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### DLN: 93493135055803

### **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)

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Form **990** 

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

Name change   Name change   Name change   Name change   Doing Business As	Check if applicand and in the control of the change when the change are change.	C Name of organization UNITED STATES BARTENDERS GUILD INC		ployer iden	
Name change	Address change	UNITED STATES BARTENDERS GUILD INC			tification number
Dong Business As	lame change		2.0	2000442	
Temmated  Amended return Application pending  F Name and address of principal officer DAVID NEPOVE  CRy or town, state or country, and ZIP + 4 Henderson, NV 39052  F Name and address of principal officer DAVID NEPOVE  F Name and address of principal officer DAVID NEPOVE  H(a) Is this a groupor affiliates?  H(b) Are all affiliates If "No," attach a H(c) Group exemption  Website: ► WWW USBG ORG  K Form of organization ▼ Corporation ▼ Trust ↑ Association ↑ Other ►	nıtıal return	Doing Business As	20	-3090443	•
Terminated Amended return Application pending  F Name and address of principal officer DAVID NEPOVE  F Name and address of principal officer DAVID NEPOVE  F Name and address of principal officer DAVID NEPOVE  F Name and address of principal officer DAVID NEPOVE  F Name and address of principal officer DAVID NEPOVE  H(c) Group exemption  H(c) Group exemption  Wishesite:  WWW USBG ORG  K form of organization  Corporation  Trust  Association  Other   L Year of formation 2003  Part I Summary  1 Briefly describe the organization's mission or most significant activities UNITED STATES BARTENDERS9 GUILD IS A BROTHERHOOD OF BEVERAGE SERVICE PROFESSIA ADVANCED PRODUCT EDUCATION, COMPETITION, AND INVOLVEMENT WITH OTHER PROFESS BEVERAGE INDUSTRY  2 Check this box   if the organization discontinued its operations or disposed of more than 25% of its in A Number of voting members of the governing body (Part VI, line 1a)  4 Number of individuals employed in calendar year 2012 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)  6 Total number of individuals employed in calendar year 2012 (Part V, line 2a)  7 Total unrelated business revenue from Part VIII, column (C), line 12  B Net unrelated business revenue from Part VIII, column (C), line 34  Prior Year  8 Contributions and grants (Part VIII, line 1h)  10 Thersetment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10)  15 Salares, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), lines 11)  17 Total Invented individuals employees benefits (Part IX, column (A), lines 5-10)  18 Total Inundraising expenses (Part IX, column (A), lines 110, 11, 12, 24, 44, 44, 44, 44, 44, 44, 44, 44, 4		Number and street (or P.O. hox if mail is not delivered to street address) Room/suit	2 571		
Henderson, NV 89052   G Gross rec	erminated		ETER	pnone numb	ber
F Name and address of principal officer DAVID NEPOVE	mended retur				
## A special and provided and	pplication pen	Henderson, NV 89052 ing	<b>G</b> Gro	ss receipts \$	923,112
Website: WWW USBG ORG    Website:   WWW USBG ORG			<b>H(a)</b> Is this a gro	oup return	for
Tax-exempt status		DAVID NEPOVE	affiliates?		┌ Yes 🗸 No
Tax-exempt status			H(b) Are all affili	ates incluc	ded?
Website: ► WWW USBG ORG	Fav-evemnt c	tus	If "No," atta	ach a list (	(see instructions)
Part   Summary			H(c) Group exer	nption num	nber ►
Part I Summary  1 Briefly describe the organization's mission or most significant activities UNITED STATES BARTENDERS9 GUILD IS A BROTHERHOOD OF BEVERAGE SERVICE PROFESSION ADVANCED PRODUCT EDUCATION, COMPETITION, AND INVOLVEMENT WITH OTHER PROFESS BEVERAGE INDUSTRY  2 Check this box					
The Briefly describe the organization's mission or most significant activities UNITED STATES BARTENDERS9 GUILD IS A BROTHERHOOD OF BEVERAGE SERVICE PROFESSION ADVANCED PRODUCT EDUCATION, COMPETITION, AND INVOLVEMENT WITH OTHER PROFESS BEVERAGE INDUSTRY  2 Check this box			L Year of formation	2005 <b>M</b> 5	State of legal domicile N
UNITED STATES BARTENDERS9 GUILD IS A BROTHERHOOD OF BEVERAGE SERVICE PROFESSION ADVANCED PRODUCT EDUCATION, COMPETITION, AND INVOLVEMENT WITH OTHER PROFESS BEVERAGE INDUSTRY  2 Check this box					
3 Number of voting members of the governing body (Part VI, line 1a)	BEV	RAGE INDUSTRY			
7a Total unrelated business revenue from Part VIII, column (C), line 12					1
7a Total unrelated business revenue from Part VIII, column (C), line 12				3	4
7a Total unrelated business revenue from Part VIII, column (C), line 12				5	
7a Total unrelated business revenue from Part VIII, column (C), line 12				6	
B Net unrelated business taxable income from Form 990-T, line 34		, , , , , , , , , , , , , , , , , , , ,		7a	(
8 Contributions and grants (Part VIII, line 1h)	<b>b</b> Net	nrelated business taxable income from Form 990-T, line 34		7b	(
Program service revenue (Part VIII, line 2g)			Prior Year		Current Year
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				26,384	16,531
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,09	12,855	881,656
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  1,119,23  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5– 10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) 103,895  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)					24,925
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) ▶ 103,895  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>12</b> To	al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			<u> </u>
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) 103,895  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			1,11	.9,239	923,112
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) 103,895  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>15</b> Sa				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10				168,274
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16a Pr				C
		- · · · · · · · · · · · · · · · · · · ·	1 12	2 840	870,704
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,122,84					1,038,978
19 Revenue less expenses Subtract line 18 from line 12	<b>19</b> Re	venue less expenses Subtract line 18 from line 12		-3,601	-115,866
Beginning of Current	, ;			rrent	End of Year
Beginning of Current Year  20 Total assets (Part X, line 16)	i   20 T	al assets (Part X. line 16)		9.520	135,225
2 21 Total liabilities (Part X, line 26)	i 20 To			77,520	135,418
22 Net assets or fund balances Subtract line 21 from line 20	i - 22 N		13	9,520	-193
Part II Signature Block	art II S	gnature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on a preparer has any knowledge	knowledge	nd belief, it is true, correct, and complete Declaration of preparer (other tha			
*****		****	2013-05-	 15	
			Date		
oign p	,  ,	ignature of officer			
Here AARON GREGORY SMITH TREASURER	,  ,	ARON GREGORY SMITH TREASURER			
Here  AARON GREGORY SMITH TREASURER  Type or print name and title	,  ,	ARON GREGORY SMITH TREASURER ype or print name and title	te Charle	PTIN	
AARON GREGORY SMITH TREASURER  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check If	re	ARON GREGORY SMITH TREASURER  ype or print name and title  Print/Type preparer's name Lori A Marrs  Preparer's signature Da 20:	13-05-15 self-employ	ed   P000998	

