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#### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

For the 2013 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization FOUNDATION FOR ADVANCING ALCOHOL Address change RESPONSIBILITY X Name change 36-3704297 TCC Doina Business As ]Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 202-637-0077 2345 CRYSTAL DRIVE 710 Amended return 9,218,243. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion pending ARLINGTON, VA 22202 H(a) is this a group return F Name and address of principal officer:RALPH S. BLACKMAN Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) X 501(c) ( 4 )◀ (insert no ) 4947(a)(1) or [ 527 If "No," attach a list. (see instructions) J Website: ► WWW.CENTURYCOUNCIL.ORG H(c) Group exemption number ▶ L Year of formation: 1989 M State of legal domicile VA K Form of organization X Corporation Other > Trust Association Part I | Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Ō. 0 Contributions and grants (Part VIII, line 1h) Revenue 8,900,000 9,100,000. Program service revenue (Part VIII, line 2g) 83,499 118,243. investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,218,243. 8,983,499 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 20,000. 35,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 2,290,217. 2,419,072. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 30 6,878,800. 6,687,859 17 Other expenses (Part IX, column (A), lines 11a-11d,-1.1f:24e)\_... 9,317,872. 9,013,076. Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25) <99,629. <29,577.Revenue less expenses. Subtract line 18 from line 12 f Assets or designation of the second of the s ၁၉ဝ **Beginning of Current Year End of Year** NOV 2 4 2014 4,043,059. 3,950,383. 20 Total assets (Part X, line 16) ,598,165 975,519. 21 Total liabilities (Part X, line 26) 3,067,540 Net assets or fund balances. Subtract line 21 from line 2000 Community 352,218. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deckaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of Officer Sign RALPH S. BLACKMAN, PRESIDENT/CEO Here Type or print name and title PTIN Preparer Signature Print/Type preparer's name P00439715 11 13 WIY self-employed FREDERICK LONGWOOD Pald Firm's name TATE AND TRYON 52-1855942 Firm's EIN Preparer Firm's address 2021 L STREET, NW SUITE Use Only Phone no (202) 293-2200 WASHINGTON, DC 20036 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2013) 332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| Pa       | rt III Statement of Program Service Accomplishments   |
|----------|---|
|          | Check if Schedule O contains a response or note to any line in this Part III  |
| 1        | Briefly describe the organization's mission: THE CENTURY COUNCIL IS A LEADER IN THE FIGHT TO ELIMINATE DRUNK  |
|          | DRIVING AND UNDERAGE DRINKING AND PROMOTES RESPONSIBLE DECISION MAKING  |
|          | REGARDING BEVERAGE ALCOHOL.   |
|          |   |
| 2        | Did the organization undertake any significant program services during the year which were not listed on  |
|          | the prior Form 990 or 990-EZ? Yes X No  |
| 3        | If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No.   |
| 3        | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No If "Yes," describe these changes on Schedule O.  |
| 4        | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  |
|          | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  |
|          | revenue, if any, for each program service reported.   |
| 4a       | (Code ) (Expenses \$ 1,230,226. Including grants of \$ ) (Revenue \$ 1,615,760.)  ASK, LISTEN, LEARN IS A MULTIMEDIA PROGRAM AVAILABLE IN PRINT AND  ONLINE FOR PARENTS AND MIDDLE SCHOOL AGE KIDS. THE PROGRAM IS BASED ON  RESEARCH THAT IDENTIFIES PARENTS AS THE LEADING INFLUENCE IN KIDS'  DECISIONS NOT TO DRINK. BY FOSTERING CONVERSATIONS BETWEEN PARENTS AND  KIDS, YOUTH WILL LEARN ABOUT THE CONSEQUENCES OF UNDERAGE DRINKING, HOW  ALCOHOL AFFECTS GROWING BODIES AND MINDS AND HOW TO STAND UP TO PEER  PRESSURE. MATERIALS FOR PARENTS (ALSO AVAILABLE IN SPANISH) HELP  PARENTS WITH BOTH WHAT TO SAY TO THEIR KIDS ABOUT ALCOHOL AND HOW TO  SAY IT. |
| 4b       | (Code ) (Expenses \$ 612,984 • including grants of \$ ) (Revenue \$ 805,084 • )   |
|          | THE COLLEGE BINGE DRINKING INITIATIVE RESPONDS TO THE GROWING ISSUE OF OVERCONSUMPTION OF BEVERAGE ALCOHOL ON OUR NATION'S COLLEGE CAMPUSES. A NUMBER OF EFFORTS WILL DELVE INTO STUDENT GENERATED COMMUNICATIONS EFFORTS ON CAMPUS, RESEARCH DESIGNED TO LEARN MORE ABOUT HOW CAMPUS POLICY OFFENDERS RESPOND TO SANCTIONS, THE POTENTIAL BENEFITS OF TEXT MESSAGE—BASED INTERVENTIONS WITH STUDENTS WHO HAVE VISITED HOSPITAL EMERGENCY DEPARTMENTS, AND THE EFFECTIVENESS OF CAMPUS LAW ENFORCEMENT IN DEALING WITH THE PROBLEM OF OVERCONSUMPTION.  |
| 4c       | (Code )(Expenses \$ 433,629. Including grants of \$ ) (Revenue \$ 569,522.)  GIRL TALK IS A PROGRAM WHICH WAS CREATED TO PROVIDE A TOOL FOR MOTHERS  TO TALK WITH THEIR DAUGHTERS ON CONSUMPTION OF ALCOHOLIC BEVERAGES.  ADDITIONALLY, THIS PROGRAM PROVIDES THIS TARGETED AUDIENCE WITH  INFORMATION AND RESOURCES REGARDING THE DANGERS OF UNDERAGE DRINKING.  |
| 4d<br>4e | Other program services (Describe in Schedule O.)  (Expenses \$ 4,651,823 \cdot including grants of \$ 20,000 \cdot) (Revenue \$ 6,109,634 \cdot)  Total program service expenses \$ 6,928,662 \cdot\$   |
| 33200    | Form <b>990</b> (2013)  |

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| 1 44 | CAN Officerist of Required Octionals   |     |          |             |
|------|--|-----|----------|-------------|
|      |  |     | Yes      | No          |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |     |          | l u         |
| _    | If "Yes," complete Schedule A  | 1   |          | X           |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   |          | <u> </u>    |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |          | <u>x</u>    |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |     |          |             |
|      | during the tax year? If "Yes," complete Schedule C, Part II  | 4   | N/       | Α           |
| 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   | <u> </u> |             |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |     |          |             |
|      | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6_  |          | <u>X</u>    |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |     |          |             |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |          | 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, 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 | Х        |             |
| ь    | 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 | X        |             |
| С    | 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 |          | X           |
| 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 167 If "Yes," complete Schedule D, Part IX  | 11d |          | X           |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | X        |             |
| 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        | ļ           |
| 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 |          | X           |
| 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 |          |             |
| b    | *  |     |          |             |
|      | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   | 14b |          | Х           |
| 45   | or more? If "Yes," complete Schedule F, Parts I and IV   | 146 |          |             |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 15  |          | х           |
| 46   | foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | 13  |          | <del></del> |
| 16   | or for foreign individuals? 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,  |     |          | Ť           |
| 17   | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |          | х           |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | m   |          | 1           |
|      | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |          | Х           |
| 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  |          | Х           |
| 20a  | The state of the s | 20a |          | X           |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |          |             |
|      |  | E0  | agn      | (2013)      |

Part IV Checklist of Required Schedules (continued)

|          |   |            | Tes      | NO                |
|----------|---|------------|----------|-------------------|
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |            | v        |                   |
|          | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         | <u> </u> | ├─                |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,   | 22         |          | x                 |
| 23       | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                                |            |          | <del></del>       |
| 20       | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |            |          |                   |
|          | Schedule J  | 23         | X        | İ                 |
| 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 25a   | 24a        |          | Х                 |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b        |          |                   |
| С        | 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        |          | X                 |
| b        | 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        |          | X_                |
| 26       | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or   |            |          |                   |
|          | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,   |            |          | ۱                 |
|          | complete Schedule L, Part II  | 26         |          | <u>X</u>          |
| 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   |            |          | l .               |
|          | of any of these persons? If "Yes," complete Schedule L, Part III  | 27         |          | X                 |
| 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):   | 000        |          | х                 |
| a        | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a<br>28b |          | X                 |
| b        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 200        | _        | <del>  ^^</del> - |
| C        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,   | 28c        |          | x                 |
| 00       | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                              | 29         |          | X                 |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions in the response of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation          |            |          |                   |
| 30       | contributions? If "Yes," complete Schedule M  | 30         |          | Х                 |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations?  | "          |          |                   |
| ٠.       | 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   |            |          | 1                 |
|          | Part V, line 1  | 34         |          | X                 |
| 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        |          |                   |
|          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |            | /        | , _               |
| 36       |   | 36         | N/       | A                 |
| 36       | If "Yes," complete Schedule R, Part V, line 2   |            | I        |                   |
| 36       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |            |          | v                 |
|          | 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         |          | Х                 |
|          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |            | х        | Х                 |

