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Form **990**

Return of Organization Exempt From Income Tax

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

2011

Open to Public Inspection

Department of the *reasury Internal Revenue Service

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

A	For the 2011 cale	dar year, or tax year beginni	ng	, 2011, and er	tang				
В	Check if applicable	C		D Employer Identif					
	Address change	Research Society				84-08930)73		
	Name change	(7801 N Lamar D-89				E Telephone numb	ar .		
	India) return	Austin, TX 78752-	1038			(512) 45	54-0022		
	-erminated	1	•						
	Amended return					G Gross receipts \$	1,409,836.		
	Application pends	F Name and address of principal of	ficer		H(a) is this	a group return for aiffile			
		Same As C Above				H(b) Are all affiliates included? Yes No			
_	Tax exempt status	X 501(c)(3) 501(c) () (insert no)	4947(a)(1) or 527		'attach a tist (see insti	ructions)		
÷		SoA.org) - (11-30)(1-0-)	14347(0)(1) 0: 1 0.		exemption number			
<u>, , , , , , , , , , , , , , , , , , , </u>	Form of organization		Association Other►	L Year of Fo	_ 		pal domecie TX		
Ď,	ert I Summ		ASSOCIATION ONE)	12 .691.1110	112101 137	U Justice of the	go, (x3-1622		
٢٠٠		the organization's mission	or most sondicant ac	truties RSA co	rves a n		ho gather to		
_		nate their data wh							
2		imental Research	TON TO WASK TO	DITIBLEO TIL	75 75 Gr.T.	MT 17700 5	OTT 5 TO THE PARTY.		
Ę	2- 545c	- 14 Ann -			-				
Activities & Governance	2 Check this	ox F if the organization	discontinued its operat	ions or disposed of	more than 25	% of its net asse	ts		
ğ		oling members of the governi				. 3	5		
6		ndependent voting members o			-	4	0		
ş		r of individuals employed in c	•	rt V, line 2a) .		5	0		
Ę	5	r of volunteers (estimate if ne	• •			. 6	0.		
•		ed business revenue from Pa				. 7a	$\frac{0}{0}$		
	b Net unrelat	d business taxable income fro				7ь			
		dam (Dank VIII)		70		Prior Year	Current Year 12, 255.		
9	9 Program se	s and grants (Part VIII) line 11 vice revenue (Part VIII, line 2	^및 ©	2012	· · · · · ·	9,750. 1,085,585.	1,084,079.		
Ę	9 Program Si	ncome (Part VIII, column (A),		13,119.	$-\frac{1,084,075.}{9,669.}$				
Revenue	10 Investment	ue (Part VIII, column (A), line:	E 5 164 Re Ge 10e an	d lle)		185,817.	303,833.		
_		e - add lines 8 through 11 (r			·	1,294,271.	1,409,836.		
	13 Grants and	similar amounts paid (Part IX,	column (A) lines 1-33		- 				
		d to or for members (Part IX.	-						
	1	ner compensation, employee t		f	352,598.	363,145.			
8		fundraising fees (Part IX, col	•	·					
Expenses	102 FIGURESSION			•	<u> </u>	-			
×	b Total fundr	ising expenses (Part IX, colur		-					
w	17 Other expe	ses (Part IX, column (A), line				1,106,044.	1,050,434.		
	,	ses. Add lines 13-17 (must eq	:), line 25) .		1,458,642.	1,413,579.		
	19 Revenue le	s expenses Subtract line 18	from line 12.			-164, 371.	-3,743.		
5 8]					ing of Current Year	End of Year		
	20 Total asset	(Part X, line 16)	-		·	1,066,110.	1,061,285.		
Net Assets Fund Beland	21 Total liabili	es (Part X, line 26) .	•		·	8,829.			
<u> </u>	T	or fund balances. Subtract line	21 from line 20 .		l	1,057,281.	1,053,538.		
		ire Block							
Uni	der penalties of penury.	declare that I have examined this leturi parer chier than officer; is based on a	n, including accompanying sci il information of which brebare	redules and statements, an	at to the best of a	my knowledge and belid	ef, d is true, correct, and		
	1	7.1.86)————			11/12	1.0		
۵.	Sim	Alie of officer			.— _	tate ////	71-2		
	gn <u>}</u> -	/							
пе		ora Sharp			DITE	ctor			
_		·	Palmares Caranton	A A Date			P"IN		
_	l	preparer sinome	Propared Superure	A II III	John	Check			
Pa	11 0	TTAIDS C DUCA		U	11111	self employed	P00957187		
	eparer Fam's n	. 100 D DULIMBON					_2012DE7		
U	se Only Firm's a		ONE BLVD			Firms EN > 74			
CEDAR PARK, TX 78613-6902						Phone no (512	2) 565-1637		
Ma	y the IRS discuss	his return with the preparer s	hown above? (see inst	ructions)		<u> </u>	X Yes No		
D 4	A F- D	ra-wki Ask Alaki Ab		_		OC Drs			