**Use Only** 

Firm's address ► 3615 S Town Center Drive Ste 100

Las Vegas, NV 89135

Phone no (702) 579-2707

Form	90 (2012) Page
Par	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
_	D STATES BARTENDERS9 GUILD IS A BROTHERHOOD OF BEVERAGE SERVICE PROFESSIONALS SEEKING ADVANCED
	CT EDUCATION, COMPETITION, AND INVOLVEMENT WITH OTHER PROFESSIONALS IN THE BEVERAGE INDUSTRY
2	ıd the organization undertake any significant program services during the year which were not listed on
_	ne prior Form 990 or 990-EZ?
	"Yes," describe these new services on Schedule O
3	ıd the organization cease conducting, or make significant changes in how it conducts, any program
	ervices?
	"Yes," describe these changes on Schedule O
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by
	xpenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	ne total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 831,188 including grants of \$ ) (Revenue \$ 881,656 )
	UNITED STATES BARTENDERS9 GUILD HAS ORGANIZED NUMBEROUS EVENTS IN ORDER FOR IT9S MEMBERS IN THE BEVERAGE SERVICE INDUSTRY TO OBTAIN
	ADVANCED PRODUCT EDUCATION, REFINEMENT OF THEIR CRAFT, AND COMPETITION WITH EACH OTHER
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	, (enponent , manually grante or t
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 831,188
_	

### Part IV Checklist of Required Schedules

			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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
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		Νο
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		
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		No
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		No
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
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		Νo
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		Νο
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	11b		Νo
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		Νo
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	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νο
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	11f		Νο
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		Νo
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 and XII is optional	12b		Νο
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
Ь	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	14b		Νο
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Νο
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line $1^7$ If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νο
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2012)

### Part V Statements Regarding Other IRS Filings and Tax Compliance

r (e.	Check if Schedule O contains a response to any question in this Part V			_
	Check it schedule o contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	,	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		N.o.
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
Ī	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νο
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
ь.	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO -	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
l <b>1</b>	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
L	If "Vec " has it filed a Form 730 to report these payments? If "No " provide an evalenation in Schedule O	4.41		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part \								

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax  4			
	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			
2	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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			
	filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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 O	9		Νο
Se		eveni	ie Cod	۵۱
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
	ection B. Policies (This Section B requests information about policies not required by the Internal R		Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a b	Did the organization have local chapters, branches, or affiliates?		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No No

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►AARON GREGORY SMITH 2654 W Horizon Ridge Pkwy PMB 252 Henderson, NV (415) 568-1148

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's

- 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 employee"
- 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, or 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 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) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	o le de Highest compensated compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) AARON GREGORY SMITH	10 00			х				0	0	
VICE PRESTREASURER								U	U	0
(2) BRIDGET ALBERT	5 00			X				0	0	0
SECRETARY (3) DAVID NEPOVE	10.00									
PRESIDENT	10 00			х				0	0	0
(4) FRANK MARTUCCI	10 00									
VICE PRESIDENT				X				0	0	0
(5) NICOLA RISKE	5 00			Ţ				0	0	
SECRETARY				Х				0	0	0
										Form <b>990</b> (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list	more t	tion (	ne l	oox,	heck unless	<b>.</b>	( <b>D</b> ) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima mount o	ted fother
		any hours					stee)		organization (W-	organizations (W-		from t	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed l
											+		
					$\vdash$								
1b	Sub-Total			•		<del></del>		<b>-</b>					
c	Total from continuation sheet	s to Part VII, S	ect ion A	Α.				Þ					
d	Total (add lines 1b and 1c) .							•		0	0		0
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more	than			
										-		Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete S							yee	, or highest compe	nsated employee	_		N! -
4	For any individual listed on line							n an	d other compensat	ion from the	3		N o
	organization and related organ												
_	Individual	2 ************		· ·		• • • • •			rolated organization	n or individual for	4		N o
5	Did any person listed on line 1 services rendered to the organ										5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organization											tax vear	_
		(A)		251011				, •		(B)	1	(C	)
	N	ame and business	address						De	escription of services	+	Compen	sation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part V	<del></del>	Statement of Revenue					
		Check if Schedule O contains a respon	nse to any question				<del>,</del>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
u L	1a	Federated campaigns 1a					
and and a	ь	Membership dues 1b	16,531				
9 10 10 10 10 10 10 10 10 10 10 10 10 10	c	Fundraising events 1c					
βĀ	d	Related organizations 1d					
E Gi							
ns,	е	Government grants (contributions) 1e					
ë ë	f	All other contributions, gifts, grants, and similar amounts not included above					
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines					
E E		1a-1f \$		46 504			
<u> </u>	h	Total. Add lines 1a-1f		16,531			
<u>-</u>			Business Code			<del></del>	
иeл	2a	SPONSORSHIPS	611710	40,550	40,550		
죮	ь	EVENT INCOME	611710	266,301	266,301		
<u>9</u>	С	MASTER ACCREDIDATION	611710	3,585	3,585		
Program Serwce Revenue	d	PROGRAM EVENTS	611710	571,220	571,220		
3	е						
Š B	f	All other program service revenue					
ž	g	Total. Add lines 2a-2f	🕨	881,656			+
	3	Investment income (including dividen		,			
		and other similar amounts)					
	4	Income from investment of tax-exempt bond i	proceeds				
	5	Royalties	(II) Personal				+
	6a	(ı) Real Gross rents	(II) Fersonal				
	ь	Less rental					
	c	expenses Rental income					
	_	or (loss)					
	d	Net rental income or (loss)					1
	7a	(1) Securities Gross amount	(II) O ther				
		from sales of assets other					
		than inventory Less cost or					
	Ь	other basis and					
	С	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
i e		events (not including					
듄 >		\$ of contributions reported on line 1c)					
ě		See Part IV, line 18					
Other Revenue	L	l acc direct expenses h					
₹	С	Less direct expenses <b>b</b> Net income or (loss) from fundraising of	events 🛌				
_		Gross income from gaming activities					+
		See Part IV, line 19					
		a 					
		Less direct expenses b	L				
	10a	Net income or (loss) from gaming active Gross sales of inventory, less	villes				+
		returns and allowances .					
		а					
		Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of inve	-				1
	44.	Miscellaneous Revenue	Business Code 611710	56	56		
	l _	LOGO ITEM REVENUE	611710		1,022		1
	b	OTHER INCOME		·			
	C	IRC SECTION 448 ADJ	611710	23,847	23,847		
	d	All other revenue	<u> </u>				+
	е	Total. Add lines 11a-11d	🕨	24,925			
	12	Total revenue. See Instructions	📂		005		_

