tions. City or town, state or country, and ZIP+4	•		F Check Fig. if exemption application is pend	ding
190	iomna)	organization - X Exempt under 501(c) (3) (insert number) OR	section 4947(a)(1) nonexen		
		tion 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable				
		a group return filed for affiliates? Yes X No 1				•
		e group retermines for administers.	exemption nu			
			Accounting m	· · -	Cash X Accrual	
		separate return filed by an organization covered by a group ruling?		specify)		
		e if the organization's gross receipts are normally not more than \$25,000. The			return with the IRS: but	
		ed a Form 990 Package in the mail, it should tile a return without financial data. Some	-			
		990-EZ may be used by organizations with gross receipts less than \$100,000				
	****	Revenue, Expenses, and Changes in Net Assets or Fund I		010100011101		
	1	Contributions, gifts, grants, and similar amounts received:		=		
		· -	1a			
	b	Indirect public support				
	E	Government contributions (grants)				
- 1	d	Total (add lines 1a through 1c) (attach schedule of contributors)				
		(cash \$ noncash \$)			18	0.
	2	Program service revenue including government fees and contracts (from Part VII, line				-
	3	Membership dues and assessments				
	4	Interest on savings and temporary cash investments				4.
- 1	5	Dividends and interest from securities				
=	6 a	Gross rents				
=	þ	Less: rental expenses		<u> </u>		
۵.	C	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe) 7	
Revenue	8 а	Gross amount from sale of assets other (A) Securities	· .	(B) Other		
<u> </u>		than inventory	8a			
.:β	þ	Less: cost or other basis and sales expenses	8b			
्री	C	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule)	,		8d	
1	-		<u> </u>			
	а	Gross revenue (not including \$ of contributions	၂႘			
		reported on line 1a) MAY 1 8 201	,9a O			
	b		ngr 👸			
	Ç	Net income or (loss) from special events (subtract line 9b from line 9a) Gross sales of inventory, less returns and allowances			90	
1				,988,5	U1.	
	p			,847,8		^
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from				<u>9.</u>
	1	Other revenue (from Part VII, line 103)				
-	2	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				
န္ဌ 1	3	Program services (from line 44, column (B))				
Expenses 1		Management and general (from line 44, column (C))				<u> </u>
x x	5	Fundraising (from line 44, column (D))				
· 1	6	Payments to affiliates (attach schedule)				8
- 1	7 8	Total expenses (add lines 16 and 44, column (A)) Excess or (deficit) for the year (subtract line 17 from line 12)		······		
1 182		Net assets or fund balances at beginning of year (from line 73, column (A))	.,		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Assets		Other changes in net assets or fund balances (attach explanation) Se	op State	oment		
¥ 2		Net assets or fund balances at end of year (combine lines 18, 19, and 20)	,	V1110110	20 100,324 21 3,053,47	
		mer access of land palaneos at one of year (combine illes 10, 15, and 20)			<u> 21 3,033,47</u> .	<u>~ •</u> `