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Form	990 (201) Research Society on Alcoholism	84-0	893073	Page 2
Par				
	Check if Schedule O contains a response to any question in this Part III	<u> </u>	·	<u>_</u>
1	Briefly describe the organization's mission:			
	RSA serves a membeship who gather to disseminate their data whi	l <u>ch</u> is a	ilso būp	lished_
	in the journal - Alcoholic Clinical & Experimental Research			
				· ·
	Did the organization undertake any significant program services during the year which were not listed or	a the orior		
2		i die prior	☐ Yes	X No
	Form 990 or 990-EZ?	•	[_] .cs	E
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set	rvices?	Yes	X No
_	If 'Yes,' describe these changes on Schedule O.	-		
4	Describe the organization's program service accomplishments for each of its three largest program service	ices, as me	asured by ex	openses .
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported.	mount of gr	ants and allo	cations to
4a	(Code:) (Expenses \$ including grants of \$)	(Revenue	\$)
		·		
	~			-
				~
4b	(Code.) (Expenses \$ including grants of \$)	(Revenue	\$)
40	: (Code:) (Expenses \$ including grants of \$)	(Revenue	\$)
		. 		<u> </u>
		. 		
				-
		. 		
			- -	
	d Other program services. (Describe in Schedule O.)			
40	(Expenses \$ including grants of \$) (Revenue	Ś)
40	e Total program service expenses > 0.	· · · · · · · · · · · · · · · · · · ·		
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>X</u> _
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8_		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10_	L -	<u>x</u>
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a		X
	b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	116		Х_
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c	ļ	Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	114		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	 	<u>X</u>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	116		<u>x</u>
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	-	X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D. Parts XI, XII, and XIII is optional.	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	 -	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	1 <u>4b</u>		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes.' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17_	-	<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	_	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
	b if 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	201		<u> </u>

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Form 990 (2011)

Note. All Form 990 filers are required to complete Schedule O

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b Enter the amount of reserves the organization is required to maintain by the states in

84-0893073 Page 6 Form 990 (2014) Research Society on Alcoholism Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or other persons other than the governing body? Did the organization contemporarieously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8**b** Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes.' provide the names and addresses in Schedule O9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 X 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' describe in 120 Schedule O how this is done 13 X 13 Did the organization have a written whistleblower policy? . 14 X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a a The organization's CEO, Executive Director, or top management official 15b X **b** Other officers of key employees of the organization . . . If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? bilf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable tederal tax law, and taken steps to safeguard the Š

	organization's exempt status with respect to such arrangements?
ie.	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Debra Sharp 7801 N Lamar, D-89 Austin TX 78752-1038 (512) 454-0022

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Form 990 (2011)

Form 990 (201-1)	Research	Society	on Alcoholism			84-0893		age 7
Part VII Con	pensation of	f Officers,	Directors, Trustee:	s, Key Employees	, Highest	Compensated	Employees,	and
· ·	pendent Con		soonse to any question u	this Part VII.				$\lceil \rceil$

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 List percens in the following order indeedual trustees or directors, institutional trustees officers; key employees, highest compensation.