Part		Statement of Functional Expenses				
ectio	n 501	L(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comp	olete column (A)	
	(	Check if Schedule O contains a response to any question in this Pai	t IX	1	<u> </u>	<u> </u>
Do no b, 8b	t inclu , 9b, a	ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV , line 21				
2		ts and other assistance to individuals in the ed States See Part IV, line 22				
3	orgar	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16				
4	Bene	fits paid to or for members				
5		pensation of current officers, directors, trustees, and employees				
6	(as d	pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)				
7	Othe	r salaries and wages	147,890	118,312	14,789	14,789
8		on plan accruals and contributions (include section 401(k) 403(b) employer contributions)				
9	Othe	r employee benefits				
10	Payro	oll taxes	20,384	16,308	2,038	2,03
11	Fees	for services (non-employees)				
а	Mana	agement				
b	Legal					
c	Ассо	ounting	11,126	8,902	1,112	1,11
d	Lobby	yıng				
e	Profe	essional fundraising services See Part IV, line 17				
f		stment management fees				
	O the colun	r (If line 11g amount exceeds 10% of line 25, mn (A) amount, list line 11g expenses on dule O)				
12		ertising and promotion				
		e expenses	11,900	9,520	1,190	1,19
		mation technology	23,338	18,670	2,334	2,33
L5		Ities	23,330	10,070	2,334	2,33
		upancy	406	324	41	4:
		el	18,655	14,925	1,865	1,86
18	Paym	nents of travel or entertainment expenses for any federal,	16,033	14,923	1,603	1,80
19		erences, conventions, and meetings	790,320	632,256	79,032	79,03
		rest	,	,	, -	,
21		nents to affiliates				
22	•	eciation, depletion, and amortization				
		rance				
	O the	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BANK	K CHARGES	8,366	6,694	836	836
ь	FILIN	NG FEES	1,197	959	119	119
c	TELE	PHONE	3,611	2,889	361	36:
d	POST	TAGE	1,785	1,429	178	17
e	Allot	ther expenses				
25		I functional expenses. Add lines 1 through 24e	1,038,978	831,188	103,895	103,89
26	Joint repor	costs. Complete this line only if the organization rted in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check	_,,		-13,550	

Form 990 (2012) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 139,520 107,202 1 2 2 Savings and temporary cash investments . . . . . 3 3 Pledges and grants receivable, net . . . . . 4 4 28,023 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), 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) Complete Part II of Schedule L Assets 6 7 8 8 9 9 10a Land, buildings, and equipment cost or other basis. Complete Part 10a VI of Schedule D h Less accumulated depreciation . . . . . 10b 10c 11 11 Investments—publicly traded securities . . . . . . 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . . . . . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 139,520 16 135,225 120,918 **17** 17 18 18 19 19 14,500 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 <u>Liabilities</u> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 

Fund Balance

ö

Assets

ĕ

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			• •	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		c	23,112
2	Total expenses (must equal Part IX, column (A), line 25)				
		2		1,0	38,978
3	Revenue less expenses Subtract line 2 from line 1	3		_ 1	.15,866
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				13,000
-		4		1	39,520
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	3			
	bollated services and use of lacilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
0	Filot period adjustifients	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Not accept and halances of and of user Combine lines 2 through 0 /much accel Book V line 22	9			-23,847
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			-193
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νο
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Νο
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>		
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	ed <b>3b</b>		

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DLN: 93493135055803

### OMB No 1545-0047

Inspection

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Political Campaign and Lobbying Activities** 

If 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) 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 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number UNITED STATES BARTENDERS GUILD INC Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ┌ No Was a correction made? b If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter -0-

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

	nedule C (Form 990 or 990-EZ) 2012						Page <b>2</b>
Pa	art II-A Complete if the organization under section 501(h)).	ı is exemp	t under	section 501(c	:)(3) and fi	led Form 5768	(election
	Check If the filing organization belongs to expenses, and share of excess lob Check If the filing organization checked both	byıng expendit	tures)		_	oup member's nam	ie, address, EIN
	Limits on Lobbying I (The term "expenditures" means a	Expenditur	es			(a) Filing organization's totals	(b) Affiliated group totals
	a Total lobbying expenditures to influence public opinion (grass roots lobbying)						
ь	Total lobbying expenditures to influence a legisl	latıve body (dı	rect lobby	/ing)			
С	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1	.c and 1d)					
f	Lobbying nontaxable amount Enter the amount columns	from the follow	ving table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontax	able amount is:			
	Not over \$500,000	20% of the ar	mount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)					
h	Subtract line 1g from line 1a If zero or less, ent	ter -0-					
i	Subtract line 1f from line 1c If zero or less, ent	er-0-					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ine 1h or line 1	Lı, dıd the	organization file I	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year A (Some organizations that made a columns below. See t	section 50	1(h) el		havè to coi		he five
	Lobbying Exp	enditures	During	4-Year Avera	ging Period	T	T
	Calendar year (or fiscal year beginning in)	(a)	2009	<b>(b)</b> 2010	<b>(c)</b> 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount						
ь	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						

	edule C (Form 990 or 990-EZ) 2012  rt II-B Complete if the organization is exempt under section 501(c)(3) and has	NOT		P	age S
	filed Form 5768 (election under section 501(h)).	1	a)	(b)	
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	A moun	nt
1	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				
а	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?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities?				
j	Total Add lines 1c through 1:				
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?				
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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	rt III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	501(c	)(5), or	sectio	n
			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		No