Form **990** (2013)

|     | 990 (2013) RESPONSIBILITY 36-3704   | <u> 297</u> | P       | age 5              |
|-----|---|-------------|---------|--------------------|
| Par | Statements Regarding Other IRS Filings and Tax Compliance   |             |         |                    |
|     | Check if Schedule O contains a response or note to any line in this Part V  |             |         |                    |
|     |   |             | Yes     | No                 |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |             |         |                    |
| ь   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |             |         |                    |
| C   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |             |         |                    |
|     | (gambling) winnings to prize winners?   | 1c          | X       |                    |
| 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?  | 2b          | Х       | ************       |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |             |         |                    |
|     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a          |         | X                  |
|     | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  | 3ь          |         |                    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |             |         | v                  |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a          |         | X                  |
| 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.  |             |         | v                  |
| _   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a          |         | X                  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b          |         | _                  |
|     | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 5c          |         |                    |
| Va  | any contributions that were not tax deductible as charitable contributions?   | 6a          | х       |                    |
| ь   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  | - Ua        |         |                    |
|     | were not tax deductible?  | 6b          | х       |                    |
| 7   | Organizations that may receive deductible contributions under section 170(c).  N/A  | - 00        |         | <del>, ,, ,,</del> |
| а   | 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          |         |                    |
| ь   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b          |         |                    |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   |             |         |                    |
|     | to file Form 8282?  | 7c          |         |                    |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |             |         |                    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e          |         | Х                  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f          | 27 /    | X                  |
| 9   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g          | N/      |                    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h          | N/      | Α                  |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting $N/A$   |             |         |                    |
|     | 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?  N/A   | 0.          |         |                    |
| a   | 37/3  | 9a_<br>9b   |         |                    |
| 10  | Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  Section 501(c)(7) organizations. Enter:  | 90          |         |                    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12 . N/A 10a  |             |         |                    |
| ь   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |             |         |                    |
| 11  | Section 501(c)(12) organizations. Enter:  |             |         |                    |
| а   | Gross income from members or shareholders N/A 11a   |             |         |                    |
| ь   | 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 N/A 12b   |             |         |                    |
| 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?  | 13a         |         | , <u>.</u>         |
|     | Note. See the instructions for additional information the organization must report on Schedule O.   |             |         |                    |
| 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 13b  |             |         |                    |
|     | Enter the amount of reserves on hand  |             | <b></b> |                    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a         | L       | _X_                |

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

RESPONSIBILITY

36-3704297

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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.

|            | Check if Schedule O contains a response or note to any line in this Part VI   |         |          | X        |
|------------|---|---------|----------|----------|
| Sec        | tion A. Governing Body and Management   |         |          |          |
|            |   |         | Yes      | No       |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year   |         |          |          |
|            | If there are material differences in voting rights among members of the governing body, or if the governing                         |         |          |          |
|            | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                               |         |          |          |
| b          | Enter the number of voting members included in line 1a, above, who are independent  |         |          |          |
| 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       |          | <u>X</u> |
| 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_     |          | <u>X</u> |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       |          | X        |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5       |          | X        |
| 6          | Did the organization have members or stockholders?  | 6       | <u> </u> |          |
| 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_     |          | <u>X</u> |
| ь          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |         |          |          |
|            | persons other than the governing body?  | 7b      |          | X        |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following    |         |          |          |
| а          | The governing body?   | 8a      | Х        |          |
| b          | Each committee with authority to act on behalf of the governing body?   | 8b      | Х        |          |
| 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       |          | <u>X</u> |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |         |          |          |
|            |   |         | Yes      | No       |
| 10a        | 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 chapters, affiliates,          |         |          |          |
|            | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b     |          |          |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a     | X        |          |
|            | 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     | X        |          |
|            | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     | X        |          |
|            | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |          |          |
|            | in Schedule O how this was done .   | 12c     | X        |          |
| 13         | Did the organization have a written whistleblower policy?   | 13      | X        |          |
| 14         | Did the organization have a written document retention and destruction policy?  | 14      | X        |          |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent                  |         |          |          |
| _          | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   | İ       |          |          |
| а          | The organization's CEO, Executive Director, or top management official  | 15a     | X        |          |
|            | Other officers or key employees of the organization .   | 15b     | X        |          |
| _          | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |         | ,        |          |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |          |          |
|            | taxable entity during the year?   | 16a     |          | X        |
| ь          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |         |          |          |
| _          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |         |          |          |
|            | exempt status with respect to such arrangements?  | 16b     |          |          |
| Sec        | tion C. Disclosure  |         |          |          |
| <u> 17</u> | List the states with which a copy of this Form 990 is required to be filed ► NONE   |         |          |          |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)      | 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 in Schedule O)  |         |          |          |
| 19         | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar     | 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 and records of the organization.       | tion:   | ·        |          |
|            | FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY - 202-637-0077  |         |          |          |
|            | 2345 CRYSTAL DRIVE, SUITE 710, ARLINGTON, VA 22202  |         |          |          |
|            |   | F       | . 000    | /00401   |

332006 10-29-13

Form **990** (2013)

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

Check if Schedule O contains a response or note to any line 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.

| (A)                                    | (B)                    |                    |                       |  | 2)           |                              |              | (D)              | (E)                              | (F)                   |
|--|------------------------|--------------------|-----------------------|--|--------------|------------------------------|--------------|------------------|----------------------------------|-----------------------|
| Name and Title                         | Average                | (do                |                       | Pos<br>heck                                      |              | than (                       | one          | Reportable       | Reportable                       | Estimated             |
|  | hours per              | box                | , unle                | ss pe  | rson i       | is bot<br>or/trus            | h an         | compensation     | compensation                     | amount of             |
|  | week                   | <b>-</b>           | - L                   |  | 1            | Γ.                           | ,            | from             | from related                     | other                 |
|  | (list any<br>hours for | or director        |                       |  |              | - G                          |              | the organization | organizations<br>(W-2/1099-MISC) | compensation from the |
|  | related                | 8                  | 8                     | ļ  |              | nsate                        |              | (W-2/1099-MISC)  | (11 2 1000 111100)               | organization          |
|  | organizations          | Individual trustee | Institutional trustee |  | 8            | Highest compensated employee |              | , , , , ,        |                                  | and related           |
|  | below                  | Adha               | 舅                     | ) ją   | Key employee | loyee                        | <b>Ротте</b> |                  |                                  | organizations         |
|  | line)                  | Ē                  | 鳘                     | ∯<br>G   | <u>ş</u>     | 표를                           | ᅙ            |                  |                                  |                       |
| (1) ROBERT FURNISS-ROE                 | 2.00                   |                    |                       |  |              |                              |              |                  |                                  |                       |
| BOARD MEMBER                           |                        | X                  | _                     |  | <u> </u>     |                              |              | 0.               | 0.                               | 0.                    |
| (2) BILL NEWLANDS                      | 2.00                   |                    |                       |  |              |                              |              |                  |                                  |                       |
| BOARD MEMBER                           |                        | X                  | <u> </u>              | ļ  | <u> </u>     |                              |              | 0.               | 0.                               | 0.                    |
| (3) MIKE KEYES                         | 2.00                   |                    |                       |  |              |                              |              |                  |                                  |                       |
| BOARD MEMBER                           |                        | X                  |                       |  | <u></u>      |                              |              | 0.               | 0.                               | 0.                    |
| (4) MARTY BIRKEL                       | 2.00                   | ļ                  |                       |  |              |                              |              |                  |                                  |                       |
| BOARD MEMBER                           |                        | X                  |                       | <u> </u>   |              |                              | -            | 0.               | 0.                               | 0.                    |
| (5) RONALD R. DODGE                    | 2.00                   |                    |                       |  |              |                              |              |                  | •                                | ^                     |
| BOARD MEMBER                           | 2 00                   | X                  | <u> </u>              |  |              | <u> </u>                     |              | 0.               | 0.                               | 0.                    |
| (6) GUY SMITH                          | 2.00                   | Ų,                 |                       |  |              |                              |              |                  | 0.                               | ^                     |
| BOARD MEMBER                           |                        | X                  | _                     | -  | -            |                              | -            | 0.               | <u> </u>                         | 0.                    |
| (7) BRYAN FRY                          | 2.00                   |                    |                       |  |              |                              |              | 0.               | 0.                               | 0.                    |
| BOARD MEMBER                           | 40.00                  | X                  |                       | _  | <u> </u>     |                              |              | U •              | 0.                               |                       |
| (8) RALPH S. BLACKMAN                  | 40.00                  | $\left\{ \right.$  | ļ                     | v  | i            |                              |              | 520 655          | 0.                               | 22 222                |
| PRES AND CEO                           | 40.00                  | ├—                 |                       | X  |              |                              | <u> </u>     | 528,655.         |                                  | 32,282                |
| (9) BRANDY NANNINI                     | 40.00                  | ł                  | i                     | 1  | x            | 1                            | l            | 199,409.         | 0.                               | 42,794.               |
| VP, GOVT RELATIONS                     | 40.00                  | $\vdash$           |                       |  | ^            |                              |              | 199,409.         |                                  | 42,134                |
| (10) JOY HUNGATE                       | 40.00                  | 1                  |                       |  |              | Х                            |              | 133,209.         | 0.                               | 30,884.               |
| VP, PROGRAMS (11) MAUREEN DALBEC       | 40.00                  |                    | -                     | -  |              | Λ                            | ┢            | 1337203.         |                                  | 30,004.               |
|  | 40.00                  | ┨                  |                       |  |              | x                            | l            | 111,639.         | 0.                               | 43,256                |
| VP, COMMUNICATIONS (12) LESLIE KIMBALL | 40.00                  | $\vdash$           | -                     |  |              | -                            | _            | 111/009.         |                                  | 10,250                |
| VP, COMMUNICATIONS                     | 10.00                  | 1                  |                       |  |              | х                            |              | 125,555.         | 0.                               | 48,792.               |
| VF, COMMONICATIONS                     |                        |                    |                       | _  | $\vdash$     | <u> </u>                     |              | 123/3331         |                                  | 107,72                |
|  |                        | 1                  |                       |  |              |                              |              |                  |                                  |                       |
|  |                        | $\vdash$           | $\vdash$              | $\vdash$   | $\vdash$     |                              | $\vdash$     |                  |                                  |                       |
|  |                        | 1                  |                       |  | ľ            |                              |              | ĺ                | 1                                |                       |
|  | <u> </u>               |                    | t                     |  | -            | $\vdash$                     |              |                  |                                  |                       |
|  |                        | 1                  |                       |  | 1            |                              |              |                  |                                  |                       |
|  |                        |                    | T                     | <del>                                     </del> |              |                              |              |                  |                                  |                       |
|  |                        | 1                  |                       |  |              |                              |              |                  |                                  |                       |
|  |                        |                    |                       |  | <u> </u>     |                              |              |                  |                                  |                       |
|  |                        | 1                  | l                     | 1  |              | 1                            | l            |                  |                                  |                       |