1001

Statement of			ANONYMOUS WO	KID OHKATCHE	12-1	679617 Page
Part II Functional Expe	oro IIA		tions must complete colum ations and section 4947(a)(1			n 501(c)(3) and
Do not include amounts report 6b, 8b, 9b, 10b, or 16 of F	ed on line Part I.	301124	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach sch	nedule)s	22	1,633,409.	1,633,409.	Statement 6	
23 Specific assistance to individuals	(attach schedule)	23				
24 Benefits paid to or for members (a	·•'	24	110.006		110 006	
25 Compensation of officers, director	-	25	118,826.	0.	118,826.	· C
26 Other salaries and wages		26	1,280,386. 92,185.	831,492. 54,646.		
27 Pension plan contributions		27 28	224,512.	118,319.		
28 Other employee benefits		29	101,934.	60,477.		
30 Professional fundraising fees		30		<u> </u>		
31 Accounting fees		31	47,300.		47,300.	
32 Legal fees		32	180,274.		180,274.	
33 Supplies		33	44,766.	5,675.		
34 Telephone		34	41,175.	24,571.	16,604.	
35 Postage and shipping		35	854,147.	837,913.		
36 Occupancy		36	167,414.	108,953.		
37 Equipment rental and maintenance		37	33,200.	3,629.		
38 Printing and publications		38	104.	- <u>-</u> -	104.	
39 Travel		39 40	66,493.	17,808.	48,685.	
10 Conferences, conventions, and me 11 Interest		41	00/1731	17,000.	40,000.	
12 Depreciation, depletion, etc. (attack		42		_		
43 Other expenses (itemize):	·				;	·
a b		43a 43b				
C		43c			· '	
d		43d		·		
8 See Statement	4	43e	380,203.	265,845.	114,358.	·
e see statement	-	4361	300,203.	200,040.	TT4/200 *	
14 Total functional expenses (add lines 22 to Organizations completing columns (B)-(Litatals to lines 13-15	through 43) O), carry these DOrt in column (B)	44 (Prog	5,266,328.	3,962,737.	1,303,591.	O Yes [X] No
44 Total functional expenses (add lines 22 to Organizations completing columns (B)-(D	through 43) b), carry these port in column (B) t of these joint cosent and general \$ cogram Service purpose?	44 (Prog	5,266,328. Iram services) any joint cost ; (i) ; and (i) ccomplishments • Statement 5	3,962,737. Is from a combined educat It the amount allocated to It the amount allocated to It the amount allocated to	1,303,591. ional campaign and Program services \$ Fundraising \$	Yes X No ;
144 Total functional expenses (add lines 22 to Crganizations completing columns (B)-(Cotals to lines 13-15	through 43) D), carry these port in column (B) t of these joint cosent and general \$ Degram Service mpt purpose? PAMPHLE	(Prog	5,266,328. ram services) any joint cost ; and (i ; and (i ccomplishments E Statement lear and concise manner, State ti fons end 4947(a)(1) nonexempt ci , CASSETTE TA	3,962,737. Is from a combined education. It is the amount allocated to the amount allocated to the number of clients served, purposition to the served purposition to the serv	1,303,591. ional campaign and Program services \$ Fundraising \$ blications issued, etc. Discuss the amount of grants and	Yes X No ;
Total functional expenses (add lines 22 to Crganizations completing columns (B)-(Cotals to lines 13-15 Reporting of Joint Costs Did you repundraising solicitation? If "Yes," enter (i) the aggregate amount lill) the amount allocated to Manageme Partill Statement of Prowing Stat	through 43) b), carry these port in column (B) t of these joint cosent and general \$ cogram Service purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT	ts \$ _ See A See TS In a coganizat	5,266,328. iram services) any joint cost ; and (i ; and (i ccomplishments Exatement Statement cons and 4947(a)(1) nonexempt of CASSETTE TA N OF ALCOHOLI	3,962,737. Is from a combined education. It is the amount allocated to the amount allocated to the number of clients served, purposition in the number of clients served, purposition in the number of clients served. PES, ETC. D	1,303,591. ional campaign and Program services \$ Fundraising \$ blications issued, etc. Discuss the amount of grants and	Yes X No ;
Total functional expenses (add lines 22 to Organizations completing columns (B)-(Cotals to lines 19-15 Reporting of Joint Costs Did you repundraising solicitation? If Yes, "enter (i) the aggregate amount allocated to Management of Proposition of Statement of Statement of Proposition of Statement of Statement of Statement of Stateme	through 43) D), carry these Dort in column (B) t of these joint cosent and general \$ Degram Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	44 (Prog	5,266,328. Fram services) any joint cost ; ((); and (); and (); ccomplishments 2 Statement 5 Hear and concise manner, State the statement of the services	3,962,737. Is from a combined educat It the amount allocated to	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(s)(1) trusts; but optional for others
Organizations completing columns (B)-(Cotals to lines 19-15 Reporting of Joint Costs Did you repundraising solicitation? If Yes, "enter (i) the aggregate amount allocated to Manageme Partill Statement of Province in the organization's primary exerust organizations must describe their exempt processions to others.) a SALES OF BOOKS, TOWARDS THE REH DURING 1999, 6,	through 43) D), carry these Dort in column (B) t of these joint cosent and general \$ Degram Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	(Prog	5,266,328. Iram services) any joint cost ; (i ; and (i ccomplishments Exatement Se Statement Jons end 4947(a)(1) nonexempt of CASSETTE TA N OF ALCOHOLI EMS WERE DIST (G	3,962,737. Is from a combined education. It is the amount allocated to the amount allocated to the number of clients served, purposition in the number of clients served, purposition in the number of clients served. PES, ETC. D	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(e)(1) trusts; but optional for other
Organizations completing columns (B)-(Cotals to lines 19-15 Reporting of Joint Costs Did you repundraising solicitation? If Yes, "enter (i) the aggregate amount allocated to Manageme Partill Statement of Province to the organization's primary exerust organizations must describe their exempt procedure to the organization of the organization	through 43) D), carry these Dort in column (B) t of these joint cosent and general \$ Degram Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	(Prog	5,266,328. Iram services) any joint cost ; (i ; and (i ccomplishments Exatement Se Statement Jons end 4947(a)(1) nonexempt of CASSETTE TA N OF ALCOHOLI EMS WERE DIST (G	3,962,737. Is from a combined educat It the amount allocated to	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(e)(1) trusts; but optional for other
Total functional expenses (add lines 22 to Crganizations completing columns (B)-(Cotals to lines 19-15 Reporting of Joint Costs Did you repundraising solicitation? If "Yes," enter (i) the aggregate amount allocated to Manageme Part III Statement of Proposition of Proposi	through 43) D), carry these Dort in column (B) t of these joint cosent and general \$ Degram Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	(Prog	5,266,328. Iram services) any joint cost ; (i ; and (i ccomplishments Exatement Se Statement Jons end 4947(a)(1) nonexempt of CASSETTE TA N OF ALCOHOLI EMS WERE DIST (G	3,962,737. Is from a combined educat It the amount allocated to	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(s)(1) trusts; but optional for others
Total functional expenses (add lines 22 to Organizations completing columns (B)-(Cotals to lines 19-15 Reporting of Joint Costs Did you repundraising solicitation? If Yes, "enter (i) the aggregate amount allocated to Manageme Partill Statement of Province of the organization's primary exerustrong the organization organization of the organi	through 43) D), carry these port in column (B) t of these joint cosent and general \$ Degram Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	44 (Programs & See A See In a case I	5,266,328. Fram services) any joint cost (i) ; and (i) ccomplishments Exatement 5 lear and conclse manner, State the statement of the st	3,962,737. Is from a combined educat It the amount allocated to	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(e)(1) trusts; but optional for other