# line 3, is answered "Yes.

-	Dues, assessments and similar amounts nom members	_	10,551
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).		
а	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 political expenditure next year?	4	
_			
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list),

Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information Identifier Return Reference Explanation efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135055803

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name	of the	orgar	nızatıon		
UNITED	STATE	S BART	ENDERS	GUILD	INC

Employer identification number

20-3898443

Identifier	Return Reference	Explanation
O01	Member election for additional members Part VI line 7a	Members select officers via voting process
O02	Governing body decisions Part VI line 7b	Members have the pow er to approve by-law changes
O03	Form 990 governing body review Part VI line 11	A DRAFT OF FORM 990 IS FORWARDED TO THE TREASURER FOR REVIEW AND APPROVAL ONCE APPROVED, THE RETURN IS FINALIZED FOR SIGNATURE AND FILED WITH THE APPROPRIATE IRS OFFICE
O04	Governing documents etc available to public Part VI line 19	ADDITIONAL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST
O05	Explanation of other changes in net assets or fund balances Part XI line 9	CASH TO ACCRUAL ADJUSTMENT \$23,847

DLN: 93493135055803

(Rev December 2009)

# **Application for Change in Accounting Method**

OMB No 1545-0152

Department of the Treasury Internal Revenue Service					
Name of filer (name of parent corporation if a UNITED STATES BARTENDERS GUILD INC		Identification number 20-3898443	r (see instructions)		
GIVITED GTATEG BAIXTENDELKO GOILD INC	,	Principal business activ	rity code number (see instr	uction	<u>ns)</u>
Number, street, and room or suite no If a PO	box, see the instructions	Tax year of change begins (MM/DD/YYYY) 0		-01-2	012
2654 W Horizon Ridge Pkw y PMB 252		Tax year of change en	ds (MM/DD/YYYY) 12	-31-2	012
City or town, state, and ZIP code		Name of contact perso			
Henderson, NV 89052		Lori A Marrs	(,		
Name of applicant(s) (if different than filer) are	nd identification number(s) (see instruction		Contact person's telepho	ne nu	mher
UNITED STATES BARTENDERS GUILD INC	• •	ID No 20-3898443	(702) 579-2707	ne na	TIDE!
If the applicant is a member of a consoli	dated group, check this box		▶ ┌		
If Form 2848, Power of Attorney and Deccheck this box	·	ned (see instructions f	<b>.</b> –	equir	ed),
Check the box to indicate the applicant			ate box to indicate the	type	
☐ Individual	Cooperative (Sec 1381)	of accounting methor (see instructions)	od change being reque	sted.	•
Corporation	☐ Partnership				
Controlled foreign corporation (Sec 957)	☐ S corporation ☐ Insurance co (Sec 816(a))	Depreciation or A			. 4
10/50 corporation (Sec 904(d)(2)(E))	, , , , , , , , , , , , , , , , , , , ,	Financial Product	s and/or Financial Activi งกร	ues c	ונ
Qualified personal service	☐ Other (specify) ►		CASH TO ACCRUAL		
corporation (Sec 448(d)(2))		Parior (opening)	<u> </u>		
Exempt organization Enter Code sec	tion ► 501c6				
(including its instructions), as well as any off The taxpayer must attach all applicable s Part I Information For Automatic	supplemental statements request	•	m.	Yes	No
1 Enter the applicable designated aut	· ·	number for the reques	sted automatic change		
Enter only one designated automati published by the IRS If the requeste check "Other," and provide both a dechange See instructions	ed change has no designated autoi	matic accounting meth	od change number,		
►(a) Change No 123 (b) Other ☐ Descr	rintion 🕨				
2 Do any of the scope limitations desc unavailable for the applicant's reque	cribed in section 4 02 of Rev Proc		atic consent to be		X
Note: Complete Part II below and then F	Part IV, and also Schedules A throu	gh E of this form (if app	olicable).		
Part II Information For All Reque				Yes	No
3 Did or will the applicant cease to enterminate its existence, in the tax year	ar of change (see instructions)? .				X
If "Yes," the applicant is not eligible t	to make the change under automat	ic change request pro	cedures		
4a Does the applicant (or any present of	or former consolidated group in wh	ich the applicant was a	a member during		
the applicable tax year(s)) have any If "No," go to line 5			•		X
<b>b</b> Is the method of accounting the app	licant is requesting to change an is	sue (with respect to e	ither the applicant		
or any present or former consolidate		_	applicable tax		
year(s)) either (i) under consideration		·			Ш
Under penalties of perjury, I declare that I have knowledge and belief, the application contains a	all the relevant facts relating to the applica	mpanying schedules and			eparer
(other than applicant) is based on all information Filer 2013-05-1			than filer/applicant) 0099862		
Signature and date UNITED STATES BARTENDERS GUILD INC	<del></del>	Signature of individual pre	paring the application and o	date	
Name and title (print or t	ype)	lame of individual preparir	ng the application (print or t	ype)	