Form **990** (2013)

RESPONSTRII.TTV

| Part VII Section A. Officers, Directors, Trus   |                    | nlov                  | rees                  | and      | d Hi   | iahe                         | st C     | Compensated Employe                   |                                | , 04,      |          | - α             | ge <b>o</b> |
|---|--------------------|-----------------------|-----------------------|----------|--|------------------------------|----------|---------------------------------------|--------------------------------|------------|----------|-----------------|-------------|
| (A)   | (B)                | <u> </u>              | cos                   |          | C)   |                              |          | (D)                                   | (E)                            | (F         |          |                 |             |
| Name and title  | Average            | ,,,                   |                       | Pos      | ition  |                              |          | Reportable Reportable                 |                                |            |          |                 |             |
|   | hours per          | box                   | , unle                | ss pe    | rson   | than<br>is bot               | h an     | compensation                          | compensatio                    |            |          | ount c          | of .        |
|   | week<br>(list any  |                       | cer an                | o a c    | Irecto   | or/trus                      | (ee)     | from                                  | from related                   | - 1        |          | other           |             |
|   | hours for          | director              |                       |          |  |                              |          | the organization                      | organizations<br>(W-2/1099-MIS |            | •        | ensat<br>om the |             |
|   | related            | 8                     | 88                    |          |  | Safe                         |          | (W-2/1099-MISC)                       | (** 2 1000 mile                | ,          |          | nizatio         |             |
|   | organizations      | Individual trustee or | Institutional trustee |          | 8  | Highest compensared employee |          | '                                     |                                |            | and      | relate          | ed .        |
|   | below              | X de                  | P E                   | SE CE    | Key employee                                     | ployer                       | Former   |                                       |                                |            | orga     | nizatıo         | กร          |
|   | line)              | 를                     | <u> 5</u>             | 뜅        | ŝ  | ₹.                           | Œ        |                                       |                                |            |          |                 |             |
|   |                    | 1                     |                       |          |  |                              |          |                                       |                                |            |          |                 |             |
|   |                    | _                     | $\vdash$              | <u> </u> |  | ļ                            | ļ        |                                       |                                | <b></b> -⊦ |          |                 |             |
|   |                    | 4                     |                       |          |  |                              |          |                                       |                                |            |          |                 |             |
|   |                    | ├                     | -                     | _        |  | 1                            |          |                                       |                                |            |          | ·               | —           |
|   | }                  | 1                     |                       |          |  | ŀ                            |          |                                       |                                | 1          |          |                 |             |
|   |                    |                       |                       |          | $\vdash$   | $\vdash$                     | -        |                                       |                                |            |          | _               |             |
|   | <u> </u>           | 1                     | 1                     |          |  |                              |          |                                       |                                |            |          |                 |             |
|   |                    |                       | $\vdash$              | ├        | <del> </del>                                     | +                            | -        | <del></del>                           |                                |            |          |                 |             |
|   |                    | 1                     |                       |          |  |                              |          |                                       |                                |            |          |                 |             |
|   |                    | <u> </u>              |                       | -        | <del>                                     </del> | $\vdash$                     |          |                                       |                                |            |          |                 |             |
|   |                    | 1                     |                       |          |  |                              |          |                                       |                                |            |          |                 |             |
|   |                    |                       |                       |          |  |                              |          |                                       |                                |            |          |                 |             |
|   |                    | 1                     |                       | ļ        |  |                              |          |                                       |                                |            |          |                 |             |
|   |                    |                       |                       |          |  |                              |          |                                       | ,                              |            |          |                 |             |
|   |                    |                       |                       |          |  |                              |          |                                       |                                |            |          |                 |             |
|   |                    |                       |                       |          |  |                              |          |                                       |                                | 1          |          |                 |             |
|   |                    |                       | L                     |          |  | ١                            |          |                                       |                                |            |          |                 |             |
| 1b Sub-total .  |                    |                       |                       |          |  |                              |          | 1,098,467.                            |                                | 0.         | 198      | 3,00            |             |
| c Total from continuation sheets to Part V  | II, Section A      |                       |                       |          |  |                              |          | 0.                                    |                                | 0.         | 100      |                 | 0.          |
| d Total (add lines 1b and 1c)   |                    |                       |                       |          |  |                              | <u> </u> | 1,098,467.                            |                                | 0.         | 198      | 3,00            | 78.         |
| 2 Total number of individuals (including but r  | not limited to the | nose                  | liste                 | ed a     | bov  | e) w                         | ho r     | eceived more than \$100               | ,000 of reportabl              | e          |          |                 | 5           |
| compensation from the organization  | <del></del>        |                       |                       |          |  |                              |          | <del>-</del>                          |                                |            |          | Yes             | No          |
|   |                    |                       |                       |          |  |                              |          | hhk                                   |                                | ſ          |          | 163             |             |
| 3 Did the organization list any former officer  |                    |                       | ө, ке                 | ey er    | прк  | oyee                         | , or     | nignest compensated e                 | mpioyee on                     |            | 3        | 1               | X           |
| line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the si   |                    |                       |                       | 000      | ation  |                              | d 0+     | har companeation from                 | the organization               |            |          |                 |             |
| 4 For any individual listed on line 1a, is the s<br>and related organizations greater than \$15 |                    |                       |                       |          |  |                              |          |                                       | tile organization              |            | 4        | х               |             |
| 5 Did any person listed on line 1a receive or   |                    |                       |                       |          |  |                              |          |                                       | idual for services             | .          |          |                 |             |
| rendered to the organization? If "Yes," con   |                    |                       |                       |          |  |                              | CIGI     | teo organization or more              | 1000110100111000               |            | 5        | 1               | X           |
| Section B. Independent Contractors  | ipioto odiliodo    |                       |                       |          | <del>,,,,,</del>                                 |                              |          |                                       | · · ·                          |            |          |                 |             |
| Complete this table for your five highest co  | mpensated in       | dep                   | ende                  | ent c    | ont  | racto                        | ors 1    | that received more than               | \$100,000 of com               | npens      | ation fr | om              |             |
| the organization. Report compensation for   |                    |                       |                       |          |  |                              |          |                                       |                                |            |          | _               |             |
| (A)   |                    |                       |                       |          |  |                              |          | (B)                                   |                                |            | (C       |                 |             |
| Name and business   |                    |                       |                       |          |  |                              |          | Description of s                      | services                       |            | omper    | sation          | 1           |
| REALTIME MEDIA, LLC, 132  | O FENWI            | CK                    | $\mathbf{L}^{I}$      | AN]      | Ε,   |                              |          |                                       |                                |            |          |                 |             |
| SUITE 501, SILVER SPRING  | , MD 20            | <u>91</u>             | 0                     |          |  |                              |          | PROMOTIONAL                           | SERVICES                       |            | 326      | 5,68            | <u>89.</u>  |
| THE CURLEY COMPANY  |                    |                       |                       |          |  |                              |          |                                       |                                |            |          |                 |             |
| 919 18TH ST., NW, WASHIN  |                    |                       |                       |          |  |                              |          | CONSULTING S                          | ERVICES                        |            | 24:      | 5,12            | 28.         |
| BORN LUCKY STUDIOS, 2647  | E. THO             | MP                    | SOI                   | N S      | ST   | • ,                          |          |                                       | m = 0.17                       |            | 17       | 7 0/            | 00          |
| PHILADELPHIA, PA 19125 VIDEO PRODUCTION   |                    |                       |                       |          |  |                              |          | 1/                                    | 7,00                           | 78.        |          |                 |             |
| ALEXANDRIA RAISMAN C/O OCTAGON  7050 TONIG PRANCES 17   |                    |                       |                       |          |  |                              | 17       | ٠ ٨                                   | ΛΛ                             |            |          |                 |             |
| 7950 JONES BRANCH DR., MCLEAN, VA 22107 PERSONAL APPEARANCES                                    |                    |                       |                       |          |  |                              | Τ/(      | 0,00                                  | <del>.</del>                   |            |          |                 |             |
| DISSON SKATING, LLC   | אז זא י            | <b>ງ</b> 1 .          | <b>Λ</b> 1            |          |  |                              |          | SHOW EVENTS                           |                                |            | 121      | 5,4             | 75          |
| 1420 BEVERLY ROAD, MCLEA  |                    |                       |                       |          | AI- :  |                              |          | · · · · · · · · · · · · · · · · · · · | nore then                      |            |          | //-             | , , , .     |
| 2 Total number of independent contractors (   |                    | ll Jor                | ımıte                 | :O TO    |  | se II<br>5                   | S(e(     | u abovej who received h               | ioie iliali                    |            |          |                 |             |
| \$100,000 of compensation from the organ  | ization 🚩          |                       |                       |          |  | <del></del>                  |          |                                       |                                |            | Form 9   | 990 Ø           | 2013)       |
|   |                    |                       |                       |          |  |                              |          |                                       |                                |            |          | \               | /           |