Total functional expenses (add lines 22 to Organizations completing columns (B)-(Cotals to lines 19-15 Reporting of Joint Costs Did you repundraising solicitation? If 'Yes," enter (i) the aggregate amount allocated to Manageme Partill Statement of Province of the organization's primary exerunts that are not measurable. (Sectional Cotals of SALES OF BOOKS, TOWARDS THE REH. DURING 1999, 6,	through 43) D), carry these port in column (B) t of these joint cosent and general \$ Degram Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	44 (Programs & See A See In a case I	5,266,328. Fram services) any joint cost (i) ; and (i) ccomplishments Exatement 5 lear and conclse manner, State the statement of the st	3,962,737. Is from a combined educat It) the amount allocated to Iv) the amount allocated to	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(e)(1) trusts; but optional for other
Total functional expenses (add lines 22 to Organizations completing columns (B)-(Cotals to lines 19-15 Reporting of Joint Costs Did you repundraising solicitation? If 'Yes," enter (i) the aggregate amount allocated to Management of Properties Statement of Properties that are not measurable. (Section in Sales of BOOKS, TOWARDS THE REH. DURING 1999, 6,	through 43) D), carry these port in column (B) t of these joint cosent and general \$ Degram Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	44 (Programs & See A See In a case I	5,266,328. Fram services) any joint cost (i) ; and (i) ccomplishments Exatement 5 lear and conclse manner, State the statement of the st	3,962,737. Is from a combined educat It) the amount allocated to Iv) the amount allocated to	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(e)(1) trusts; but optional for other
Organizations completing columns (B)-(Cotals to lines 19-15 Reporting of Joint Costs Did you repundraising solicitation? If Yes, "enter (i) the aggregate amount allocated to Manageme Partill Statement of Province the organization's primary exeruit organizations must describe their exempt prohibitories to others.) a SALES OF BOOKS, TOWARDS THE REH. DURING 1999, 6,	through 43) D), carry these port in column (B) t of these joint cosent and general \$ Degram Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	44 (Programs & See A See In a case I	5,266,328. iram services) any joint cost ; (i) ; and (i) ccomplishments E Statement Diear and concise manner, State till cons end 4947(a)(1) nonexempt co , CASSETTE TA N OF ALCOHOLI EMS WERE DIST (G	3,962,737. Is from a combined education at the amount allocated to the amount allocated to the number of clients served, purportable trusts must also enter APES, ETC. DECS. PRIBUTED. Frants and allocations \$ Frants and allocations \$	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(e)(1) trusts; but optional for other
Total functional expenses (add lines 22 to Crganizations completing columns (B)-(Cotals to lines 13-15	through 43) D), carry these port in column (B) t of these joint cosent and general \$ Degram Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	44 (Programs & See A See In a case I	5,266,328. iram services) any joint cost ; (i) ; and (i) ccomplishments E Statement Diear and concise manner, State till cons end 4947(a)(1) nonexempt co , CASSETTE TA N OF ALCOHOLI EMS WERE DIST (G	3,962,737. Is from a combined educat It) the amount allocated to Iv) the amount allocated to	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(s)(1) trusts; but optional for others
Total functional expenses (add lines 22 to Organizations completing columns (B)-(Cotals to lines 19-15 Reporting of Joint Costs Did you repundraising solicitation? If 'Yes," enter (i) the aggregate amount allocated to Management of Properties Statement of Properties that are not measurable. (Section in Sales of BOOKS, TOWARDS THE REH. DURING 1999, 6,	through 43) a), carry these cort in column (B) t of these joint cosent and general \$ correct Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	44 (Programmer of the state o	5,266,328. Iram services) any joint cost (() ; and () ccomplishments Exatement 5 Iear and conclse manner, State the state and 4947(a)(1) nonexempt of the state of the s	3,962,737. Is from a combined education at the amount allocated to the amount allocated to the number of clients served, purportable trusts must also enter APES, ETC. DECS. PRIBUTED. Frants and allocations \$ Frants and allocations \$	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(s)(1) trusts; but optional for others
Organizations completing columns (B)-(Cotals to lines 19-15 Reporting of Joint Costs Did you repundraising solicitation? If Yes, "enter (i) the aggregate amount allocated to Manageme Part III Statement of Province the organization's primary exervit organizations must describe their exempt problems to others.) a SALES OF BOOKS, TOWARDS THE REH. DURING 1999, 6,	through 43) a), carry these cort in column (B) t of these joint cosent and general \$ correct Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	44 (Programmer of the state o	5,266,328. Iram services) any joint cost (() ; and () ccomplishments Exatement 5 Iear and conclse manner, State the state and 4947(a)(1) nonexempt of the state of the s	3,962,737. Is from a combined education at the amount allocated to the amount allocated to the number of clients served, purportable trusts must also enter APES, ETC. DECS. PRIBUTED. Frants and allocations \$ Frants and allocations \$	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(e)(1) trusts; but optional for other
Total functional expenses (add lines 22 to Crganizations completing columns (B)-(Columns to Incentify and Incentification and Incentificatio	through 43) a), carry these cort in column (B) t of these joint cosent and general \$ correct Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	44 (Programmer of the state o	5,266,328. Iram services) any joint cost (i); and (i) Ccomplishments Statement Statement CASSETTE TA NOF ALCOHOLI EMS WERE DIST (G (G	3,962,737. Is from a combined educat It the amount allocated to It the amou	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(e)(1) trusts; but optional for others
Total functional expenses (add lines 22 to Crganizations completing columns (B)-(Columns to Incentional Incention Incentional Incention Ince	through 43) b), carry these port in column (B) t of these joint cosent and general \$ purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	44 (Programmer of the state o	5,266,328. Iram services) any joint cost (i); and (i) ccomplishments Statement 5 Itear and concise manner, State the triple of the services of the servic	3,962,737. Is from a combined education at the amount allocated to the amount allocated to the number of clients served, purportable trusts must also enter APES, ETC. DECS. PRIBUTED. Frants and allocations \$ Frants and allocations \$	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED	Yes X No ;
Total functional expenses (add lines 22 to Crganizations completing columns (B)-(Columns to Incentify and Incentification and Incentificatio	through 43) and through 43) bort in column (B) t of these joint cosent and general \$ bogram Service mpt purpose achievements on 501(c)(3) and (4) org PAMPHLE ABILITAT 600,000	44 (Programmer of the state of	5,266,328. Iram services) any joint cost ; ((); and (); and (); ccomplishments 2 Statement 5 Ilear and concise manner, State the forms and 4947(a)(1) nonexempt of the forms of ALCOHOLD EMS WERE DIST (G) (G) (G) (G) (G) (G) (G)	3,962,737. Is from a combined educat It the amount allocated to It the amou	1,303,591. ional campaign and Program services \$ Fundraising \$ bilications issued, etc. Discuss the amount of grants and IRECTED 1,633,409.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others

Part IV Balance Sheets

	ere required, attached schedules and am uld be for end-of-year amounts only.	ounts within the des	scription column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing			562,351.	45	766,550.
46	Savings and temporary cash investments			96,932.	46	602,670.
	•	1 1	420 625			
t t	Accounts receivable		428,625.	882,919.	470	428,625.
b	Less: allowance for doubtful accounts			002,515.	47c	420,025
48 a	Pledges receivable	48a		•		
b					48c	
49	Grants receivable				49	·.
50	Receivables from officers, directors, trustee					
	and key employees		*************************		50	
SSets 51 a		51a				
g ASS	Less; allowance for doubtful accounts	51b			51c	
52	Inventories for sale or use			1,426,529.	52	1,565,138.
53	Prepaid expenses and deferred charges			42,648.	53	52,058.
54	Investments - securities				54	
55 a		, ,		ļ		
	equipment: basis	55a				•
		<u> </u>				
b	Less; accumulated depreciation	55h	_		55c	
56	Investments - other		,		56	
57 a	Land, buildings, and equipment: basis					
	Less; accumulated depreciation	<u>[57b]</u>	t 7	20 251	57¢	206 571
58	Other assets (describe	see sta	tement 7	20,251.	58	206,571.
E0	Total access (add lines 45 through 59) (mu	et equat line 74\		3,031,630.	59	3 621 612
59 60	Total assets (add lines 45 through 58) (mu Accounts payable and accrued expenses			994,913.	60	3,621,612. 521,994.
61	Grants payable			331/3131	61	32173311
	Deferred revenue			47,287.	62	46,143.
62 63 64 a	Loans from officers, directors, trustees, and				63	
64 a	Tax-exempt bond liabilities				64a	
	Mortgages and other notes payable			-	64b	
65	Other liabilities (describe	.,,	,	-	65	
1					-	
66	Total Habilities (add lines 60 through 65)			1,042,200.	66	568,137.
Organ	nizations that follow SFAS 117, check here		te lines 67 through		(1)(1)(1)(1) (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
	69 and lines 73 and 74.		•			•
g 67	Unrestricted			1,989,430.	67	3,053,475.
[68	Temporarily restricted				68	
69	Permanently restricted				69	
87 67 68 69 0rgar	ilzations that do not follow SFAS 117, check	there 🕨 💹 and	complete lines			
<u> </u>	70 through 74				********	
70	Capital stock, trust principal, or current fund				70	· .
71	Paid-in or capital surplus, or land, building,			· ·	71	
72	Retained earnings, endowment, accumulate				72	_
73	Total net assets or fund balances (add line	-	-	1 000 400		2 052 435
	column (A) must equal line 19 and column (1,989,430.	73	3,053,475.
74	Total liabilities and net assets / fund bala	n ces (add lines 66 an	<u>a /3)</u>	3,031,630.	74	3,621,612.

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.

organizations, of which more than \$10,000 was provided by the related organizations? If 'Yes,' attach schedule.

Form 990 (1999)