Name of firm preparing the application

Pa	t II Information For All Requests (continued)	Yes	No
4с	Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable		
	tax year(s)) for any tax year under examination (see instructions)?		
d	Is the request to change the method of accounting being filed under the procedures requiring that the operating		
	division director consent to the filing of the request (see instructions)?		
	If "Yes," attach the consent statement from the director		
е	Is the request to change the method of accounting being filed under the 90-day or 120-day window period? .		
	If "Yes," check the box for the applicable window period and attach the required statement (see instructions)		
	☐ 90 day ☐ 120 day Date examination ended ►		
1	If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax		
	year(s) under examination		
	Name ► Telephone number ► Tax year(s) ►		
g	Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?	ĺ	İ
	Does the applicant (or any present or former consolidated group in which the applicant was a member during		
	the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? .		X
	If "Yes," enter the name of the (check the box)		
	telephone number, and the tax year(s) before Appeals and/or a Federal court		
	Name ► Telephone number ► Tax year(s) ►		
b	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified		
_	on line 5a?		<u> </u>
С	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals		
	and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)?		l <sub>x</sub>
	If "Yes," attach an explanation		<u> </u>
6	If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group,		
٠	attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d)		
	tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or		
	before a Federal court		
7	If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as		
•	a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under		
	consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax		
	return of a partner, member, or shareholder of that entity?		
	If "Yes," the applicant is <b>not</b> eligible to make the change		
8a	Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does		
	not receive audit protection for the requested change (see instructions)?		X
	If "Yes," attach an explanation		
9a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic change		
	procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years		l
	(including the year of the requested change)?		X
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting		
_	(including the tax year of change) and state whether the applicant received consent		
L	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach		
	an explanation		
l O a	Does the applicant, its predecessor, or a related party currently have pending any request (including any		
	concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		×
b	If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the		
	type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s)		
	in the request(s)		
11	Is the applicant requesting to change its <b>overall</b> method of accounting?	Х	
	If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of		
	accounting Also, complete Schedule A on page 4 of this form		
	Present method:   ☐ Cash ☐ Accrual ☐ Hybrid (attach description)		
	Proposed method: Cash Accrual Hybrid (attach description)	1	l

		<u> </u>	-90	
Pa	rt II Information For All Requests (continued)	Yes	No	
12	If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of			
	accounting and also changing to a special method of accounting for one or more items, attach a detailed and			
	complete description for each of the following			
	The item(s) being changed			
	The applicant's present method for the item(s) being changed			
	The applicant's proposed method for the item(s) being changed  The applicant's present overall method of accounting (cash, accrual, or hybrid)			
13	Attach a detailed and complete description of the applicant's trade(s) or business (es), and the principal			
	business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1 446-1(d), describe whether each trade or business is accounted for separately, the			
	goods and services provided by each trade or business and any other types of activities engaged in that			
	generate gross income, the overall method of accounting for each trade or business, and which trade or			
	business is requesting to change its accounting method as part of this application or a separate application			
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements?			
	For insurance companies, see the instructions	X		
	If "No," attach an explanation			
15a	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization,			
merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?				
	of the year under section 381(b)(1)?		X	
b	If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying			
	the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of			
	distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to			
4.0	the change(s) requested in this application		×	
	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?  If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method		<del>  ^</del>	
17	of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories			
	subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change			
	1st preceding 2nd preceding 2nd preceding 3rd preceding 3rd preceding			
	year ended mo yr year ended mo yr year ended mo yr year ended mo			
	\$ 1,206,165			
Рa	rt III Information For Advance Consent Request	Yes	No	
	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or			
. •	other published guidance as an automatic change request?			
	If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent			
	request procedures			
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a			
	detailed and complete description of the facts that explains how the law specifically applies to the applicant's			
	situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority			
	(statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either			
	a discussion of the contrary authorities or a statement that no contrary authority exists			
	Attach a copy of all documents related to the proposed change (see instructions)			
	Attach a statement of the applicant's reasons for the proposed change			
22	If the applicant is a member of a consolidated group for the year of change, do all other members of the			
	consolidated group use the proposed method of accounting for the item being changed?			
<b>0</b> 0-	If "No," attach an explanation			
	Enter the amount of user fee attached to this application (see instructions)   \$			
K	olf the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions)			
Б-	** W. Cootion 404/o) Adjustmont	V	NI-	
	rt IV Section 481(a) Adjustment	Yes	NO	
24	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the			
	applicant to implement the requested change in method of accounting on a cut-off basis rather than a section			
	481(a) adjustment?		X	
25	Enter the section 481(a) adjustment Indicate whether the adjustment is an increase (+) or a decrease (-) in			
	income > \$ +23,847 Attach a summary of the computation and an explanation of the			
	methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show			
	the computation for each component. If more than one applicant is applying for the method change on the same			
	application, attach a list of the name, identification number, principal business activity code (see instructions),			
	and the amount of the section 481(a) adjustment attributable to each applicant			

For	m 3115 (Rev 12-2009)		F	age <b>4</b>
P	art IV Section 481(a) Adjustment		Yes	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect	to take		
	the entire amount of the adjustment into account in the year of change?		Х	
27	<b>)</b> 1	d		
	group, a consolidated group, a controlled group, or other related parties?			Х
	If "Yes," attach an explanation			
	thedule A-Change in Overall Method of Accounting (If Schedule A applies, Part I below must be	e completed	l )	
Р	art I Change in Overall Method (see instructions)			
1	Enter the following amounts as of the close of the tax year preceding the year of change If none, state "Nattach a statement providing a breakdown of the amounts entered on lines 1a through 1g	lone " Also,		
		Amou	nt	
	a Income accrued but not received (such as accounts receivable)	\$	4	0,000
	b Income received or reported before it was earned (such as advanced payments). Attach			
	a description of the income and the legal basis for the proposed method			NONE
	c Expenses accrued but not paid (such as accounts payable)			6,153
	d Prepaid expenses previously deducted			NONE
				NONE
	e Supplies on hand previously deducted and/or not previously reported			
	f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II.			NONE
,	g Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment   ———————————————————————————————————		1	NONE
ı	h Net section 481(a) adjustment (Combine lines 1a–1g ) Indicate whether the adjustment is an			
	increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment			
		\$	2	3,847
3	Is the applicant also requesting the recurring item exception under section 461(h)(3)? Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance she the close of the tax year preceding the year of change. Also attach a statement specifying the accounting preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules sederal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amount of the tax return or other return on both the profit and loss statement and the balance sheet, explaining the differences.	eet, if applica method use submitted wit ounts in Part	ble, a d wh h the l, line	en s 1a
P	art II Change to the Cash Method For Advance Consent Request (see instructions)			
1	plicants requesting a change to the cash method must attach the following information  A description of inventory items (items whose production, purchase, or sale is an income-producing faction and supplies used in carrying out the business.  An explanation as to whether the applicant is required to use the accrual method under any section of the regulations.	•	erials	