RESPONSIBILITY

|  |                         |        | Statement of Reven<br>Check if Schedule O conta      | ains a respons  | e or note to any li                     |                      | <u>,                                      </u> | <del>_ ·:</del>                         |   |
|--|-------------------------|--------|--|-----------------|---|----------------------|--|---|---|
|  |                         |        |  |                 |   | (A)<br>Total revenue | (B)  Related or exempt function revenue        | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| nts  | 1                       | a      | Federated campaigns                                  | 1a              |   |                      |  |   |   |
| our  |                         | b      | Membership dues                                      | 1b              |   |                      |  |   |   |
| S, (   |                         | С      | Fundraising events .                                 | 1c              |   |                      |  |   |   |
| Gift<br>Iar,   |                         | d      | Related organizations                                | 1d              | _                                       |                      |  |   |   |
| iE,  |                         | е      | Government grants (contributi                        | ions) 1e        |   |                      |  |   |   |
| rior<br>I S  |                         | f      | All other contributions, gifts, grant                | ts, and         |   |                      |  |   |   |
| the state  |                         |        | similar amounts not included above                   | /e <b>1f</b>    |   |                      |  |   |   |
| Contributions, Gifts, Grants and Other Similar Amounts |                         | 9      | Noncash contributions included in lines              | 1a-1f \$        |   |                      |  |   |   |
| <u>3 g</u>   |                         | h      | Total. Add lines 1a-1f                               | <u>.</u>        | <u> </u>                                |                      |  |   |   |
|  |                         |        |  |                 | Business Code                           |                      |  |   |   |
| <u>e</u>   | 2                       | а      | SUBSCRIBER COMM                                      | ITMENTS         | 900099                                  | 9,100,000.           | 9,100,000.                                     |   |   |
| er.  |                         | b      |  |                 |   |                      |  |   |   |
| n S  |                         | С      |  |                 |   |                      |  |   |   |
| Zev<br>Zev   |                         | d      |  |                 |   |                      |  |   |   |
| Program Service<br>Revenue                             |                         | e      |  |                 |   | ļ                    |  |   |   |
| _  |                         |        | All other program service reve                       | nue             |   | 0 100 000            |  |   |   |
|  |                         |        | Total. Add lines 2a-2f                               |                 |   | 9,100,000.           |  |   |   |
|  | 3                       |        | Investment income (including                         | dividends, inte |   | 102,717.             |  |   | 102,717   |
|  |                         |        | other similar amounts)                               |                 |   | 102,717              | · <del> </del>                                 |   | 102,717   |
|  | 4                       |        | Income from investment of tax                        | k-exempt bond   | proceeds                                |                      | ļ ————   | _                                       |   |
|  | 5                       |        | Royalties  | (2 Part)        | (3. D                                   |                      |  |   |   |
|  |                         |        | 0  | (i) Real        | (ii) Personal                           | -                    |  |   |   |
|  | 6                       | a      | Gross rents  | -               | <del> </del>                            | -[                   |  |   |   |
|  |                         | b      | Less: rental expenses                                |                 | <del>    </del>                         | 1                    |  |   |   |
|  |                         | ٦<br>0 | Rental income or (loss)  Net rental income or (loss) |                 |   | -                    |  |   | 1   |
|  | ı                       |        | Gross amount from sales of                           | (i) Securities  | (ii) Other                              |                      |  | <u></u>                                 |   |
|  | <b>'</b> '              | a      | assets other than inventory                          | 15,526          |   | -[                   |  |   |   |
|  |                         | h      | Less: cost or other basis                            |                 | ·   · · · · · · · · · · · · · · · · · · | 1                    |  |   |   |
|  |                         | •      | and sales expenses .                                 | l 0             |   |                      |  |   |   |
|  |                         | c      | Gain or (loss)                                       | 15,526          |   | 1                    |  |   |   |
|  |                         |        | Net gain or (loss)                                   |                 | <b>&gt;</b>                             | 15,526               | .]   |   | 15,526  |
| •  | 8                       |        | Gross income from fundraising                        | a events (not   |   |                      |  |   |   |
| Ž  | -                       |        | including \$   | -               |   |                      |  |   |   |
| eve  |                         |        | contributions reported on line                       |                 |   |                      |  |   |   |
| Other Revenue  |                         |        | Part IV, line 18                                     |                 | a                                       |                      |  |   |   |
| Ę  |                         | b      | Less: direct expenses                                |                 | b                                       |                      |  |   |   |
| U  |                         | c      | Net income or (loss) from fund                       | draising events |   |                      |  |   |   |
|  | 9                       | а      | Gross income from gaming ac                          | tivities. See   |   |                      | · •  |   |   |
|  | 1                       |        | Part IV, line 19                                     |                 | а                                       | 4                    |  |   |   |
|  |                         | b      | Less: direct expenses                                |                 | ь[                                      | 4                    |  |   |   |
|  |                         |        | Net income or (loss) from gam                        |                 | <u> </u>                                | -                    |  |   |   |
|  | 10                      | а      | Gross sales of inventory, less                       | returns         |   |                      |  |   |   |
|  |                         |        | and allowances                                       |                 | a                                       | 4                    |  |   |   |
|  |                         |        | Less: cost of goods sold                             |                 | b                                       |                      |  |   |   |
|  |                         | C      | Net income or (loss) from sale                       |                 |   |                      |  |   |   |
|  | <u> </u>                |        | Miscellaneous Revenu                                 | e               | Business Cod                            | e!                   |  |   |   |
|  | 11                      |        |  |                 | · <del> </del>                          | <del> </del>         |  |   |   |
|  |                         | Ь      |  |                 | · <del> </del>                          | -                    |  |   | <del></del>   |
|  |                         | C      | <u> </u>   |                 | -                                       | -                    |  |   | <del> </del>  |
|  | 1                       | d      | All other revenue                                    |                 |   | <del> </del>         | <del>- </del>                                  | <del></del>                             |   |
|  |                         |        | Total. Add lines 11a-11d                             | •               |   | 9.218.243            | 9,100,000.                                     | 0                                       | . 118,243   |
|  | <b>12</b><br> 9<br> -13 |        | Total revenue. See instructions                      | <u>.</u>        |   | P12101230            | /  |   | Form <b>990</b> (2013                                       |