F. CILE. V.	IEL 'VIIGIA OL ILIOOLISC	Troducing A					
Enter gros	s amounts unless otherwise	ļ.	Unrela	ted business income		ded by section 512, 513, or 514	(E) ·
indicated.		ŀ	(A)	(B)	(C) Exclu-	(D)	Related or exempt
93 Proa	ram service revenue:		Business code .	Amount	sion	Amount	function income
		F			,		
(h)		}					
(e)							
(4)		-		 		<u></u>	
(e)_		,				<u> </u>	
	ledicare/Medicaid payments						
	ees and contracts from government						
	bership dues and assessments						-
	est on savings and temporary						
	investments	1			14	3,404.	
	ends and interest from securities					3,101.	-
	ental income or (loss) from real esta		sramohodal dii		(2000) N		
	ebt-financed property						
	ot debt-financed property					<u>-</u>	<u></u>
	ental income or (loss) from persona		-			· ·	
	investment income	·····		<u> </u>		<u> </u>	'
	or (loss) from sales of assets				ĺ		
	than inventory					<u> </u>	<u> </u>
	come or (loss) from special events					<u> </u>	6 140 640
	s profit or (loss) from sales of inven	tory					6,140,649.
103 Other		ŀ					
a						· · · · · · · · · · · · · · · · · · ·	
		L L					
				·		<u> </u>	
d							<u> </u>
e _		 	*********		******		
104 Subto	otal (add columns (B), (D), and (E))	<u>@</u>				3,404.	6,140,649.
105 TOTA	L (add line 104, columns (B), (D), a	ınd (E))				>	6,144,053.
Note: (Lin	e 105 plus line 1d, Part I, shoul	d equal the amou	int on line	12, Part I.			
Part VI	Relationship of Activ						·
Line No.	Explain how each activity for which				import	antly to the accomplishment	of the organization's
▼	exempt purposes (other than by						
	SALES OF BOOKS,						
102	OTHER INTERESTEI	D PERSONS	SEEK	ING REHABILI	TAT	ION FROM ALCO	HOLISM
		·					
						<u> </u>	
							·
						· 	
			•				
	<u> </u>						
Part IX	Information Regarding	ng Taxable S	ubsidiar	ies (Complete this Part If	the "Y	es" box on 88 is checked.)	
	ress, and employer identification of corporation or partnership	Percentage of ownership interest	Nat	ture of business activities		Total income	End-of-year assets
	N/A	%	1				200410
	11/11						
			 			 :	
		70					

SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information

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

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

35

(b) Title and average hours

per week devoted to

position

PROD. MGR.

1999

(e) Expense account and other

allowances

0.

OMB No. 1545-0047

Internal Revenue Service Name of the organization

VINNY MCCARTHY

W. ISLIP, NY

Department of the Treasury

ALCOHOLICS ANONYMOUS WORLD SERVICES,

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

(a) Name and address of each employee paid

more than \$50,000

Employer identification number 13 1679617

(d) Contributions to employee benefit plans & deferred compensation

(c) Compensation

103,330

" IDDITT ICI		100/5001	`	
JOHN KIRWIN	ASST CONTR			
PATTERSON, NJ	35	83,694.		0.
ROBERT CUBELO	PRODUCTION			
ANDES, NY	35	78,769.		0.
ELEANOR WIDDOES	WRITER			
NEW YORK, NY	35	71,672.		0.
JOHN DESTEFANO	WRITER			
NEW YORK, NY	35	60,780.		0.
Total number of other employees paid over \$50,000	2			
Part II Compensation of the Five Highest F (See instructions, List each one (whether individuals of	Paid Independent Contracto		Services	
(a) Name and address of each independent contrac	ctor paid more than \$50,000	(b) Type of ser	vice	(c) Compensation
HOLLAND & KNIGHT	· · · · · · · · · · · · · · · · · · ·	_		
NY, NY	· · · · · · · · · · · · · · · · · · ·	LEGAL		63,859.
SUGHRUE, MION, ET AL		_ .		
WASHINGTON, DC		LEGAL		52,463.
		_		
·				
		-	•	
		- I		
			İ	
Total number of others receiving over \$50,000 for professional services	• 0			

Schedule A	(Form 99)	D) 1999

(b) Line number

from above

14

(a) Name(s) of supported organization(s)

An organization organized and operated to test for public safety. Section 509(a)(4), (See page 4 of the Instructions.)

Pε	Support Schedule (C	Complete only if you ch ne worksheet in the ins	ecked a box on line 10), 11, or 12 above.) Us	se cash method of ac	counting. counting.
	ndar year (or fiscal year nning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, end contributions received. (Do not include unusual grants. See line 28.)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	8,912,235.	8,898,278.	8.260.524.	8.428.838.	34,499,875.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,213.		2,273.	6,723.	
19	Net income from unrelated business		2,0001	2/2/01	0,1201	207,200
	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			8,262,797.	8,435,561.	34,513,620.
24	Line 23 minus line 17	2,213.	2,536.	2,273.	6,723.	13,745.
25	Enter 1% of line 23	89,144.	89,008.	82,628.		
26 b	Organizations described in lines 10 Attach a list (which is not open to pul governmental unit or publicly suppor in line 26a. Enter the sum of all these	blic inspection) showing t ted organization) whose t	the name of and amount of total gifts for 1995 throug	contributed by each perso In 1998 exceeded the amo	on (other than a ount shown	N/A N/A
c	Total support for section 509(a)(1) to	est Enter line 24 column	(e)		▶ 26c	N/A
	Add: Amounts from column (e) for lin				70.75.799d	
	,			b	▶ 26d	N/A
e	Public support (line 26c minus line 2	6d total)			► 26e	N/A
1_	Public support percentage (line 26e	(numerator) divided by	line 26c (denominator))		261	N/A %
27	Organizations described on line 12: of, and total amounts received in eac (1998) 0	h year from, each "disqua	lified person." Enter the s	um of such amounts for e	each year.	
b		at was received from a no	ondisqualified person, atta	ach a list to show the nam	ne of, and amount receive	ed for each year,
	that was more than the larger of (1) individuals.) After computing the differencess amounts) for each year: (1998) 1,039,860	erence between the amou ee Statemen	nt received and the larger to 12	amount decribed in (1) o	or (2), enter the sum of th	ese differences (the
C	Add: Amounts from column (e) for line 17 34, 4 Add: Line 27a total Public support (fine 27c, total minus	16s: 15 99,875.20		16		34,499,875.
d	Add: Line 27a total	0 and li	nė 27b total	4,360	, 111. > 27 ₁₁	4,360,111.
e	Public support (line 27c, total minus	line 27d total)			▶ 278	34,499,875. 4,360,111. 30,139,764.
1	Total support for section 509(a)(2) te	st: Enter amount on line :	23, column (e)	► 271 34,5	513,620.	
g	Public support percentage (line	27e (numerator) divi	ded by line 27f, (deno	ominator))	▶ 27g	87.3272%
h	Investment income percentage	(líne 18 column (e) (r	numerator) divided by	line 27f (denominato	or)) > 27h	.0398%
28 L F t	Inusual Grants: For an organization jublic inspection) for each year showin hese grants in line 15. (See instruction	described in line 10, 11, g the name of the contrib s.)	or 12, that received any u utor, the date and amoun			list (which is not open to of the grant. Do not include