## Schedule B-Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 02 of Rev Proc 2004-34, 2004-1 C B 991, attach the following information
- a A statement explaining how the advance payments meet the definition in section 4 01 of Rev Proc 2004-34
- **b** If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required by section 8 02(3)(a)-(c) of Rev Proc 2004-34
- c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by section 8 03(2) (a)-(f) of Rev Proc 2004-34
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1 451-5, attach the following
- a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1)
- **b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1 451-5(a)(2)(i) and (3)
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii)
- d A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

### Schedule C-Changes Within the LIFO Inventory Method (see instructions)

### Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
- a Valuing inventory (e.g., unit method or dollar-value method)
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
- **d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

### Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2)
- a Adescription of the types of products produced by the applicant If possible, attach a brochure
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
- d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar See Regulations section 1 472-8(b)(3)
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

Schedule D-Change in the Treatment of Long-Term Contracts Under Sec	tion 460, Inve	ntories, or Ot	her
Section 263A Assets (see instructions)			
Part I Change in Reporting Income From Long-Term Contracts (Also co	mplete Part III	on pages 7 an	d 8 )
1 To the extent not already provided, attach a description of the applicant's present and expenses from long-term contracts. Also, attach a representative actual conchange. If the applicant is a construction contractor, attach a detailed description	tract (without ar	ny deletion) for th	-
<ul> <li>2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (a.g., b. If "Yes," do all the contracts qualify for the exception under section 460(e) (see in If line 2b is "No," attach an explanation</li> </ul>	•		Yes ┌ No Yes ┌ No
c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion under Regulations section 1 460-4(b)?		·	Yes ┌ No
d If line 2c is "No," is the applicant requesting to use the exempt-contract percental method under Regulations section 1 460-4(c)(2)?	 ıll use to deterr	Г mine a	Yes □ No
3a Does the applicant have long-term manufacturing contracts as defined in section	n 460(f)(2)?	$ abla$	Yes ┌ No
b If "Yes," explain the applicant's present and proposed method(s) of accounting for contracts	or long-term ma	anufacturing	
c Attach a description of the applicant's manufacturing activities, including any req	uired installatio	n of manufactur	ed goods
4 To determine a contract's completion factor using the percentage-of-completion a Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b)			Yes
b If line 4a is If "No," is the applicant electing the simplified cost-to-cost method (so Regulations section 1 460-5(c))?	ee section 460	(b)(3) and	Yes □ No
5 Attach a statement indicating whether any of the applicant's contracts are either contracts or Federal long-term contracts			
Part II Change in Valuing Inventories Including Cost Allocation Change	s (Also comple	ete Part III on p	ages 7 and 8)
<ul> <li>Attach a description of the inventory goods being changed</li> <li>Attach a description of the inventory goods (if any) NOT being changed</li> <li>Is the applicant subject to section 263A? If "No," go to line 4a</li> <li>Is the applicant's present inventory valuation method in compliance with section If "No," attach a detailed explanation</li></ul>	*	ructions)?	Yes ┌ No
4a Check the appropriate boxes below	Inventory Be	eing Changed	Inventory Not Being Changed
Identification methods	Present method	Proposed method	Present method
Specific identification		·	
FIFO			
LIFO			-
Other (attach explanation)			-
Valuation methods			
Cost			
Retail cost			
Retail, lower of cost or market			
Other (attach explanation)			
<b>b</b> Enter the value at the end of the tax year preceding the year of change			
5 If the applicant is changing from the LIFO inventory method to a non-LIFO metho instructions)	d, attach the fol	lowing informati	on (see
<ul> <li>a Copies of Form(s) 970 filed to adopt or expand the use of the method</li> <li>b Only for applicants requesting advance consent. A statement describing wheth required by Regulations section 1 472-6(a) or (b), or whether the applicant is proceed to the conjugate of the statement required by the conjugate of the statement of the conjugate of the</li></ul>	posing a differ	ent method	
Proc 2008-52 (or its successor)			

Part III

**Method of Cost Allocation** (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions))

#### **Section A-Allocation and Capitalization Methods**

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

#### Section B-Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs [		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in		
	service and not temporarily idle		
12			
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs )		

Forn	n 3115 (Rev 12-2009)		Page <b>8</b>
Pa	rt III Method of Cost Allocation (see instructions) (continued)		
Sec	ction C-Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is	requesting to ch	ange its
me	thod for these costs )		
		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses		
2	Research and experimental expenses not included in Section B, line 26		
3	Bidding expenses not included in Section B, line 22		
4	General and administrative costs not included in Section B		
5	Income taxes		
6	Cost of strikes		
7	Warranty and product liability costs		
8	Section 179 costs		
9	On-site storage		
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11	Other costs (Attach a list of these costs )		
	nedule E-Change in Depreciation or Amortization (see instructions)		<u> </u>
	plicants requesting approval to change their method of accounting for depreciation or amortization plicants <b>must</b> provide this information for each item or class of property for which a change is re	•	section
	e: See the List of Automatic Accounting Method Changes in the instructions for information re	•	atic changes
	der sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. <b>do not</b> file Form 3115 with re		=
	d election revocations (see instructions).	,	
1	Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)?		Yes
	If "Yes," the only changes permitted are under Regulations section 1 167(a)-11(c)(1)(iii)		
2	Is any of the depreciation or amortization required to be capitalized under any Code section (e	g , section	
	263A)?	[	- Yes
	If "Yes," enter the applicable section 🕨		_
3	Has a depreciation, amortization, or expense election been made for the property (e.g., the ele		
	sections 168(f)(1), 179, or 179C)?		TYes ☐ No
4	If "Yes," state the election made		_
48	To the extent not already provided, attach a statement describing the property being changed by type of property, the year the property was placed in service, and the property's use in the application.		•
	income-producing activity	cants trade of b	usiness of
b	olf the property is residential rental property, did the applicant live in the property before renting i	t?	Yes
	Is the property public utility property?		Yes
	To the extent not already provided in the applicant's description of its present method, attach a	•	•
J	the property is treated under the applicant's present method (e.g., depreciable property, inventor		
	under Regulations section 1 162-3, nondepreciable section 263(a) property, property deductib		•
6	If the property is not currently treated as depreciable or amortizable property, attach a statemen		•
	proposed change to depreciate or amortize the property		pporting the
7	If the property is currently treated and/or will be treated as depreciable or amortizable property,	nrowde the follo	wina
•	information for both the present (if applicable) and proposed methods	provide are rene	9
а	The Code section under which the property is or will be depreciated or amortized (e.g., section	168(g))	
b	The applicable asset class from Rev Proc 87-56, 1987-2 C B 674, for each asset depreciated	d under section	168 (MACRS)
	or under section 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 C B 745, for		
	former section 168 (ACRS), an explanation why no asset class is identified for each asset for v	which an asset o	class has not
	been identified by the applicant		
C	The facts to support the asset class for the proposed method		
d	The depreciation or amortization method of the property, including the applicable Code section method under section 168(b)(1))	ı (e g , 200% de	clining balance

g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section

168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation

 $\textbf{e} \ \ \text{The useful life, recovery period, or amortization period of the property}$ 

as to why no special depreciation allowance was or will be claimed

f The applicable convention of the property

breakdown statement		
Name: UNITED STATE	ES BARTENDERS GU	ILD INC
<b>EIN:</b> 20-3898443		
Income accrued	but not received	
Description		Amount
Accounts Receivable		40,000
	ed but not paid	
Description		Amount
Prepaid expenses p	previously deducted	
Description		Amount
Supplies on hand p	reviously deducted	
Description		Amount
Inventory on hand p	previously deducted	
Description		Amount

DLN: 93493135055803

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

# TY 2012 Computation of section 481(a) adjustment statement

Name: UNITED STATES BARTENDERS GUILD INC

**EIN:** 20-3898443

**Computation:** Accounts Receivable (Barcardi Event)12/31/11 40,000 Accounts

Payable (Barcardi Event)12/31/11 (16,153) Net section 481(a)

adjustment 23,847

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135055803

## TY 2012 Overall method of accounting attachment

Name: UNITED STATES BARTENDERS GUILD INC

**EIN:** 20-3898443

Item Change Info	Present Method of item being changed	Proposed Method of item being changed	Present Overall Method Of Accounting
	CASH	ACCRUAL	cash

### **TY 2012 Trade or Business Statement**

Name: UNITED STATES BARTENDERS GUILD INC

**EIN:** 20-3898443

Description: UNITED STATES BARTENDERS GUILD, INC IS A NON-PROFIT

ORGANIZATION OF BEVERAGE SERVICE PROFESSIONALS SEEKING

ADVANCED PRODUCT EDUCATION.

Form 🚄	040	Powe	er ot Ati	torney		OMB No 1545-0150
(Rev. Marc	th 2012) the Treasury	and Declarati	ion of F	Representative		For IRS Use Only
internat Rever		Type or print.		separate instructions.		Received by
Part I	Power of	Attorney	<u></u>			Name
(		separate Form 2848 should be completed for	r each taxpa	iver Form 2848 will not be honor	ed	Telephone
		ose other than representation before the IRS	•	·, · · · · · · · · · · · · · · · · · ·		Function
1 Tax		tion. Taxpayer must sign and date this form		line 7		Date / /
	name and addr		<u> </u>	Taxpayer identification number(	s)	1 5000
		S BARTENDERS GUILD INC	~		-,	
		on Ridge Pkwy PMB B5	~			
	rson, N				20-3898	3443
nonae.	IBOII, N	. 09032		Daytime telephone number		per (if applicable)
				baytino tolophorio nambol	1 10,77,10,77	oor (ii approadio)
hereby app	points the follow	wing representative(s) as attorney(s)-in-fact			····	
2 Rep	resentative(s)	must sign and date this form on page 2, Par	rt II.			
Name and	address			CAF No 8005	5-47337R	
MARRS	BERGQU	IST CPAS		PTIN POOOS	9862	
3615	S Town	Center Drive Ste 100		Telephone No. 7	02-579-2	2707
Las V	egas	NV 89135		Fax No.	702) 579	9-2708
	_	es and communications	П	Check if new: Address	Telephone No	Fax No
Name and	address			CAF No.		
				PTIN		
				Telephone No		
				Fax No.		
Check if to	be sent notice	es and communications		Check if new. Address	Telephone N	o. Fax No.
Name and	address			CAF No.	<del></del>	
				PTIN	····	
				Telephone No		<del></del>
				Fax No.		<del></del>
				Check if new: Address	Telephone N	o. Fax No.
to represe	nt the taxpayer	before the Internal Revenue Service for the	following m	atters.		
3 Mat			-			
Description	of Matter (Income,	Employment, Payroll, Excise, Estate, Gift, Whistleblower,		Tax Form Number	Year(s) or Pe	riod(s) (if applicable)
Practiti	ioner Discipline, Pt	LR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	(1040,	941, 720, etc.) (if applicable)	• •	structions for line 3)
	•					
APP F	OR CHAN	GE IN ACCT METHOD	3115	7990	2010/201	11/2012
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-		recorded on Centralized Authorization File				
		e the instructions for Line 4. Specific Uses N				
5 Acts	s authorized.	Unless otherwise provided below, the represe perform any and all acts that I can perform w	entatives ge	enerally are authorized to receive	and inspect con	fidential tax
sian	anv agreemer	nts, consents, or other documents. The repre	esentative(s	), however, is (are) not authorized	to receive or ne	egotiate anv
amo	ounts paid to th	ie client in connection with this representation	n (including	refunds by either electronic mean	is or paper chec	ks). Additionally,
		riate box(es) below are checked, the represer on to a third party, substitute another represer				
		y co a lima party, oabertato arrotto roproso	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ng. r oortaan tax r	- Ca
	Disclosure to t	third parties; Substitute or add repres	sentative(s)	), Signing a return,		····
r						
	Other acts aut	horized.		· · · · · · · · · · · · · · · · · · ·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
					(see instructions	s for more information)
		unenrolled return preparer cannot sign any d				
		y may only represent taxpayers to the extent				
		retirement plan agent may only represent tax ay only represent taxpayers to the extent prov				
		tners In most cases, the student practitioner				
		ther practitioner).	·	, , ,		
List	any specific de	eletions to the acts otherwise authorized in th	is power of	attorney		
			******************			

Form 2	848 (Rev. 3-2012)	UNITED S'	rÁ	TES BA	RTEND	ERS	GUILD	ΙŃ	ic 2	0-3898443 Page 2
6		ation of prior power(s)	of a	ittornoy. The	filing of th	wog ak	er of attorney	auto	matically revokes all ea	iller powers) of
	attorney on file w	ith the Internal Revenue	Ber	rice for the s	ame maite	no and	yeen or perio	da o	overed by this docume	nt. If you do not want
	to revoke a prior	power of attorney, check	her	ė .						
					RNEY YO	IAW UC	NT TO REMA	IN IN	N EFFECT.	• □
	YOU MUST ATT.  Signature of tay of sitomey even executor, receive taxpayer.  IF NOT SIGN	ACH A COPY OF ANY P	OW ncer (8) e or	ER OF ATTO	ORNEY YO which a joi g appointe a taxpayer,	OU WAN in retur d. if sig , i certif	NT TO REMA In was filed, ti pned by a corp y that I have to RETURNED	IN IN IN IN IN IN IN IN IN IN IN IN IN I	VEFFECT,  Leband and wife must enter officer, partner, guard withority to execute this without the TAXPAYER,  A COLOR OF STATES BANTED	ech file a separate power lan, tax matters partner, form on behalf of the  CSI Den T  Title (if applicable)
	enalies of perjur		177				· · · · · · · · · · · · · · · · · · ·	<del>,,</del>	The state of the s	
lam lam	not currently und aware of regulati authorized to rep one of the followi Attorney - a me Certified Public Enrolled Agent Officer - a bona Full-Time Emple Family Member child, brother, o Enrolled Actuary the Internal Res Unenrolled Ratio return under ex	er suspension or disbarm one contained in Circular resent the texpayer identing: mber in good standing of Accountent - duly qualifie - enrolled as an agent undifice officer of the texpayer - a member of the texpayer sister).  y - enrolled as an actuary renue Service is limited by unit Preparer - Your autho	230 fled the dia diar e o yer by	to (31 CFR, P. in Part I for bar of the his practice eather requirem organization, fithe taxpayed immediate in the Joint Boaction 10.3(d) to practice by	art 10), as the matter ghest cour a certified ents of Circ.  It is a fer the second of Circuia efore the left of t	amend (s) aper t of the public s cular 2: exampl Enrollin r 230). nternat	ied, concernincified there; a jurisdiction state occurrent in 30.  ie, spouse, parent of Actuar Revenue Ser	ig than nown the livent	e practice before the int below, urlediction shown below child, grandparent, gra nder 29 U.S.C. 1242 (It	
1	practice before		vice	ls limited, Y	ou must ha	eve bae	n eligible to s	ign i	he relum under examin	alion and have signed the
ķ		ice 2011-6 and Special ( y or CPA - receives perm						Ľ,	TP .	
_	working in LITC	or STCP under section 1	0.7	(d) of Circula	ır 230, Seç	instruc	clions for Part	ll fo	additionel information	and requirements.
,	Internal Revenu	re Service is limited by se	ciło	h 10.3(e)).				ij	71	thority to practice before the
Note: F	RETURNED, R	CLARATION OF REPRESENTATIVES MUS L-f, enter your title, position	3T 8	relationship	to the tax	JBTED	IN LINE 2 A	BÓÝ	E. See the instructions	WILL BE for Part II. the instructions for Part II
	lgnation - insert ve letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)		r, license, ce registratic errollment n (if applicable dructions for more inform	n, or umber s). See Part il for			Signe		Date
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EBA								•		Form 2848 (Rev. 3-2012)

Net Income

Profit & Loss January through December 2012

4:28 PM 04/29/13 Accrual Basis

Annual Partnership income	43,554 00 (7,5 16,027 50 (16,6 37,164.68 (7,7	8/ (7,501.08) (16,027.50) (17,233.60)	840.54 (230.45) 1,259 94	(3,500 00)	16,500.00	40,550 00 173,695.00 266,300.62 56 00 3,585.00 571,219 51 22 10 1,055,428 23 1,055,428 23 1,056,428 23 1,056,428 23 1,056,428 23 1,056,428 33 1,056,428 33 1,056,428 33 1,056,428 33 1,056,428 33 1,056,428 33 1,056,428 33 1,056,428 33 1,056,428 33
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tild lincome         266,300 62           to Item Revenue         55 00           ster Accredidation Test Fees         3,585.00           gram Service Revenues         558,969.51           ategorized Income         1,032,678.23           come         1,032,678.23           reclation and Awards         15,219.84           k Charges         12,111.47         43.           piter Dues         12,111.47         43.           reclation and Awards         15,219.84         16,212.80         16,212.80           Admin Travel         16,212.80         16,212.80         16,212.80         16,212.80           Admin Travel         12,977.72         Participant Travel         12,977.72         Participant Travel         12,977.72         Participant Travel         12,977.72         Participant Travel         13,02.07         Participant Travel         14,302.07         Participant Travel         11,302.07         Participant Travel         1,1302.07         Participant Travel         1,1302.07         Participant Travel         <			10.54 30.45} 59 94	(3,500 00)	15,750 00	266,300.62 56 00 3,585.00 571,219 51 22 10 1,055,428 23 1,056,428 23 16,060.38 8,365.67 157,164 39 17,772 194,064 98
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e Expenses - Other	664 77 (-	(438.18)				3,61081
						879 56
		H	138,65			1,784.74
Salary and Labor						0.00
Payroll Fees 451 05						451 05
Payroll Service Fees 1,316 25			87	87 00		1,403.25
Staff Salaries 127,460 00			4,250.00	00.0		131,710 00
Такез 19,905 53			478 14	3 14		20,383.67
Salary and Labor - Other 16,180 00						16,180 00
Supplies 10,443 96		73	575.81			11,019 77
Travel 9,258 01	78.00	56,6	9,318.60			18,654.61
Uncategorized Expense 0 00						000
Utilities 406 44						406 44
Website 22,990.73		ň	347 56		!	23,338.29
Total Expense 1,112,786 80						1,196,141 18
Net Ordinary Income -80, 108 57						-140,712.95
Other Income/Expense						
IRC Sect 448 adj 23,847.00						23,847 00
Other Income 7,291 25					(6,291 25)	1,000.00