List persons in the following order, individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) \ame and litte	(B) Average flours per week	untes	(C) Pusition (do not check more than o unless person is both an and a director/huste		e than one box, both an officer		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	(riescribe hours for related organiza- tions in Schedute O)	ingividual trustee or director	Insbhutional trustee	Officer	Key employee	Highest comparisated employee	Forence	(W 2/1099 MISC)	retated organizations (W-2/1099-MISC)	from the organization, and related organizations	
(1) Mark S Goldman MD President	0							0.	0.	0.	
(2) Barbars S McCrady PhD Vice President	0							0.	0.	0.	
(3) Nancy P Barnett, PhD Secretary	0		L	<u> </u>				0.	0.		
(4) Jennifer Thomas, PhD Treasurer	0	<u>_</u> _		_			_	0.	0.		
(5) Debra Sharp Director	40	_X_		_				92,181.	0.	<u> </u>	
			_	ļ_			_				
		_	<u> </u>	! 							
_(8)			_	_							
.9)	 		_	_	_		_			·	
(10)	<u> </u>	ļ	 _	<u> </u> 	<u> </u>		_				
(11)	 		-	<u> </u>	_		-				
(12)	1-	-	+	-	L		-				
(13)	 	-	-	-	-	_	-				
	<u>L</u>	<u> </u>		_							

Form 990 (2014) Research Society on Alco	holis	300							84-08930	13	P	age 8
Part VII Section A. Officers, Directors, Tru	stees,	Key	Er		_	es,	and	d Highest Cor	npensated Em	ployer	es (cc	<u>int)</u> _
(A) Name and title	(B) Average hours per	ge box unless person is both an officer and a director/trustee)				s both r/trusi) an lee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	arno	(F) Estimated runt of oth repensation	her
	week (describ c hours for related organi rations in Sch O)	rector	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099 MISC)	related onyamazations (W-2/1099 MISC)	Or	from the gamzatio nd relate gamzation	d
<u>(15)</u>	-		-			-						
(16)	_			-	 -					 		
(17)	-	-	-			-	-					
(18)	_ _			-	↓ 	-	} -			 		
(19)	_	+-			-							
(20)	_	1-										
(21)	-				! 	-						
(22)	-	_			1							
(23)	-]										
(24)	-				 							
(25)	-											
1 b Sub-total c Total from continuation sheets to Part VII, Section	n A					-	>	92,181.	0			0.
d Total (add lines 1b and 1c)			-	-			-	92,181.	Ō			0.
Total number of individuals (including but not limit from the organization 0	ed to the	se li	sted	abo	ove)	who	rece	eived more than \$	100,000 of reporta	ble com	pensal	ion
											Yes	No
3 Did the organization list any former officer, direct on line 1a ³ If 'Yes.' complete Schedule J for such	or or trus individu	itee, al	key	emļ	ploye	e, o	r hig	hest compensate	d employee	. 3	-	X
4 For any individual listed on line 1a, is the sum of ithe organization and related organizations greater such individual	eportabl than \$1	e co: 50,00	mpe 00?	nsat If 'y	tion (es'	and com	otne <i>plet</i> e	r compensation fr Schedule J for	om	4		x
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compen ' comple	satio	n fro	om a tule	any i	unre Suc	lated th pe	l organization or i	ndividual	5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensi	ated inde	epen	dent	Cor	ntrac	tors	that	received more th	an \$100,000 of			
compensation from the organization. Report comp	ensation	for	the o	cale	ndar	yea	ren	ding with or within	the organization's	tax yez	(C)	
Name and business addr	ess						-	Description	of services	Comp	ensati	on
								1				
			_	_								
2 Total number of independent contractors (including	a but as	t lum	her	to #	hoce	lict4	ed at	ooye) who receive	d more than			
\$100,000 in compensation from the organization	_											~
BAA		TEE	A010	8 L 07	7/06/1	1				For	m 990	(2011)

Pal	R.VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
20	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SHALAR AMOUNTS	b Membership dues . 1b	1 [
e š	c Fundraising events 1c	1			
£ &	d Related organizations . 1d	7 (į		
아를 등	e Government grants (contributions) 1 e	7	ļ		
5.5	4 All other anatyputums offer mosts and	1	·		
활	f All other contributions, grits, grants, and similar amounts not included above 11 12, 255				
ξÖ	g Noncash contributions included in Ins 1a-1f \$	7			
8	h Total. Add lines 1a-1f	12,255.			
3	Business Code				
5	2a Membership Dues & Assessments	1,084,079.	1,084,079.		
# 1	b	<u> </u>			L
	C				
5	d	<u> </u>			
¥	e				
Ö	f All other program service revenue				<u> </u>
-	g Total. Add lines 2a 2f	1,084,079.		<u> </u>	ļ
	3 Investment income (including dividends, interest and	9,669.	9,669.		
	other similar amounts)	9,009.	3,003.		
	Theorie work in the second of the country of the proceeds	303,833.	303,833.		<u> </u>
	5 Royalties . (i) Real (ii) Personal	303,033.	303,033.		
	6a Gross rents	-			{
	b Less: rental expenses.	┪ !		1	1
	c Rental income or (loss)				}
	d Net rental income or (loss)	-			
	(a) Susurface (b) Others	†			
	7a Gross amount from sales of assets other than inventory				1
		1			ł
	b Less: cost or other basis and sales expenses				1
	c Gain or (loss)				
	d Net gain or (loss)	·			
<u>.</u>	8a Gross income from fundraising events (not including \$				
<u> </u>	of contributions reported on line 1c)	1	{		
HER REVENUE	See Part IV, line 18				
	b Less direct expenses. b		{		1
D	c Net income or (loss) from fundraising events	<u> </u>			
	9a Gross income from gaming activities See Part IV, line 19		}		
	b Less: direct expenses. b		}		}
	c Net income or (loss) from gaming activities .	<u> </u>			
	10a Gross sales of inventory, less returns and allowances a]			
	b Less: cost of goods sold b	j	})
	c Net income or (loss) from sales of inventory		L		
	Miscellancous Revenue Business Code	_]]
	11a				<u> </u>
	b				
	C	 			
	d All other revenue.		 	 	}
	e ibiai. Add lines i id-iii	1 400 036	1 202 501	 	
	12 Total revenue. See instructions	1,409,836.	1,397,581.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX										
Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States See Part IV. line 21										
2	Grants and other assistance to individuals in the United States. See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16										
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees.	92,181.	0.	92,181.	0.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages	199,604.		199,604.							
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,366.		7,366.							
9	Other employee benefits .	41,427.		41,427.							
10	· •	22,567.		22,567.							
	Fees for services (non-employees)			22,307.							
			ļ								
	Management .										
	Legal										
	: Accounting			6,453.							
C	Lobbying	92,401.		92,401.							
e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
ç	Other . ,	118,590.		118,590.							
12	Advertising and promotion .										
13	Office expenses	47,652.		47,652.							
14	Information technology	21,828.		21,828.							
15	Royalties.	182,500.		182,500.							
16	Occupancy	17,906.		17,906.							
17	Travel	6,966.		6,966.							
	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	551,546.		551,546.							
20	Interest										
21	Payments to affiliates										
22	Depreciation depletion, and amortization										
	Insurance	3,111.		3,111.							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)										
	Postage and Shipping	1,481.		1,481.							
											
	.~										
	All other eventure										
	All other expenses	1 413 570	0.	1,413,579.	0.						
	Total functional expenses Add lines 1 through 24e	1,413,579.	<u>U.</u>	1,413,3/3.	<u> </u>						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here										
	<u></u>]									
	SOP 98-2 (ASC 958-720)	l		<u> </u>							

Pa	нX	Balance Sheet			
<u> </u>			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .	145,711.	1	215,302.
	2	Savings and temporary cash investments	659,015.	2	575,105.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	\	4	
	5	Receivables from current and former officers, directors, trustees, key employe and highest compensated employees. Complete Part II of Schedule L.	ees,	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f) persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	(1)). y	6	
Ą	7	Notes and loans receivable, net	3,302.	7	3,705.
SSET	8	Inventories for sale or use	3,352.	8	
Ť	9	Prepaid expenses and deferred charges		9	
3	_			1	
	t .	Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D			
		Less, accumulated depreciation 10b 14,5		10c	067 172
	11	Investments — publicly traded securities	258,082.	11	267,173.
	12	Investments — other securities See Part IV, line 11	<u> </u>	12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,066,110.	16	1,061,285.
	17	Accounts payable and accrued expenses	8,829.	17	7,747.
	18	Grants payable		18	
	19	Deferred revenue		20	
Ţ	20	Tax-exempt bond liabilities			
B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
į	23	Secured mortgages and notes payable to unrelated third parties		23	
E	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24). Complete Part X of Schedule	D D	25	
	26	Total liabilities, Add lines 17 through 25	8,829.	26	7,747.
Ņ		Organizations that follow SFAS 117, check here ► X and complete lines	s		
1		27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets.	1,057,281.	27	1,053,538.
Ě	28	Temporarily restricted net assets		28	
Š	29	Permanently restricted net assets		29	
P	[Organizations that do not follow SFAS 117, check here and complete	e	1	
F	İ	lines 30 through 34.			
OW.	30	Capital stock or trust principal, or current funds .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
日本上名文にい	33	Total net assets or fund balances	1,057,281.	33	1,053,538.
Ē	34	Total liabilities and net assets/fund balances	1,066,110.	34	1,061,285.
ВА	<u> </u>			<u> </u>	Form 990 (201