INC

EE	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	'A·	
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	29		
30	instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	8038383		80.000
JU	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		80000000
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	30		
31	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	allallos	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	··· <u> </u>		
	The state of the s			
		— (
	•	— , ,,,,		
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		i .	
	admissions, programs, and scholarships?	320		
þ	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?			
b	Admissions policies?			
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
6	Educational policies?			
ſ	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?	33h	2:302:302	231.72
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
		— !!!!!!!		
24 =	Dogs the executation require any financial oid or ensistence from a course month occurs.			
34 a b	Does the organization receive any financial aid or assistance from a governmental agency?			
Ü	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.	041)	.00.000	
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,	8.6000000	0.0000000	
	1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		
		00		

Schedule A (Form 990) 1999

・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	<u> </u>		ANONYMOUS WOL		101	es, in	-		1679617	Page
Bantaleas			lecting Public Chari anization that filed Form 5768				_		N/A	1
Check here 🟲 a		ization belongs to an af	• •							
Check here ► b	Limi	its on Lobbying		· · · · · ·		Affiliated	(a) group tot	als	(b) To be completed for	
	(The term *	expenditures" means ar	nounts paid or incurred)			N/			electing organizati	ons
36 Total lobbyin	a avoanditurae to in	fluanca nublic opinion	(grassroots lobbying)	}	36	14.7	A			
•	•	•	dy (direct lobbying)		37					
•	-	-			38					
				L L	39					
		=	9)		40	· @@@@###	00-000-00-000	entermo.		M-157:101
		iter the amount from th	=							
•	et on line 40 is -	-	ing nontaxable amount is -	, §						
			us 15% of the excess over \$500,00	1.6%						
Over \$1,000,00	0 but not over \$1,500,0	00 \$175,000 pl	us 10% of the excess over \$1,000,0	000 }	41	712131	#0## 9 #********	*****		
			us 5% of the excess over \$1,500,00	1 1 1 1 1 1 1 1 1 1 1 1						
					42			P2000		355.55
			than line 36		43					
			than line 38		44					
	•	•								
Caution: If t	here is an amount	t on either line 43 or	line 44, you must file Form	4720.						
		b	elow. See the instructions for Lobbying Expe	lines 45 through nditures During		r Averaging	Period		N/A	
Calendar year (o fiscal year begin		(a) 1999	(b) 1998	(c) 1997			(d) 1996		(e) Total	
45 Lobbying no	ntaxable	•								_
				A-A-A-A-COCO-COCO-COCO-COCO-COCO-COCO-C	303.00	diki dia baharah:	P1857508000	3020802	, n	0.
46 Lobbying ceil	The Property of the Property o							usiday.		
47 Total lobbying		<u>,6:6:6:5:5:5:5:5:5:5:5:5:5:5:5:5:5:5</u>				and backers and	307.366.69	//(XXX		0.
expenditures	_		I I		10.6130					0.
										0.
48 Grassroots n	ontaxable									0.
amount	ontaxable	v. 1. 3. 7 (1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.								0.
amount	ontaxable eiling amount									0.
amount	eiling amount									0.
amount 49 Grassroots or (150% of line 50 Grassroots lo expenditures	ontaxable eiling amount s 48(e))									0.
amount 49 Grassroots of (150% of line 50 Grassroots lo expenditures Part VI+B	eiling amount 248(e)) bbying Lobbying Act	• -	cting Public Charitie	9S					N/A	0.
amount 49 Grassroots or (150% of line 50 Grassroots lo expenditures Part VI+B	eiling amount 48(e)) bbying Lobbying Act (For reporting only	by organizations that di	cting Public Charitie id not complete Part VI-A) ional, state or local legislation,		tempt	to				0.
amount 49 Grassroots or (150% of line 50 Grassroots lo expenditures Part VI+B During the year, d	eiling amount 48(e)) Lobbying Lobbying Act (For reporting only id the organization a	by organizations that di	id not complete Part VI-A) ional, state or local legislation,		tempt	to	Yes	No	·· N/A	0.
amount 49 Grassroots or (150% of line 50 Grassroots lo expenditures Part VI+B During the year, d influence public o a Volunteers	eiling amount 48(e)) bbying Lobbying Act (For reporting only id the organization a pinion on a legislativ	by organizations that di attempt to influence nat we matter or referendum	id not complete Part VI-A) ional, state or local legislation, n, through the use of:	including any at				No	-	0.
amount 49 Grassroots or (150% of line 50 Grassroots lo expenditures Part VI-B During the year, d influence public o a Volunteers b Paid staff or r	eiling amount (48(e)) Lobbying Lobbying Act (For reporting only id the organization a pinion on a legislation	by organizations that di altempt to influence nat we matter or referendum le compensation in exp	id not complete Part VI-A) ional, state or local legislation, in, through the use of: enses reported on lines c thro	including any at				No	-	0.
amount 49 Grassroots or (150% of line 50 Grassroots lo expenditures Part VI-B During the year, d influence public o a Volunteers b Paid staff or r c Media advert	eiling amount 48(e)) Lobbying Lobbying Act (For reporting only id the organization a pinion on a legislativ management (includ	by organizations that diltempt to influence nat we matter or referendum le compensation in exp	id not complete Part VI-A) ional, state or local legislation, n, through the use of: enses reported on lines c thro	including any at				No	-	0.
amount 49 Grassroots or (150% of line 50 Grassroots lo expenditures Part VI+B During the year, d influence public o a Volunteers b Paid staff or r c Media adverti d Mailings to m	eiling amount 48(e)) Lobbying Lobbying Act (For reporting only id the organization a pinion on a legislativ management (includ sements tembers, legislators	by organizations that diltempt to influence nat we matter or referendum e compensation in exp or the public	id not complete Part VI-A) ional, state or local legislation, n, through the use of: enses reported on lines c thro	including any at				No	-	0.
amount 49 Grassroots or (150% of line 50 Grassroots lo expenditures Part VI+B During the year, d influence public o a Volunteers b Paid staff or r c Media adverti d Mailings to m e Publications,	eiling amount 48(e)) Lobbying Lobbying Act (For reporting only id the organization a pinion on a legislation management (includ isements tembers, legislators, or published or broa	by organizations that distributed by the public or referendum or the public or the public adcast statements	id not complete Part VI-A) ional, state or local legislation, n, through the use of: enses reported on lines c thro	including any at ugh h)				No	-	0.
amount 49 Grassroots or (150% of line 50 Grassroots lo expenditures Part VI+B During the year, d influence public o a Volunteers b Paid staff or r c Media adverti d Mailings to m e Publications, f Grants to oth g Oirect contace	eiling amount (48(e)) Lobbying Lobbying Act (For reporting only id the organization a pinion on a legislative management (includ isements tembers, legislators, or published or broa er organizations for t with legislators, the	by organizations that distributed in the part to influence native matter or referendum le compensation in export the public adcast statements lobbying purposes air staffs, government of	id not complete Part VI-A) ional, state or local legislation, in, through the use of: enses reported on lines c thro officials, or a legislative body	including any at				No	-	0.
amount 49 Grassroots or (150% of line 50 Grassroots lo expenditures Part VI-B During the year, d influence public o a Volunteers b Paid staff or o Media adverti d Mailings to m Publications, f Grants to oth g Direct contac h Rallies, demo	eiling amount 48(e)) Lobbying Lobbying Act (For reporting only id the organization a pinion on a legislation management (includ isements tembers, legislators, or published or broa er organizations for t with legislators, the instrations, seminare	by organizations that distributed in the public compensation in exposer or the public cadcast statements clobbying purposes cir staffs, government os, conventions, speech	id not complete Part VI-A) ional, state or local legislation, n, through the use of: enses reported on lines c thro	including any att				No	-	0.