Part IX Statement of Functional Expenses

| <u> </u> | Check if Schedule O contains a respon-   | se or note to any line in t | his Part IX<br>(B)       | (C)                             | (D)                                     |
|----------|--|-----------------------------|--------------------------|---------------------------------|---|
|          | not include amounts reported on lines 6b,<br>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   | 20,000.                     | 20,000.                  |                                 |   |
| _        | organizations in the United States See Part IV, line 21  | 20,000.                     | 20,000.                  |                                 | ·····                                   |
| 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        | F  |                             |                          |                                 | *************************************** |
| 4        | Benefits paid to or for members  |                             |                          |                                 |   |
| 5        | Compensation of current officers, directors, trustees, and key employees   | 803,140.                    | 495,624.                 | 307,516.                        |   |
| 6        | Compensation not included above, to disqualified   | - 000,1101                  | 133/0211                 | 007/0200                        |   |
| 6        | persons (as defined under section 4958(f)(1)) and  |                             |                          |                                 |   |
|          | persons described in section 4958(c)(3)(B)   |                             |                          |                                 |   |
| 7        | Other salaries and wages   | 989,156.                    | 625,709.                 | 363,447.                        |   |
| 8        | Pension plan accruals and contributions (include   | 7 00 7 20 0 1               |                          |                                 |   |
| •        | section 401(k) and 403(b) employer contributions)  | 282,343.                    |                          | 282,343.                        |   |
| 9        | Other employee benefits  | 243,802.                    | 180,007.                 | 63,795.                         |   |
| 10       | Payroll taxes  | 100,631.                    | 76,179.                  | 24,452.                         |   |
| 1        | Fees for services (non-employees):   |                             |                          |                                 |   |
| a        | Management   |                             |                          | -                               |   |
| ь        | Legal  | 55,393.                     |                          | 55,393.                         |   |
| c        | Accounting .   | 18,286.                     |                          | 18,286.                         |   |
| d        | ·  |                             |                          |                                 |   |
| e        | Professional fundraising services See Part IV, line 17   |                             |                          |                                 |   |
| f        | Investment management fees   |                             |                          |                                 |   |
| g        | Other. (If line 11g amount exceeds 10% of line 25,   |                             |                          |                                 |   |
| •        | column (A) amount, list line 11g expenses on Sch O)  | 2,208,400.                  | 2,172,062.               | 36,338.                         |   |
| 12       | Advertising and promotion  | 727,448.                    | 727,448.                 |                                 |   |
| 13       | Office expenses  | 1,054,478.                  | 944,093.                 | 110,385.                        |   |
| 14       | Information technology .   |                             |                          |                                 |   |
| 15       | Royalties  |                             |                          |                                 |   |
| 16       | Occupancy  | 339,618.                    |                          | 339,618.                        |   |
| 17       | Travel   | 188,398.                    | 157,397.                 | 31,001.                         |   |
| 18       | Payments of travel or entertainment expenses   |                             |                          |                                 |   |
|          | for any federal, state, or local public officials  |                             |                          |                                 | <u></u>                                 |
| 19       | Conferences, conventions, and meetings   | 161,797.                    | 116,458.                 | 45,339.                         |   |
| 20       | Interest .   |                             |                          |                                 |   |
| 21       | Payments to affiliates   |                             |                          | 0.5.004                         |   |
| 22       | Depreciation, depletion, and amortization  | 27,004.                     |                          | 27,004.                         |   |
| 23       | Insurance .  | 42,456.                     |                          | 42,456.                         |   |
| 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) PARTNERSHIPS   | 911,326.                    | 911,326.                 |                                 |   |
| _        | ADVISORY PANEL   | 269,660.                    | 29,631.                  | 240,029.                        |   |
| b        | WEB/NEWSMEDIA  | 239,759.                    | 239,759.                 | 220,023                         |   |
| C        | ADMIN ALLOCATION   | 211,175.                    | 200,1000                 | 211,175.                        |   |
| d        |  | 423,602.                    | 232,969.                 | 190,633.                        |   |
|          | Ail other expenses   | 9,317,872.                  | 6,928,662.               | 2,389,210.                      | (                                       |
| 25<br>26 | Total functional expenses. Add lines 1 through 24e   | 2,31,012.                   | 0,220,002.               |                                 |   |
| 26       | Joint costs. Complete this line only if the organization   |                             |                          |                                 |   |
|          | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  |                             |                          |                                 |   |
|          | Check here Infollowing SOP 98-2 (ASC 958-720)  |                             |                          |                                 |   |

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 Cash - non-interest-bearing 940,892. 858,066. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 688,524. 770,272. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 Notes and loans receivable, net 7 Inventories for sale or use 8 99,532. 104,447. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 171,882. basis. Complete Part VI of Schedule D 10a 112,624. 59,258. 64,436. 10c b Less: accumulated depreciation 10b 11 Investments · publicly traded securities 11 2,152,084. 2,255,931. 12 12 Investments · other securities. See Part IV, line 11 13 13 Investments · program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 3,950,383. 4,043,059. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 522,174. 525,723. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 256,642. 369,243. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 815,800. 84,102. 25 Schedule D 975,519. 1,598,165. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,352,218. 3,067,540. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 2,352,218. 3,950,383. 3,067,540. 33 33 Total net assets or fund balances 4,043,059. Total liabilities and net assets/fund balances Form 990 (2013)

| Form | 990 (2013) RESPONSIBILITY   | 36-37        | 04297   | Pag            | ge <b>12</b> |
|------|---|--------------|---------|----------------|--------------|
| Pai  | TXI Reconciliation of Net Assets  |              |         |                |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                       | <u> </u>     |         |                | X            |
|      |   |              | _       |                |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1            | 9,218   |                |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2            | 9,317   |                |              |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3            | <99     | <del>9,6</del> | <u> 29.</u>  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                         | 4            | 2,352   | 2,2            | <u> 18.</u>  |
| 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            | 814     | <del>1,9</del> | 51.          |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                |              |         |                |              |
|      | column (B))   | 10           | 3,06    | 7 <u>,5</u>    | <u>40.</u>   |
| Pa   | rt XII Financial Statements and Reporting   |              |         |                |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                      |              |         |                | <u>X</u>     |
|      |   |              | <b></b> | Yes            | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |              |         |                |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu      | le 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  |              |         |                | ĺ            |
| b    | Were the organization's financial statements audited by an independent accountant?                                |              | 2b      | <u>X</u>       |              |
|      | 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    | the audit,   |         |                |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                    |              | 2c      | <u> X</u>      |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sc  | hedule O.    |         |                |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | Single Audit |         |                |              |
|      | Act and OMB Circular A-133?   |              | _ 3a    |                | <u>X</u>     |
| b    | If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the rec  | uired audit  |         |                | ĺ            |

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

Form **990** (2013)

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

2013
Open to Public

OMB No 1545-0047

Open to Public Inspection

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  |  | Tax) or Form 990-EZ,      | Part V, line 35c (Proxy T   | ax), then   |
|---|--|---------------------------|---|---|
| RESPONS   | ION FOR ADVANCING                      |                           |   | oyer identification number 36-3704297   |
| Part I-A Complete if the org  | ganization is exempt unde              | r section 501(c) o        | or is a section 527 o   | rganization.  |
| <ol> <li>Provide a description of the organiz</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol> | zation's direct and indirect political | campaign activities in    | Part IV   | 20,000.   |
| Part I-B Complete if the org  | ganization is exempt unde              | r section 501(c)(3        |   |   |
| 1 Enter the amount of any excise tax  | incurred by the organization under     | r section 4955            | ▶\$   |   |
| 2 Enter the amount of any excise tax  | incurred by organization managers      | s under section 4955      | ▶\$   |   |
| 3 If the organization incurred a section  | n 4955 tax, did it file Form 4720 fo   | or this year?             |   | Yes No  |
| 4a Was a correction made?   |  | •                         |   | Yes No  |
| b If "Yes," describe in Part IV.  |  | 504(-)                    |   | -\(\alpha\)   |
|   | ganization is exempt unde              |                           | ·   |   |
| 1 Enter the amount directly expended  |  |                           |   | <del></del>   |
| 2 Enter the amount of the filing organ  | ilization's funds contributed to othe  | er organizations for sec  | ction 527   | 20,000.   |
| exempt function activities  | Add been done of Control bern on       | d on Form 1100 DOI        | •   | 20,000.   |
| 3 Total exempt function expenditures<br>line 17b  | 3. Add lines 1 and 2. Enter here and   | on Form 1120-POL,         | ▶ ¢   | 20.000.   |
| 4 Did the filing organization file Form   | 1120-DOL for this year?                | •                         | •   | 20,000.<br>X Yes No   |
| 5 Enter the names, addresses and er   | •                                      | Lof all section 527 polit |   |   |
| made payments. For each organiza  |  |                           |   |   |
| contributions received that were pr   |  |                           |   |   |
| political action committee (PAC). If  |  |                           |   |   |
| (a) Name  | (b) Address                            | (c) EIN                   | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0 |
|   | ALEXANDRIA, VA                         |                           | _   |   |
|   | 22314                                  | 05-0532524                | 10,000.   | 0.  |
| DEMOCRATIC ATTORNEYS  |  |                           |   |   |
| GENERAL ASSOCI  | DENVER, CO 80203                       | 13-4220019                | 10,000.   | 0.  |
|   |  |                           |   |   |
|   |  |                           |   | ļ   |
|   | 1                                      |                           |   |   |
|   |  |                           | <u> </u>  | <del></del>   |
|   |  |                           |   |   |
|   |  | <del> </del>              |   |   |
|   |  |                           |   |   |