form 990 (2011) Research Society on Alcoholism 84-	0893073	P	age 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,409,	<u>836.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,413,	<u>579.</u>
3 Revenue less expenses. Subtract line 2 from line 1	3	-3,	743.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,057,	281.
5 Other changes in net assets or fund balances (explain in Schedule O)	5		Ö.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (8)).	6	1,053,	538.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII			\Box
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other	「		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?]	2a	X
b Were the organization's financial statements audited by an independent accountant?	. [2b	x_
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both.	i on a		
Separate basis Consolidated basis Both consolidated and separate basis		1	1
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle .		_x_
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
BAA		Form 990	(2011)

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2011

Open to Public Inspection

Department of the Treasury Internat Revenue Service

(D)

(E)

Total

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Research Society on Alcoholism 84-0893073 Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross 9 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) 11 g (ii) A family member of a person described in (i) above? 11 g (iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (v) Did you notify the organization is column (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section funi) Amount of support (i) Name of Supported organization (vi) Is the (iv) is the organization in column (i) organized in the U.S.? organization in column (i) listed in (see instructions)) our governing document? Yes No Yes No Yes (A) (B)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 ut 990-EZ) 2011 Research Society on Alcoholism 84-0893073 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Totai
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ties, etc (see ins	tructions)		•	121	
13	First five years. If the Form 990 in organization, check this box and	s tor the organiza stop here	ation's first, secon	d, third, fourth, or	fifth lax year as a		· · ·
	tion C. Computation of Pu						
	Public support percentage for 20				-	14	<u> </u>
	Public support percentage from 2				-	15	
162	a 33-1/3% support test— 2011. If the and stop here. The organization	he organization di qualifies as a pub	id not check the b blicly supported or	ox on line 13, and ganization	the line 14 is 33-	1/3% or more, ched	k this box
t	and stop here. The organization	ne organization d qualifies as a pub	id not check a box blicly supported or	i on line 13 or 16a ganization	, and line 15 is 33	1/3% or more, che	eck this box ►
178	10%-facts-and-circumstances te or more, and if the organization i the organization meets the 'facts	neets the 'facts-a	ınd-cırcumstances	i test, check linis b	oxand stop nere	e, Explain in Part IV)% how . > []
•	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a i-circumstances' l	and-circumstances test. The organiza	tion qualifies as a	publicly supported	d organization .	Now the
18	Private foundation. If the organiz	ration did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b check this	box and see instru	ctions
BAA	\				Sc	chedule A (Form 95	10 or 990-EZ) 2011