1001___1

Schedule A (Form 990) 1999 ALCOHOLICS ANONYMOUS WORLD SERVICES, INC 13-1679617 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

	excitibe of Serie						
		lirectly or indirectly engage in any o		-			
	•	section 501(c)(3) organizations) or		plitical organizations?			-
		ganization to a noncharitable exemp			[= 4 m	Yes	No
					51a(l)	<u> </u>	X
				······································	a(II)		
	Other transactions:	Shart to a control of the			6/8		Х
					b(i)		X
					b(li)		X
				······································	b(lli)		X
					b(iv)		X
					b(v)		X
					b(vi)		$\frac{\Lambda}{X}$
				Annual in Aliana Handail and Laborator of Man	انا		Λ.
		e is "Yes," complete the following so given by the reporting organization	, ,	always indicate the fair market value of the			
		nent, show in column (d) the value (•			N/A	
(a)	(b)	(c)	or the goods, ether assets, o	(d)		,	
Line no		Name of noncharitable ex	kempt organization	Description of transfers, transactions, and sh	aring ar	rangem	ents
						-	
			-- (* 11				
							
							
				·			
				<u> </u>			
		=	one or more tax-exempt orga	anizations described in section 501(c) of the		[57	,
	ode (other than section 501(c)		•••••••••••	>	Yes	LX.	No
D 11	"Yes," complete the following s		1 413				
	(a) Name of org	, nanization	(b) Type of organization	(c) Description of relationship			
			- yp or or gammenon				
			 				
			 				
							
			<u> </u>				
			<u> </u>				
		· · · · · ·					
		· ——					
	•	_ _					
		·	·				
				Schadul	e A (For	m 990)	1999

Footnotes

Statement

990 PART V

CONTRIBUTIONS TO THE EMPLOYEE BENEFIT PLANS ARE NOT SEPARATELY CALCULATED BY EMPLOYEE.