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

SEE PART IV FOR CONTINUATION

FOUNDATION FOR ADVANCING ALCOHOL Schedule C (Form 990 or 990-EZ) 2013 RESPONSIBILITY 36-3704297 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, A Check expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000. Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (d) 2013 (e) Total (a) 2010 (b) 2011 (c) 2012 (or fiscal year beginning in)

Schedule C (Form 990 or 990-EZ) 2013

2a Lobbying nontaxable amountb 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))

f Grassroots lobbying expenditures

36-3704297 Page 3

#### Schedule C (Form 990 or 990 EZ) 2013 RESPONSIBILITY 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 |  | (                | a)             | (b)          |            |  |
|--|--|------------------|----------------|--------------|------------|--|
| of th  | the lobbying activity.   |                  | No             | Amo          | ount       |  |
| 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:  Volunteers? |                  |                |              | `          |  |
|  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |                  |                | i            |            |  |
|  | Media advertisements?  |                  |                |              |            |  |
|  | Mailings to members, legislators, or the public?   |                  |                |              |            |  |
|  | Publications, or published or broadcast statements?  |                  | i              |              | · · · · ·  |  |
|  | Grants to other organizations for lobbying purposes?   |                  |                |              |            |  |
| q  | Direct contact with legislators, their staffs, government officials, or a legislative body?  |                  |                |              |            |  |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                  |                |              |            |  |
|  | Other activities?  |                  |                |              | <u> </u>   |  |
| j  | Total. Add lines 1c through 1i   |                  |                |              |            |  |
| 2a   | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                  |                |              |            |  |
|  | 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   |                  |                |              |            |  |
|  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                  |                |              |            |  |
| Pa   | Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).  | ion 501(c)       | (5), or se     | ction        |            |  |
|  |  |                  |                | Yes          | No         |  |
| 1  | Were substantially all (90% or more) dues received nondeductible by members?   |                  | 1              |              | X          |  |
| 2  | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                  | 2              |              | X          |  |
| 3  | Did the organization agree to carry over lobbying and political expenditures from the prior year?  |                  | 3              | X            |            |  |
| _  | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."   | d "No," O        |                |              | ne 3, is   |  |
| 1  | Dues, assessments and similar amounts from members   |                  | 1              | 9,100        | 7,000.     |  |
| 2  | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)  | (ICal            |                |              |            |  |
| _  | expenses for which the section 527(f) tax was paid).   |                  | 2a             | 280          | ,458.      |  |
| a  | Current year Carryover from last year  |                  | 2b             |              | 962.>      |  |
| b  |  |                  | 2c             |              | ,496.      |  |
| 3  | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                  | 3              |              | 7,400.     |  |
| 4  | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-<br>does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and                                  |                  |                |              | 7-000      |  |
|  | expenditure next year?   | politica         | 4              | <104         | 1,904.>    |  |
| 5  | Taxable amount of lobbying and political expenditures (see instructions)   |                  | 5              |              |            |  |
|  | 1 IV Supplemental Information  |                  |                |              |            |  |
|  | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)   | ip list): Part l | I·A. line 2: a | nd Part II-B | 3. line 1. |  |
|  | , complete this part for any additional information.   | ,,               | ,,             |              | •          |  |
| PA   | RT I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN   | FORMAT:          | ION:           |              |            |  |
|  |  |                  |                |              |            |  |
| RE:  | PUBLICAN STATE LEADERSHIP COMMITTEE  |                  | <del></del> _  |              |            |  |
| 18   | 00 DIAGONAL ROAD, SUITE 230 ALEXANDRIA, VA 22314   |                  |                |              |            |  |
|  | MOCRATIC ATTORNEYS GENERAL ASSOCIATION   |                  |                |              |            |  |
| 15   | 80 LINCOLN ST. SUITE 1125 DENVER, CO 80203   |                  |                | <del></del>  |            |  |

#### SCHEDULE D

Department of the Treasury

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

FOUNDATION FOR ADVANCING ALCOHOL

**Employer identification number** 

|     | RESPONSIBILITY  |   |  |
|-----|---|---|--|
| Pa  | Organizations Maintaining Donor Advise  | ed Funds or Other Similar Funds or  | Accounts. Complete if the              |
|     | organization answered "Yes" to Form 990, Part IV, lir   |   |  |
|     |   | (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 fu                                      | ınds                                   |
|     | are the organization's property, subject to the organization's  | s exclusive legal control?  | Yes No                                 |
| 6   | Did the organization inform all grantees, donors, and donor   | advisors in writing that grant funds can be used                                      | d only                                 |
|     | for charitable purposes and not for the benefit of the donor  | or donor advisor, or for any other purpose conf                                       | erring                                 |
|     | Impermissible private benefit?  |   | Yes No                                 |
| Par | t II Conservation Easements. Complete if the or   | rganization answered "Yes" to Form 990, Part I  | V, line 7.                             |
| 1   | Purpose(s) of conservation easements held by the organizat  | tion (check all that apply).  |  |
|     | Preservation of land for public use (e.g., recreation or  |   | ally important land area               |
|     | Protection of natural habitat   | Preservation of a certified   |  |
|     | Preservation of open space  |   |  |
| 2   | Complete lines 2a through 2d if the organization held a qual  | lified 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        |
| а   | Total number of conservation easements  |   | 2a                                     |
| b   | Total acreage restricted by conservation easements  |   | 2b                                     |
| c   | Number of conservation easements on a certified historic st   | tructure included in (a)  | 2c                                     |
| ď   | Number of conservation easements included in (c) acquired   | • •   |  |
| _   | listed in the National Register   | , <b>2,13</b> , <b>3</b> , 7, 7, <b>3</b> , 7, 21, 21, 21, 21, 21, 21, 21, 21, 21, 21 | 2d                                     |
| 3   | Number of conservation easements modified, transferred, re  | eleased, extinguished, or terminated by the organic                                   |  |
|     | year >  |   |  |
| 4   | Number of states where property subject to conservation ea  | asement is located  |  |
| 5   | Does the organization have a written policy regarding the pe  |   |  |
| _   | violations, and enforcement of the conservation easements   |   | 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) abo   |   |  |
| _   | and section 170(h)(4)(B)(ii)?   | ,   | Yes No                                 |
| 9   | In Part XIII, describe how the organization reports conservation  | tion easements in its revenue and expense stat  | <del></del>                            |
| •   | include, if applicable, the text of the footnote to the organiza  |   |  |
|     | conservation easements.   |   |  |
| Par | t III Organizations Maintaining Collections   | of Art. Historical Treasures, or Other  | r Similar Assets.                      |
|     | Complete if the organization answered "Yes" to Form   | •   |  |
|     | If the organization elected, as permitted under SFAS 116 (A   |   | and balance sheet works of art.        |
|     | historical treasures, or other similar assets held for public ex  |   |  |
|     | the text of the footnote to its financial statements that described the text of the footnote to its financial statements that described the text of the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements. |   | , p. 2                                 |
| h   | If the organization elected, as permitted under SFAS 116 (A   |   | halance sheet works of art, historical |
| b   | treasures, or other similar assets held for public exhibition, e  |   |  |
|     | relating to these items:  | coodation, or research in fortherance of public s                                     | or read provide the following allowing |
|     | •   |   | <b>&gt;</b> \$                         |
|     | (i) Revenues included in Form 990, Part VIII, line 1  | •   | > \$<br>> \$                           |
| •   | (ii) Assets included in Form 990, Part X  |   |  |
| 2   | If the organization received or held works of art, historical tre   |   | ii, provide                            |
|     | the following amounts required to be reported under SFAS  | To Mac abo) relating to these items:  | ▶ ¢                                    |
| a   | Revenues included in Form 990, Part VIII, line 1  | •   |  |
| Ь   | Assets included in Form 990, Part X   |   | • •                                    |