Sulvedule A (Form 990 or 990-EZ) 2011 Research Society on Alcoholism Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II if the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support					 		
Calent	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	1,096,996.	1,118,543.	1,012,667.	1,284,438.	1,400,167.	5,912,811.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose						0.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 5	1,096,996.	1,118,543.	1,012,667.	1,284,438.	1,400,167.	5,912,811.	
7a	Amounts included on lines 1, 2, and 3 received from	_	_			_ '	_	
	disqualified persons	0.	0.	0.	0.	0.	<u> </u>	
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13		0.	0.	0.	0.	0	
_	for the year Add lines 7a and 7b	$\frac{0}{0}$	0.1	- 0.	$-\frac{0}{0}$	$ \frac{0}{0}$		
	Public support (Subtract line 7c from line 6)	0.1		<u> </u>	9.	<u> </u>	5, 912, 811.	
Sec	tion B. Total Support							
Cateno	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
9	Amounts from line 6	1,096,996.	1,118,543.	1,012,667.	1,284,438.	1,400,167.	5,912,811.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	37,053.	36,819.	22,596.	13,119.	9,669.	<u>119,256.</u> 0.	
c	Add lines 10a and 10b	37,053.	36,819.	22,596.	$-13,\overline{1}1\overline{9}.$	9,669.	- 119 <u>, 25</u> 6.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.	
13	Total support. (Add ats 5, 10t, 11, 200 17)	1,134,049.	1, 155, 362.	1,035,263.	1,297,557.	1,409,836.	6,032,067.	
	First five years. If the Form 990 organization, check this box and	stop here		i, third, fourth, or	tifth tax year as a	section 501(c)(3)	<u> </u>	
	tion C. Computation of Pu					7	98.02 %	
	Public support percentage for 20			e 13, column (1))		15	97.52 %	
	Public support percentage from 2 tion D. Computation of Inv					16	31.36 8	
					m (f))	17	1.98 %	
	Investment income percentage to investment income percentage tr	-			RI(1 <i>7)</i>	18	2.48 %	
					d line 15 is more	ليسيين	line 17	
	19a 33-1/3% support tests — 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests — 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and							
	tine 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							
20	Private foundation. If the organiz	zation did not ched	k a box on line 1	4, 19a, or 19b, ch			90 or 990-F7) 2011	

Schodule #	l (Form	990 or 9	190 EZ) (2011	Resc	arch.	Soci	ety or	n Alco	holism		84	-089307	3_	Page 4
Part IV	Supp Part (See	lemen II, line instruc	tal Info 17a or tions).	ormati 17b;	on. C and F	omple Part III,	te this line	s part to 12. Also	provio	de the ex lete this	planation part for a	s require ny addit	ed by Parional info	rt II, line ¹ ormation.	10;
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BAA

Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

2011

Schedule C (Form 990 or 990-EZ) 2011

Department of the Treasury infamal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OME No 1545-0047

If the organization ans	the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then										
 Section 501(c)(3) o 	● Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C										
• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.											
	● Section 527 organizations: Complete Part I-A only.										
If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.											
 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. 											
If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III.											
	Name of organization Employer identification number										
Research Society on Alcoholism 84-0893073											
Part I-A Complet	e if the o	rganization is exempt under sect	ion 501(c) or is a								
		organization's direct and indirect political ca			Lucioni						
2 Political expendit		rigoriizadori s direct and indirect porticar es	imporgri activities in r	. ►\$							
3 Volunteer hours	uies		-	Ψ.							
	o if the o	rganization is exempt under sect	ion 501(cV3)								
		se tax incurred by the organization under s		• s	$\overline{0}$.						
	•	•		► s	0.						
	_	se tax incurred by organization managers i		٠ ٧	Yes No						
-		section 4955 tax, did it file Form 4720 for	tnis year? .	-	H H						
4a Was a correction		•			YesNo						
bili Yes, describe			F01(-)								
		rganization is exempt under sect									
1 Enter the amount	directly exp	pended by the filing organization for section	1 527 exempt function	activities >\$							
2 Enter the amount function activities	of the filing	organization's funds contributed to other o	organizations for secti	on 527 exempt							
3 Total exempt fund line 17b	ction expend	ditures. Add lines 1 and 2 Enter here and o	on Form 1120-POL.	►\$							
4 Did the filing orna	anization file	Form 1120-POL for this year?			Yes No						
		and employer identification number (EIN) of	if all section 527 notiti	cal omanizations to whi	ch the filing						
organization mad amount of political	le payments al contributio	For each organization listed enter the arrors received that were promptly and directly action committee (PAC). If additional space	nount paid from the fit y delivered to a sepai	ing organization's funds. ate political organization	Also enter the						
(a) Name	!	(b) Address	(c) EiN	(d) Amount paid from liting organization's funds If none, enter 0-	(e) Amount of postual contributions received and promptly and directly delivered to a separate pointical organization if none, enter 0-						
(1)	,										
(2)											
(3)											
(4)	(4)										
(5)	5)										
(6)	5)										

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990 FZ.

Schedulo C (Form 990 or 990-EZ) 2011	Research Soc.	<u>lety on Alcoholi</u>	3M	84-0893	
Part II-A Complete if the section 501(h)		s exempt under sec	tion 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► If the filing	organization belong:	s to an affiliated group (an	id list in Part IV each a	ffiliated group member's	name,
address, El	IN, expenses, and st	nare of excess lobbying ex	(penditures)		
B Check ► If the filing	organization checke	d box A and 'Imited contro	ol' provisions apply.		
(The term 'e	Limits on Lobbying expenditures' means	g Expenditures amounts paid or incurre	ď)	(a) Fiting organization's totals	(b) Affiliated group totals
1a Total lobbying expenditure	s to influence public	opinion (grass roots lobb	ying)		
b Tota! lobbying expenditure	s to influence a legi	slative body (direct lobbyir	ng) [92,401.	
c Total lobbying expenditure	[92,401.	0.		
d Other exempt purpose exp	enditures .		[1,321,178.	
e Total exempt purpose expe	enditures (add Imes	1c and 1d)		1,413,579.	0.
f Lobbying montaxable amou both columns	unt. Enter the amour	nt from the following table	ın	216,358.	
If the amount on line le, column	n (a) or (b) is The	e lobbying nontaxable am	IOUNT IS		
Not over \$500,000	20	% of the amount on line 1e.		[
Over \$500,000 but not over \$1,000	0,000 \$1	00,000 plus 15% of the excess ov	ver \$500,000.	1	
Over \$1,000,000 but not over \$1,5	00,000 \$1	75,000 plus 10% of the excess ov	ver \$1,000,000.	1	•
Over \$1,500,000 but not over \$17,	,000,000 \$2	25,000 plus 5% of the excess over	er \$1,500,000.	•	
Over \$17,000,000	\$1,	,000,000.			
g Grassroots nontaxable am	ount (enter 25% of I	ine 1f)	[54,090.	
h Subtract line 1g from line	1a. If zero or less, e	nter -0		0.	0.
i Subtract line If from line t	lc. If zero or less, er	nter -0-	L	0.	0.
j If there is an amount other section 4911 tax for this ye	r than zero on either ear?	line 1h or line 1i, did the	organization file Form	4720 reporting	Yes No
(Some	organizations that	Year Averaging Period Ur made a section 501(h) ele below. See the instruction	ection do not have to co	omplete all of the five 21.)	
	Lobbyi	ng Expenditures During 4	1-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	212,354	212,354.	220,007.	216,358.	861,073.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,291,610.
c Total lobbying expenditures	123,144	124,298.	155,795.	92,401.	495,638.
d Grassroots nontaxable amount	53,089	53,089.	55,002.	54,090.	215,270.
e Grassroots ceiling amount (150% of line 2d, column (e))	··- <u></u> -				322,905.
Grassroots lobbying expenditures.				Small C.F.	0. 1990 ar 990-EZ) 201
BAA				Schedule C (Form	1330 OL 330.EE) 2011

BAA

Schedule C (form 990 or 990 EZ) 2011 Research Society on Alcoholism Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO		d For	
(election under section 501(h)).	(a)		(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)?.			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?	<u> </u>		
f Grants to other organizations for lobbying purposes?	ļi		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?))	Γ	
b if 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		Г	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ii	· [
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5), or	
section 501(c)(6).		•	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			. 1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			. 3
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' ((c)(5 DR (b), or s) Part	ection III-A, line 3, is
answered 'Yes.'		1	
1 Dues, assessments and similar amounts from members.	ì	+	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year	-	2a	
b Carryover from last year .	.	2b	
c Total		_2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	ai		
expenditure next year?	•	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		3	
Part IV Supplemental Information		Day	+ II D line 1
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Par Also, complete this part for any additional information		and Pai	

Schedule U (Form 487 or 93) E2) 2011 Research Society on Alcoholism	84-0893073	Page 4
Part IV Supplemental Information (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury Indianal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
Research Society on Alcoholism	84-0893073
Form 990, Part VI, Line 11b - Form 990 Review Process	
No review was or will be conducted.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Ava	ilable
No documents available to the public.	.=== ==