PART OF OFFICERS' SALARIES ARE CARRIED BY THE GENERAL SERVICE BOARD OF A.A.

Form 990	Statement 2					
Income						
2. Returns and allow	ances	9,261,210 272,709	. 8,988,501			
	d (line 13) e 3 less line 4)	2,847,852	6,140,649			
Cost of Goods Sold						
7. Merchandise purcha 8. Cost of labor . 9. Materials and supp	nning of year	1,426,529 2,986,461				
10. Other costs 11. Add lines 6 through	gh 10		4,412,990			
12. Inventory at end of 13. Cost of goods sold	of year	1,565,138	2,847,852			

Form 990 Other Changes in Net Assets or Fund Balances	Statement 3
Description	Amount
CHANGE IN NET ASSETS OF SMAA (NOT FOR PROFIT) CORP	186,320.
Total to Form 990, Part I, line 20	186,320.

Form 990	Other	Expenses		Statement 4
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
SELLING EXPENSES CONTRACTED SERVICES OFFICE SERVICE &	56,389. 50,231.	56,389. 29,734.	20,497.	
EXPENSE BAD DEBTS ROYALTY EXPENSE	92,066. 9,578. 164,542.	7,783. 164,542.	84,283. 9,578.	
WRITER'S FEES Total to Fm 990, ln 43	7,397.	7,397.	114,358.	

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

Explanation

DISSEMINATION OF LITERATURE AND RELATED ITEMS DIRECTED TOWARDS ALCOHOLICS FOLLOWING THE A.A RECOVERY PROGRAM.

Form 990	Cash Gran	ts and Allocations	Sta	tement 6
Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount
	GENERAL SERVICE BOARD OF A.A.	NEW YORK, N.Y.	SEE PART VI	1633409.
Total Included	on Form 990, Part	II, line 22		1633409.

Form 9'90	· · · · · · · · · · · · · · · · · · ·	Other Assets		Stat	ement -	7
Description			·	A	mount	
COPYRIGHTS & GOOD STANDING POSTAGE S.M.A.A. INC.		VALUE			20,2 186,3	
Total to Form 99), Part IV, line	e 58, Column B	·	· <u> </u>	206,5	71.
Form 990	Other Revenue	Not Included on	Form 990	Stat	ement	8
Description				A	mount	
S.M.A.A., INC.					112,3	62.
Total to Form 990), Part IV-A				112,3	62.
Form 990		of Officers, Dire and Key Employees	•	Stat	ement	9
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expen	
GREG MUTH		PRESIDENT 20	67,500.	0.		0.
NEW YORK, NY		·				
JACQUELINE JOHNST	ON.	1ST VICE-PRES. PART	0.	0.		0.
WEST LAKE VILLAGE	, CA 91361	11111	•	.		•
RONALD GAUTHIER		TREASURER	. 0	0.		0.
SO. HAMILTON, MA	·	PART .	0.	0.		0.
JOANIE MONCRIEF		2ND_V-PRES.	,			
NEW YORK, NY		PART	0.	0.		0.
JIM CLOUGH		DIRECTOR		_		_
COSTA MESA, CA		PART	0.	0.		0.

	IYMOUS WORLD SERVICES, INC		13	3-1679617
JOSEPH DENNAN	SECRETARY	. 0 .	. 0.	0.
NEW YORK, NY	PART	0.	. 0.	0.
DONALD MEURER	ASST. TREAS.	51,326	. 0.	0.
NEW YORK, NY	20	51,320		0.
JOHN KOSTER	DIRECTOR PART	0.	. 0.	0.
NEW YORK, NY	PARI	0.	. 0.	0.
JACK OSTREM	CHAIRPERSON	0.	. 0.	0.
JOLIET, IL	PART	0.	. 0.	0.
RICHARD ROUGHTON	DIRECTOR PART	0.	0.	0.
CHICAGO, IL	PARI	. .		0.
JAN POLEK	DIRECTOR PART	0.	0.	0.
SPOKANE, WA	PART	0.	0.	0.
Totals Included o	n Form 990, Part V	118,826.	0.	0.
Totals included o	ii Folm 990, Falt v	=======================================	====	
	=			
Form 990	Part V - Officer Compensation Related Organizations	from	State	ement 10
		from		ement 10
· · · · · · · · · · · · · · · · · · ·		from Compen- sation	State Employee Ben Plan Contrib	ement 10 Expense Account
Officer's Name	Related Organizations Name of	Compen-	Employee Ben Plan	Expense
Officer's Name GREG MUTH	Related Organizations Name of Related Organization GENERAL SERVICE BOARD OF	Compen- sation	Employee Ben Plan Contrib	Expense Account
Officer's Name GREG MUTH	Name of Related Organizations Related Organization GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS GENERAL SERVICE BOARD OF	Compen- sation 67,500.	Employee Ben Plan Contrib	Expense Account
Officer's Name GREG MUTH DONALD MEURER	Name of Related Organizations Related Organization GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS GENERAL SERVICE BOARD OF	Compen-sation 67,500. 51,326.	Employee Ben Plan Contrib	Expense Account 0.
Form 990 Officer's Name GREG MUTH DONALD MEURER Form 990 Name of Organizat	Name of Related Organization GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS GENERAL SERVICE BOARD OF ALCOHOLICS ANONYMOUS Identification of Related Or Part VI, Line 80b	Compen-sation 67,500. 51,326.	Employee Ben Plan Contrib 0. State	Expense Account 0.