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

Schedule D (Form 990) 2013

|            | FOUNDATI   |                  | ADVE          | MCING        | ALC        | OUOL              |            |            | 3 <u>6</u> –37 | 0420       | 7 - 0      |
|------------|--|------------------|---------------|--------------|------------|-------------------|------------|------------|----------------|------------|------------|
|            | dule D (Form 990) 2013 RESPONS I   |                  | ( ) .         |              |            |                   | 041-       |            |                |            |            |
|            | t III Organizations Maintaining Co   |                  |               |              |            |                   |            |            |                |            |            |
| 3          | Using the organization's acquisition, accession  | on, and other r  | ecords, o     | check any    | of the fo  | llowing that      | t are a s  | ignificant | use of its     | collection | n items    |
|            | (check all that apply):  |                  | . 1           | <b>—</b> 1.  |            |                   |            |            |                |            |            |
| а          | Public exhibition  |                  | d l           |              | or excha   | nge progra        | ıms        |            |                |            |            |
| b          | Scholarly research   |                  | e l           | Other        |            |                   |            |            |                |            |            |
| C          | Preservation for future generations  |                  |               |              |            |                   |            |            | _              |            |            |
| 4          | Provide a description of the organization's co   |                  |               |              |            |                   |            |            | ose in Par     | t XIII.    |            |
| 5          | During the year, did the organization solicit or   |                  |               |              |            |                   | er sımılaı | r assets   |                | _          |            |
|            | to be sold to raise funds rather than to be ma   |                  |               |              |            |                   |            | -          |                | _  Yes     | No_        |
| Pa         | t IV Escrow and Custodial Arrang   |                  | omplete       | if the organ | nization a | answered <b>'</b> | Yes" to    | Form 990   | , Part IV,     | line 9, or |            |
|            | reported an amount on Form 990, Part   |                  |               |              |            |                   |            |            |                |            |            |
| 1a         | Is the organization an agent, trustee, custodia  | an or other into | ermediar      | y for contri | butions    | or other as:      | sets not   | ıncluded   | <u></u>        | 7          |            |
|            | on Form 990, Part X?   |                  |               | •            |            |                   |            |            | . L            | 」Yes       | ∟ No       |
| b          | If "Yes," explain the arrangement in Part XIII a   | and complete     | the follov    | wing table:  |            |                   |            |            |                |            |            |
|            |  |                  |               |              |            |                   |            |            |                | Amount     | <u> </u>   |
| C          | Beginning balance .  |                  |               |              |            |                   |            | 1c         | · -            |            |            |
| d          | Additions during the year .  |                  |               |              |            |                   |            | 1d         |                |            |            |
| е          | Distributions during the year  | •                |               |              |            |                   |            | 1e         |                |            |            |
| f          | Ending balance .   |                  | -             |              |            |                   |            | 11         |                |            |            |
| <b>2</b> a | Did the organization include an amount on Fo   | orm 990, Part 2  | X, line 21    | ?            |            |                   |            |            | . L            | _ Yes      | ∐_ No      |
| ь          | If "Yes," explain the arrangement in Part XIII.  | Check here if    | the expla     | anation has  | been p     | rovided in F      | Part XIII  |            |                |            |            |
| Pa         | t V Endowment Funds. Complete if   | the organizat    | on answ       | ered "Yes"   | to Form    | 990, Part         | IV, line 1 | 0.         |                |            |            |
|            | <u>L</u>   | (a) Current y    | ear           | (b) Prior ye | ear (      | (c) Two year      | s back     | (d) Three  | ears back      | (e) Four   | years back |
| 1a         | Beginning of year balance  |                  |               |              |            |                   |            |            |                |            |            |
| ь          | Contributions .  |                  |               |              |            |                   | _          |            |                |            |            |
| С          | Net investment earnings, gains, and losses   |                  |               |              |            |                   |            |            |                |            |            |
| d          | Grants or scholarships   |                  |               |              |            |                   |            |            |                |            |            |
| е          | Other expenditures for facilities  |                  |               |              |            |                   |            |            |                | 1          |            |
|            | and programs   |                  |               |              |            |                   |            |            |                |            |            |
| f          | Administrative expenses .  | -                |               |              |            |                   |            |            |                |            |            |
| g          | End of year balance  |                  |               |              |            |                   |            |            |                |            |            |
| 2          | _  | ent vear end b   | palance (     | line 1a. col | umn (a))   | held as:          |            |            |                |            |            |
| -<br>a     | 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment |                  |               |              |            |                   |            |            |                |            |            |
| b          | Permanent endowment  |                  |               |              |            |                   |            |            |                |            |            |
|            | Temporarily restricted endowment ▶   |                  | %             |              |            |                   |            |            |                |            |            |
| Ŭ          | The percentages in lines 2a, 2b, and 2c should   | ld equal 100%    |               |              |            |                   |            |            |                |            |            |
| 3a         | Are there endowment funds not in the posses  | -                |               | on that are  | held and   | d administe       | red for t  | he organi  | zation         |            |            |
| -          | by:  |                  | <b>3</b>      |              |            |                   |            | J          |                |            | Yes No     |
|            | (i) unrelated organizations  |                  |               |              |            |                   |            |            |                | 3a(i)      |            |
|            | (ii) related organizations   |                  |               |              |            |                   |            |            |                | 3a(ii)     |            |
| h          | If "Yes" to 3a(ii), are the related organizations  | listed as regi   | ured on S     | Schedule B   | 2          |                   |            |            | •              | 3b         |            |
| 4          | Describe in Part XIII the intended uses of the   |                  |               |              |            | •                 |            |            | •              |            |            |
|            | rt VI Land, Buildings, and Equipm  |                  | - U. IUU (III |              | ·          |                   | -          |            | <del></del> -  |            |            |
|            | Complete if the organization answered  |                  | m 990. P      | art IV. line | 11a. See   | Form 990          | . Part X.  | line 10.   |                |            |            |
|            | Description of property  |                  | st or other   |              | ) Cost o   |                   | -          | ccumulat   | ed             | (d) Boo    | k value    |
|            | besoription of property  | 1 '''            | nvestme       |              | basis (o   |                   |            | preciation |                | ,_,        |            |
| 1^         | Land   |                  |               | <del></del>  |            | -                 |            |            |                |            |            |
|            | Buildings  |                  |               |              |            |                   | <u></u>    |            |                |            |            |
| 0          | •  |                  |               |              | 6          | ,734.             |            | 9          | 33.            |            | 5,801.     |
| ر<br>د     | Leasehold improvements   |                  |               | +            |            | ,148.             |            | 111,6      |                |            | 3,457.     |
|            | Equipment Other  |                  |               |              |            | , =               |            |            |                |            |            |
| •          | Outer  | <u> </u>         |               |              |            |                   |            |            |                |            |            |

Schedule D (Form 990) 2013

59,258.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

|  | FOR ADVANCING              | 3 ALCOHOL  | 26                     | 2524005                                |
|--|----------------------------|--|------------------------|--|
| Schedule D (Form 990) 2013 RESPONSIBIL   | ITY                        | ··- <u>-</u> .                                   |                        | -3704297 Page                          |
| Part VII Investments - Other Securities.   |                            |  |                        |  |
| Complete if the organization answered "Yes"  |                            |  |                        | <u> </u>                               |
| (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) GOVERNMENT BONDS   | 2,255,931                  | END-OF-Y   | EAR MARKET             | VALUE                                  |
| (B)  |                            |  |                        |  |
| (C)  |                            |  |                        |  |
|  |                            | <del>                                     </del> |                        | ······································ |
| (D)  |                            |  |                        |  |
| (E)  |                            |  |                        |  |
| (F)  |                            | <del> </del>                                     | <del>,</del>           | <del></del>                            |
| (G)  |                            |  |                        |  |
| (H)  | 0.055.001                  | - 11 1111111111111111111111111111111111          |                        |  |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12)                            | 2,255,931                  | •  |                        |  |
| Part VIII Investments - Program Related.   |                            |  |                        |  |
| Complete if the organization answered "Yes"  |                            |  |                        |  |
| (a) Description of investment  | (b) Book value             | (c) Method of v                                  | aluation: Cost or end  | l-of-year market value                 |
| (1)  |                            |  |                        |  |
| (2)  |                            |  |                        |  |
| (3)  |                            |  |                        |  |
| (4)  |                            |  |                        |  |
| (5)  |                            |  |                        |  |
| (6)  | _                          |  | <u> </u>               |  |
|  |                            | <del>                                     </del> |                        |  |
| (7)  |                            |  |                        |  |
| (8)  |                            |  |                        | <del></del>                            |
| (9)  |                            |  |                        |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                         | <u> </u>                   | _l   |                        | <u></u>                                |
| Part IX Other Assets.  |                            |  |                        |  |
| Complete if the organization answered "Yes"  |                            | 11d. See Form 990,                               | Part X, line 15.       |  |
| (a)  | Description                |  |                        | (b) Book value                         |
| (1)  |                            |  |                        |  |
| (2)  |                            |  |                        |  |
| (3)  |                            |  |                        |  |
| (4)  |                            |  |                        |  |
| (5)  |                            |  |                        |  |
| (6)  |                            |  |                        |  |
| (7)  |                            |  |                        |  |
| (8)  |                            |  |                        |  |
| (9)  |                            |  |                        |  |
|  | o 15 )                     |  | •                      |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities. | <del>0 15.)</del>          | <del></del>                                      |                        |  |
|  | . = 000 5 +84 5            | 44 . 446 0 . 5                                   | 000 D-4 V I 05         |  |
| Complete if the organization answered "Yes"  | to Form 990, Part IV, line |  | 1990, Part X, line 25. |  |
| 1. (a) Description of liability  |                            | (b) Book value                                   |                        |  |
| (1) Federal income taxes   |                            |  |                        |  |
| (2) ACCRUED PENSION COSTS  |                            | 84,102.  |                        |  |
| (3)  |                            |  |                        |  |
| (4)  |                            |  |                        |  |
| (5)  |                            |  |                        |  |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

(6) (7) (8)

84,102.

|          | dule D (Form 990) 2013 RESPONSIBILITY   | 36-3704297 Page 4                          |
|----------|---|--|
| Par      | TXI Reconciliation of Revenue per Audited Financial Statements With Reve  |  |
|          | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.                                     |  |
| 1        | Total revenue, gains, and other support per audited financial statements  | 1 9,218,243.                               |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |  |
| а        | Net unrealized gains on investments 2a  |  |
| ь        | Donated services and use of facilities 2b   |  |
| С        | Recovenes of prior year grants 2c   | <del></del>                                |
| d        | Other (Describe in Part XIII.)  | <del></del>                                |
|          | Add lines 2a through 2d   |  |
| 3        | Subtract line 2e from line 1  | 3 9,218,243.                               |
| 4        | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |  |
| -        | Investment expenses not included on Form 990, Part VIII, line 7b  |  |
| h        | Other (Describe in Part XIII.)  | <del></del>                                |
| •        | Add lines 4a and 4b   | 4c 0.                                      |
| 5        | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                                 | 5 9,218,243.                               |
|          | t XII Reconciliation of Expenses per Audited Financial Statements With Expe                                     |  |
|          | Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.                                     | enses per netarri.                         |
| 1        | <del></del>   | 1 8,502,921.                               |
|          | Total expenses and losses per audited financial statements  | 1 0,502,321.                               |
| 2        | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 1 1  |
| a        | Donated services and use of facilities 2a   |  |
| Ь        | Prior year adjustments 2b   |  |
| C        | Other losses . 2c   | A 051                                      |
| d        | · · · · · · · · · · · · · · · · · · ·   | 14,951.                                    |
|          | Add lines 2a through 2d   | 2e <814,951.                               |
| 3        | Subtract line 2e from line 1  | 3 9,317,872.                               |
| 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  |  |
| b        | Other (Describe in Part XIII.)  |  |
| C        | Add lines 4a and 4b   | 4c 0.                                      |
|          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                                | 5 9,317,872.                               |
|          | t XIII Supplemental Information.  |  |
| Provid   | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b | ; Part V, line 4; Part X, line 2; Part XI, |
| lines :  | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.        |  |
|          |   |  |
|          |   |  |
| PAR      | RT X, LINE 2:   |  |
|          |   |  |
| EXF      | PLANATION: THE COUNCIL IS EXEMPT FROM THE PAYMENT OF  | F INCOME TAXES ON ITS                      |
|          |   |  |
| EXE      | EMPT ACTIVITIES UNDER SECTION 501(C)(4) OF THE INTER  | RNAL REVENUE CODE.                         |
|          |   |  |
| THE      | E COUNCIL BELIEVES THAT IT HAS APPROPRIATE SUPPORT F  | FOR ANY TAX POSITIONS                      |
|          |   |  |
| TAK      | KEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX PO  | SITIONS THAT ARE                           |
|          |   |  |
| TAM      | TERIAL TO THE FINANCIAL STATEMENTS. THE COUNCIL'S I   | INCOME TAX RETURNS                         |
|          |   |  |
| ARF      | E GENERALLY SUBJECT TO EXAMINATION BY THE IRS FOR TH  | REE YEARS AFTER THEY                       |
| <u> </u> | OUNDAMED CODOLCT TO DAMPINATION DI THE TAC TON THE  |  |
| สรพ      | RE FILED.   |  |
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| PAR      | RT XII, LINE 2D - OTHER ADJUSTMENTS:  |  |
| D0 ~     | AM DEMINING DENDETH GUANGES   | 014 051                                    |
| POS      | ST RETIREMENT BENEFIT CHANGES   |  |

| •  | PROPOSED I TOWN ADVANCING ALCOHOL | 26 2704207        |
|--|-----------------------------------|-------------------|
| Schedule D (Form 990) 2013 Part XIII   Supplemental In | RESPONSIBILITY                    | 36-3704297 Page 5 |
| Part XIII Supplemental In                              | formation (continued)             |                   |
|  |                                   |                   |
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SCHEDULE I (Form 990) Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2013 Open to Public

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

% × **Employer identification number** 36-3704297 Inspection \\_\_ 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 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. FOUNDATION FOR ADVANCING ALCOHOL **General Information on Grants and Assistance** RESPONSIBILITY criteria used to award the grants or assistance? Name of the organization Internal Revenue Service Parti

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

| Part # 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 | Governments an        | d Organizations in the           | e United States. C         | omplete if the orga               | inization answered "Y                                 | 'es" to Form 990, Part                 | IV, line 21, for any               |
|--|-----------------------|----------------------------------|----------------------------|-----------------------------------|---|--|------------------------------------|
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed   | \$5,000. Part II can  | be duplicated if additi          | ional space is need        | led.                              |   |  |                                    |
| 1 (a) Name and address of organization or government   | ( <b>p</b> ) EIN      | (c) IRC section<br>if applicable | (d) Amount of cash grant   | (e) Amount of non-cash assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|  |                       |                                  |                            |                                   |   |  |                                    |
| REPUBLICAN STATE LEADERSHIP 1201 F STREET NW #67   |                       |                                  |                            |                                   |   |  |                                    |
| WASHINGTON, DC 20004   | 05-0532524            | 527                              | 10,000.                    | 0.                                |   |  | PROGRAM SUPPORT                    |
| DEMOCRATIC ATTORNEY GENERAL  |                       |                                  |                            |                                   |   |  |                                    |
| ASSOCIATION - 1580 LINCOLN STREET, SUITE 1125 - DENVER CO 80203  | 13-4220019            | 527                              | 10,000                     | 0                                 |   |  | PROGRAM SUPPORT                    |
|  |                       |                                  |                            |                                   |   |  |                                    |
|  |                       |                                  |                            |                                   |   |  |                                    |
|  |                       |                                  |                            |                                   |   |  |                                    |
|  |                       |                                  |                            |                                   |   |  |                                    |
|  |                       |                                  |                            |                                   |   |  |                                    |
|  |                       |                                  |                            |                                   |   |  |                                    |
|  |                       |                                  |                            |                                   |   |  |                                    |
|  |                       |                                  |                            |                                   |   |  |                                    |
|  |                       |                                  |                            |                                   |   |  |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations   | and government o      |                                  | listed in the line 1 table |                                   |   |  | •                                  |
|  | is listed in the line |                                  |                            |                                   |   |  | •                                  |
| ۔ ا  | e, see the Instruc    | tions for Form 990.              |                            |                                   |   |  | Schedule I (Form 990) (2013)       |

21

# FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY

Schedule I (Form 990) (2013)

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.

Page 2

36-3704297

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2013)

332102 10-29-13

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

2013 Open to Public

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

FOUNDATION FOR ADVANCING ALCOHOL

RESPONSIBILITY

36

orm990. Inspection
Employer identification number

36-3704297

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X 5ь **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? X **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X 7 not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X 8 Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2013

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2013

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each Individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|                      |             | (B) