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Form **990**

Department of the Treasury

Internal Revenue Service

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)

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

Open to Public Inspection

OMB No 1545-0047

Α	For the	2012 calendar year, or tax year beginning $$	nding J	UN 30, 201.	3
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addres	MALT BEVERAGE EDUCATIONAL CORP			
	Name change	David Burning As		61-1	1332086
	Initial return Termin	Number and street (or P 0 box if mail is not delivered to street address)	oom/suite	E Telephone numb	er -351-9475
F	ated Amend return	G Gross receipts \$	104,094.		
	Application	H(a) is this a group	return		
	pendin	F Name and address of principal officer: PTA WILLIAM FIELDS		for affiliates?	Yes X No
		540 OAKHURST AVE, HAZARD, KY 41701		H(b) Are all affiliates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	527		a list. (see instructions)
<u>J</u>	Websit	e: ► WWW.KYMBEC.COM		H(c) Group exempti	
		organization X Corporation Trust Association Other ▶	L Year	of formation 1998	M State of legal domicile KY
P	art I	Summary			131G OF
ě	1 1	Briefly describe the organization's mission or most significant activities: TO EDI	UCATE	THE CITIZE	ENS OF
Activities & Governance	:	KENTUCKY ABOUT RESPONSIBLE CONSUMPTION OF			
Jern (2	Check this box If the organization discontinued its operations or dispose	d of more		assets.
é	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
٠ď	- 4 !	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
ties	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
⋛	6 .	Total number of volunteers (estimate if necessary)		6	<u> </u>
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	
	Ь	Net unrelated business taxable income from Form 990-T, line 34			†
		O to the transport of t	-	Prior Year 103,500	Current Year 104,000.
Ë	8	Contributions and grants (Part VIII, line 1h)		0.	•
Revenue	9	Program service revenue (Part VIII, line 2g)	•	129	
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	103,629	<u> </u>
_		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		61,500	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	01,300.	· · · · · · · · · · · · · · · · · · ·
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	o. 🗀	······································	
X	1,0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		19,139.	20,701.
		Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		80,639	
		Revenue less expenses. Subtract line #8, from line #2!		22,990.	
<u> </u>	3	RECEIVED	Rec	inning of Current Year	End of Year
ets (20	Fotal assets (Part X, line 16)	1 20,	86,352	88,745.
ASS	21	Total liabilities (Part X, line 26%) FEB 1 8 2014	-	0.	0.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	86,352.	88,745.
	art II	Signature Block			
Lind	er nenal	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of r	ny knowledge and belief, it is
		t, and complete Declaration of prepare ther than officer) is based on all information of whice			, , , , ,
1100	7, 001100	Millia Tiella		2/14	1/2014
Sig		Signature of officer		Date	11/
He		MR. WILLIAM FIELDS, PRESIDENT			
nei		Type or print name and title			<u></u>
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid	d I	The state of the s	CPA	2 - 10 - 20 Selfemple	P00017434
	parer	Firm's name HUMPHREY LOWE, PLLC		Firm's EIN ▶	46-1465294
	Only	Firm's address 1019 MAJESTIC DRIVE, SUITE 370			· · · · · · · · · · · · · · · · · · ·
	·,	LEXINGTON, KY 40513		Phone no	859) 219-1040
Mar	v the IP	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	, 11				

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2012)

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Form 990 (2012) MALT BEVERAGE EDUCATIONAL CORP
Part IV Checklist of Required Schedules 61-1332086 Page **3**

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	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		х
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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,			v
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		_ <u>^</u>
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	,		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		X
	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	-	
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990 ((2012)

Form	1990 (2012) MALT BEVERAGE EDUCATIONAL CORP 61-1332	<u> 2086</u>	<u> </u>	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
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		X
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	İ		
	Schedule J	23		X
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	ļ		
	Schedule K. If "No", go to line 25	24a		X
ь	The state of the s	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		
	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		Х
ь	the state of the s			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	1		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			1
а	Control of the state of the sta	28a		Х
b		28b		X
	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	.	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

14b Form **990** (2012)

14a

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13b 13c

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

	to line ba, bb, or 100 below, describe the chearmstances, proceeding of charges in considering		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			T .
	Check if Schedule O contains a response to any question in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management				1.	
		١.	10	<u></u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	4		
	If there are material differences in voting rights among members of the governing body, or if the governing	1				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	۱	10			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any otner			Х
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the	e aire	ct supervision	3	x	
	of officers, directors, or trustees, or key employees to a management company or other person?	200	a filad?	4		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S		is illed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sels :		6	Х	
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or approximately the stockholders.	anaint	one or	—	1	
7a		JPOIIT	One or	7a		х
	more members of the governing body?	tookh	olders or	10	<u> </u>	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	IOCKI	olders, or	7b		x
	persons other than the governing body?	ar hy th	a following		,,,	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ie ioliowing	8a	Х	1
	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	chod	at the	- 55		
9		CHEC	at tile	9		X
<u>Soc</u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	a Code I			
Sec	HOIL B. Folicies (This Section & requests information about policies not required by the internal riv	540110	3 00000.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	nanter	s. affiliates.			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	iap.o.	o, armatoo,	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v befo	re filing the form?	11a	Х	
b	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			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
·	In Schedule O how this was done	, -		12c		Х
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	dependent	<i>'</i>		·
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•			
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			-		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a			
_	taxable entity during the year?			16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure		** *			_
17	List the states with which a copy of this Form 990 is required to be filed ▶KY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s only) a	availab	le	
-	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	ın Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			d finar	ncıal	
-	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 ar	nd rec	ords of the organiza	tion: 🕨	·	
-	MCLEAN COMMUNICATIONS INC - 859-351-9475					
	302 SHELBY STREET, FRANKFORT, KY 40601					
232000				Form	990	(2012)

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

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

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 tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List 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 (A)	(C)						(D)	(E)	(F)	
Name and Title	(B) Average hours per week	box	Position (do not check more box, unless person officer and a direct				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MCLEAN COMMUNICATIONS INC	2.00	x						10 000	0.	0
MANAGING COMPANY		^	_					10,000.	0.	
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		<u> </u>					L			Form 990 (201

A very per Name and file A very per Name and business address Name	Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
Sub-total			Average hours per	box	not c	Pos heck ss pe	ntion more	than	h an	Reportable compensation	Reportable compensation		stimate mount	
1b Sub-total c Total from continuation sheets to Part VII, Section A			(list any hours for related organizations below	├.						the organization	organizations	or	mpensa from the ganizati nd relate	e Ion ed
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No														
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No												_		
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No										-	-			
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No												ļ. <u>-</u>		
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No														
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No														
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No	-													
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No										10.000	0			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	С	Total from continuation sheets to Part VII	l, Section A					>		0.	0	•		0.
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organizat		Total number of individuals (including but no	ot limited to th	ose	liste	ed al	oove	e) wh	no re	 	,000 of reportable	,		0
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services 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. ▶	3			stee	e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on		Yes	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 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 ▶ 0	4	For any individual listed on line 1a, is the su	m of reportabl								the organization			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 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 \(\big \)	5	Did any person listed on line 1a receive or a	ccrue comper	nsati	on f	rom	any	unr			dual for services			
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation 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								4 .	4		\$100,000 of company			
(A) Name and business address NONE Description of services Compensation 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	1											isation	irom	
\$100,000 of compensation from the organization 0		(A) (B) (C)											1	
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0									-					.
\$100,000 of compensation from the organization 0									+					
\$100,000 of compensation from the organization 0					_				+		 			
	2		_	ot lır	nıte	d to			sted	l above) who received m	ore than			

232008 12-10-12

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
-HH -H					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at st	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
S, G		Fundraising events	1c					
ar H	d	Related organizations	1d					
ini,	е	Government grants (contribut	tions) 1e	50,500.				
rior S r	f	All other contributions, gifts, gran	its, and					
혈		similar amounts not included abo	ve 1f	53,500.				
d d	g	Noncash contributions included in lines	1a-1f \$					'
<u>8</u>	h	Total. Add lines 1a-1f		▶	104,000.			
				Business Code				
g	2 a							
Program Service Revenue	b	·						
n Si	c	·			 			
e a	d	l <u></u>						
<u>5</u>	е							
۱ ۵	f	All other program service reve	enue					
\rightarrow	9	Total. Add lines 2a-2f		> _				
	3	Investment income (including	dividends, intere	est, and	0.4	0.4		
		other similar amounts)			94.	94.		
	4	Income from investment of ta	x-exempt bond p	oroceeds P				ļ
	5	Royalties		▶	1 1 -1		· · · · - · · · · · · · · · · · · · · ·	
			(i) Real	(II) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)	L					
		Net rental income or (loss)		>			······	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)	L					
	d			•				
9	8 a	Gross income from fundraisin						
Ş		including \$	of					
Be		contributions reported on line						
Other Reven		Part IV, line 18	а	ļ 				
8		Less: direct expenses	b draining avents					
		Net income or (loss) from fund			***************************************			
	у а	Gross income from gaming ac						
		Part IV, line 19	a b					
		Less: direct expenses						
		 Net income or (loss) from gan Gross sales of inventory, less 						
	10 a	and allowances	a					
			b					
		Less: cost of goods sold Net income or (loss) from sale						
}	с	Miscellaneous Revenu		Business Code			•••••	
}	11 a					Ī		1
	ii a							
	C							
	d							
	_	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.		•	104,094.	94.	0	. 0.
23200		. Start Starting Coo motifications.						Form 990 (2012)

Part IX	Statement of	Functional	Expenses
---------	--------------	------------	-----------------

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon-	se to any question in thi	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	01 000	01 000		
	organizations in the United States See Part IV, line 21	81,000.	81,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			······	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	- 		 	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	-		<u> </u>	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				1
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			······································	
10	Payroll taxes				
11	Fees for services (non-employees):	10 000	10,000.		
a		10,000.	2,450.		
b	Legal	7,085.	7,085.		
C	Accounting	7,005.	7,003.		
d	, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g		15.	15.		
40	column (A) amount, list line 11g expenses on Sch O)	13.	15.		
12	Advertising and promotion	401.	401.		
13	Office expenses	750.	750.	· · · · · · · · · · · · · · · · · · ·	
14	Information technology Royalties	,,,,,			
15 16	·				
17	Occupancy				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а					
b					
С					
d				······································	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	101,701.	101,701.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		1		
	Check here ► If following SOP 98-2 (ASC 958-720)				
					E 000 (0010)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 62,240. 86,352. 1 Cash · non-interest-bearing 26,505. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 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 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 86,352. 88,745 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. **Assets or Fund Balances** 86,352. 88,745. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 86,352 88,745. 33 Total net assets or fund balances 86,352 88,745. Total liabilities and net assets/fund balances

Form 990 (2012)

٠.٠	1990./2012) MALT BEVERAGE EDUCATIONAL CORP	61-133	22086	Π-	ge 12
$\overline{}$	1990 (2012) MALT BEVERAGE EDUCATIONAL CORP	01-13	12.000	Pa	ge 12
1 347	Check if Schedule O contains a response to any question in this Part XI				
	Ondotti Canada C				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			94.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	1,7	01.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,3	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	6,3	52.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8	<u>8,7</u>	45.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,		17	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

232012 12-10-12 Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

MALT BEVERAGE EDUCATIONAL CORP

Employer identification number 61-1332086

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	oox.)					
1 🗂			s, or association of chur).				
2 🗀			'0(b)(1)(A)(ii). (Attach Sc									
3 🗔			tal service organization			170(b)(1)	(A)(iii).					
4 🗔			operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospital	's nam	ne.
•	city, and stat				•				-			•
5	•		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describ	oed in		
•	-	(b)(1)(A)(iv). (Comple										
• [ent or governmental unit	t describe	d in sectio	n 170/h)/	11/ Δ 1/v1.					
7 X	•		eives a substantial part					or from the	neneral	public desc	rihed i	in
رخفی	-	(b)(1)(A)(vi). (Comple		טו ונט טטאָר	, or 11 or 11 a	govoniii	J. 1. C.	,	gonora	pus 2000		
8 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗀	-					rom contr	hutions n	nemhershi	n fees a	and aross rea	reints	from
•	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
		509(a)(2). (Complete			by 110111 00	000000	quou 2	y mo orgo	Lation	artor burio c	0,	0.
10			perated exclusively to te	st for publ	ic safety 5	See sectio	n 509/a)/	4).				
11	-	•	perated exclusively for the						v out the	nurnoses o	f one	or
			ations described in section									·
			organization and comple				-,. 000 00 1	J	- /(- /(-).	10011 1110 007	tilat	
	a Type				nctionally			dVT 🗀	e III - No	n-functional	v inter	orated
e 🗀	• •	•	at the organization is not		-	_						-
•			han one or more publicly									
f			ten determination from t						- (-)(·) · ·		()()	
•	-	rganization, check th		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		pe ., . , pe	, ,					
		•	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owing pers	sons?			
9	_		irectly controls, either al							<i>I</i> .	Yes	No
			upported organization?	o o o o		p 0.000		(, (,	11g(i)		-
	•		n described in (i) above?							11g(ii)		
		•	person described in (i) of		e?				•	11g(iii)		
h	• •	•	about the supported or							3,3,4		
••				J ·····	(-7 -							
/I) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did vo	u notify the	(vi) Is	the	(vii) Amount	of mou	netanı
	anization	(H) EHV	(described on lines 1-9		sted in your	organizat	ion in col	organizatio (i) organiz U S	on in col	sup		letary
vig	amza((0))		above or IRC section	governing	document?	(i) of you	r support?	US	2 (110		••••	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
				1								
	-											
		1							<u></u>			
						<u> </u>		<u> </u>	<u> </u>			
								I				
Total							<u> </u>		<u> </u>			
	Paperwork Re	duction Act Notice	, see the Instructions fo	or				Schedul	e A (For	m 990 or 99	0-EZ)	2012

232021

Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	114,200.	106,000.	102,500.	103,500.	104,000.	530,200.		
2	Tax revenues levied for the organ-		-						
	ization's benefit and either paid to								
	or expended on its behalf					,			
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	114,200.	106,000.	102,500.	103,500.	104,000.	530,200.		
5	The portion of total contributions					-			
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4		111111111111111111111111111111111111111	*************	***************************************	111111	530,200.		
	ction B. Total Support					······			
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Amounts from line 4	114,200.	106,000.	102,500.	103,500.	104,000.	530,200.		
8	Gross income from interest,		·						
	dividends, payments received on	ļ							
	securities loans, rents, royalties								
	and income from similar sources	199.	72.	99.	129.	94.	593.		
9	Net income from unrelated business			-					
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain				_				
	or loss from the sale of capital								
	assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10				-		530,793.		
	Gross receipts from related activities	, etc. (see instruction	ons)			12	· · · · · · · · · · · · · · · · · · ·		
	First five years. If the Form 990 is for		-	d, fourth, or fifth ta	ex year as a section	n 501(c)(3)			
	organization, check this box and stop						▶□		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2012 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.89 %		
15	Public support percentage from 2011	Schedule A, Part	II, line 14	•		15	97.27 %		
16a	33 1/3% support test - 2012. If the	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X		
b	33 1/3% support test - 2011. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶		
17a	7a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a j	publicly supported	d organization		▶ □		
b	b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the								
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a public	cly supported orga	ınızatıon			
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s >		
					Sche	dule A (Form 990	or 990-E7\ 2012		

232022 12-04-12

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				<u> </u>		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		•				
	are not an unrelated trade or bus-						
	iness under section 513				<u>.</u>		
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						<u></u>
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons			· · · · · · · · · · · · · · · · · · ·			
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
_8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	ation,
	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	<u>%</u>
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)12 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2012. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	ifies as a publicly	supported organiz	zation	▶ □
ŀ	33 1/3% support tests - 2011. If the	organization did r	ot check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anızatıon qualifies	as a publicly supp	oorted organization	▶ □
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>
2320	23 12-04-12				Sc	hedule A (Form 99	0 or 990-EZ) 2012

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

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) organization	s: Complete Part III.				
Nan	ne of organization			Empl	oyer identification number	
		RAGE EDUCATION			61-1332086	
Pa	art I-A Complete if the organ	ization is exempt un	der section 501(c	or is a section 527 o	rganization.	
2	Provide a description of the organization Political expenditures Volunteer hours	n's direct and indirect polit	ical campaign activities			
D-	ert I-B Complete if the organ	ization is exempt un	der section 501(c)(3)		
	Enter the amount of any excise tax inc			▶ \$		
	Enter the amount of any excise tax incl			_		
	If the organization incurred a section 4			•	Yes No	
	Was a correction made?	,	•		Yes No	
t	If "Yes," describe in Part IV.					
Pa	art I-C Complete if the organ	ization is exempt un	der section 501(c	<u>), except section 501(</u>	c)(3).	
1	Enter the amount directly expended by	the filing organization for s	ection 527 exempt fund	ction activities		
2	Enter the amount of the filing organizat	ion's funds contributed to c	other organizations for s	section 527		
	exempt function activities			▶\$		
3	3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b					
	line 17b			▶\$		
	4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization					
5	made payments. For each organization					
	contributions received that were promp					
	political action committee (PAC). If add	-				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
	(a) Italia	(5) / 155.555	(9, 2	filing organization's	contributions received and	
	ľ			funds. If none, enter -0	promptly and directly delivered to a separate	
					political organization.	
					If none, enter -0	
					•	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		·	
				 		
				- -		

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

Schedule C (Form 990 or 990-EZ) 2012

232041 01-07-13

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Schedule © (Form 990 or 990-EZ) 2012	MALT BEV	ERAGE EDUCATION	ONAL CORP	61-	1332086 Page 2
Part II-A Complete if the org	ganization is	exempt under secti	on 501(c)(3) and file		
(election under sec	tion 501(h)).				
A Check ▶ ☐ If the filing organiza	ation belongs to a	n affiliated group (and list	ın Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and sha	re of excess lobb	ying expenditures).			
B Check Lifthe filing organiza	ation checked bo	A and "limited control" p	rovisions apply.		
	its on Lobbying l ditures" means a	Expenditures amounts paid or incurred	1.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opii	nion (grass roots lobbying)			
b Total lobbying expenditures to infl	uence a legislativ	e body (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a and 1b)				
d Other exempt purpose expenditur	es				
e Total exempt purpose expenditure	es (add lines 1c a	nd 1d)			
f Lobbying nontaxable amount. Ent	er the amount fro	m the following table in bo	oth columns.	· · · · · · · · · · · · · · · · · · ·	
If the amount on line 1e, column (a)	or (b) is: Th	e lobbying nontaxable ar	mount is:		
Not over \$500,000	20	% of the amount on line 1	e		
Over \$500,000 but not over \$1,00	0,000 \$1	00,000 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$1	75,000 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17	,000,000 \$2	25,000 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1	,000,000.	J		
g Grassroots nontaxable amount (er	nter 25% of line 1	f)			
h Subtract line 1g from line 1a. If zer	ro or less, enter -0)-			
i Subtract line 1f from line 1c If zero or less, enter -0-					
j If there is an amount other than ze	ero on either line	Ih or line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	zations that mad	r Averaging Period Unde le a section 501(h) election ee the instructions for lin	on do not have to comp		
	Lobbying E	xpenditures During 4-Ye	ear Averaging Period		· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
	!		1		

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

*Schëdule C (Form 990 or 990-EZ) 2012 MALT BEVERAGE EDUCATIONAL CORP 61-133208 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?				
d Mailings to members, legislators, or the public?	17			
e Publications, or published or broadcast statements?	X			
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 Other activities?		,		
j Total. Add lines 1c through 1i		Х		······································
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?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	(5), or se	ction	
501(c)(6).	,	(-), -:		
	-		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."				e 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	litical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a	<u> </u>	
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				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an	d political			
expenditure next year?		4		
		5		
Taxable amount of lobbying and political expenditures (see instructions) 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; and Part II-B, line 1. Also, complete this part for any additional information.	Part II-A (affilia	5 ated group	list); Part II-	A, line
				· · · · · · · · · · · · · · · · · · ·
				_
			000 000	

'SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012 Open to Public Inspection

Name of the organization

MALT BEVERAGE EDUCATIONAL CORP

Employer identification number 61-1332086

Pa	† Organizations Maintaining Donor Advise		or Accounts. Complete if the		
سنست	organization answered "Yes" to Form 990, Part IV, line	e 6.			
_		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year		·		
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds		
•	are the organization's property, subject to the organization's		Yes No		
6	Did the organization inform all grantees, donors, and donor a	_			
·	for charitable purposes and not for the benefit of the donor of		· · · · · · · · · · · · · · · · · · ·		
	impermissible private benefit?	a donor davidor, or for any other purpose of	Yes No		
Pa		anization answered "Yes" to Form 990. Part			
1	Purpose(s) of conservation easements held by the organizati				
'	Preservation of land for public use (e.g., recreation or e		rically important land area		
	Protection of natural habitat	Preservation of a certifie			
	Preservation of open space	Treservation of a certifie	a materia structure		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last		
~	day of the tax year.	led conservation contribution in the form of	a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
۰	Number of conservation easements on a certified historic stri	ucture included in (a)	20		
ن م	Number of conservation easements included in (c) acquired a	• •			
đ	,,,,,,	arter of 17700, and not on a mistoric structure	2d		
3	listed in the National Register Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the or			
3	year	eased, extiliguished, or terminated by the or	ganization during the tax		
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per				
3	violations, and enforcement of the conservation easements it		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) above				
0	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170(h)(Yes No		
9		on assements in its revenue and expense st			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for				
	conservation easements.	ion 3 interioral statements that describes the	organization a accounting to		
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	er Similar Assets.		
	Complete if the organization answered "Yes" to Form				
12	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art		
	historical treasures, or other similar assets held for public exh				
	the text of the footnote to its financial statements that descri		or passe correct, provide, arr arr vall,		
h	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, ed				
	relating to these items:	addition, or research in farther area or passes	service, provide the following amounts		
	m 6		▶ \$		
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$		
•	If the organization received or held works of art, historical trea	asures or other similar assets for financial of			
2	the following amounts required to be reported under SFAS 1:		, p. 01100		
_	Revenues included in Form 990, Part VIII, line 1	to vice soo, relating to these items.	▶ s		
a	Assets included in Form 990, Part X		► \$ ► \$		
ь	Addition in Form 300, Fall A		- *		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		_	
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Sec	Earm 000 Bort V		
(a) Description of investment type	(b) Book value		aluation: Cost or end-of-year market value
	(B) Book Valor	(e) monies or v	aldation occitor one or your market value
(1)	- 		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	·		
(9)			
(10)	8-141		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 1	5.		
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)	,		
(6)	•	- 	
(7)			
(8)			
(9)			
(10)	15)		•
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, lir			
(-) Desembles of helicity	le 25.	(b) Book value	
		(b) Book value	
(1) Federal income taxes			
(2)		·	
(3)		-	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	of the footnote to t	he organization's financial	statements that reports the organization's
inability for uncertain tax positions under FIN 48 (ASC 74			

232053 12-10-12

	duleD (Form 990) 2012 MALT BEVERAGE EDUCATIONAL **XI Reconciliation of Revenue per Audited Financial Staten		61-133	2086 Page 4
1	Total revenue, gains, and other support per audited financial statements	nents with Revenu		104,094.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 1	104,054.
a	Net unrealized gains on investments	2a		
ь	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	20	2e	0.
3	Subtract line 2e from line 1		3	104,094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	401	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	104,094.
	T XII Reconciliation of Expenses per Audited Financial State	ments With Expens		101/031
1	Total expenses and losses per audited financial statements		1	101,701.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	101,701.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	101,701.
Pa	t XIII Supplemental Information	· · · · · · · · · · · · · · · · · · ·		•
<, lin-	e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	I information.	
) (Form 990) 2012

12-10-12

SCHEDULE (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

OMB No 1545-0047 2012

2 Employer identification number 61-1332086 Open to Public Inspection X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. MALT BEVERAGE EDUCATIONAL CORP Part i General Information on Grants and Assistance criteria used to award the grants or assistance?

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

Part#

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) or government (a) Amount of (e) if applicable (ask grant fine fine fine fine fine fine fine fine	5,000. Part II can (b) EIN	be duplicated if additice (c) IRC section if applicable	onal space is neec (d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	other)		
1 501(c)(3) an	nd government or	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	e line 1 table				
Act Notice,	Enter total number of other organizations listed in the line i table For Paperwork Reduction Act Notice, see the Instructions for	S Enter total number of other organizations listed in the line i table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule I (Form 990) (2012)

232101 12-18-12

Page 2 (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

61-1332086

MALT BEVERAGE EDUCATIONAL CORP

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

28

232102 12-18-12

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MALT BEVERAGE EDUCATIONAL CORP

Employer identification number 61–1332086

MALT BEVERAGE EDUCATIONAL CORP	61-1332086
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
UNDERAGE DRINKING.	
FORM 990, PART VI, SECTION A, LINE 3: OPERATIONAL DUTIES	AND ACTIVITIES
ARE HANDLED BY MCLEAN COMMUNICATIONS INC., FRANKFORT, KE	NTUCKY.
FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ARE INDEPE	NDENTLY OWNED
WHOLESALE BEER DISTRIBUTORS IN KENTUCKY.	
	7. 201
FORM 990, PART VI, SECTION B, LINE 11: COPY OF TAX RETUR	N HAS BEEN
PROVIDED TO MANAGEMENT AND BOARD FOR REVIEW.	
FORM 990, PART VI, SECTION B, LINE 15: OFFICERS AND GOVE	RNING BOARD SET
THE MANAGEMENT FEE PAID TO MCLEAN COMMUNICATIONS TO BE P.	AID ANNUALLY AT A
REGULARLY SCHEDULED BOARD MEETING.	
FORM 990, PART VI, SECTION C, LINE 19: TAX RETURNS AND A	UDIT REPORTS ARE
AVAILABLE FOR INSPECTION UPON REQUEST AT THE COMPANY OFF	ICE IN FRANKFORT,
KY.	
	ngo.i.
PART XII: LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	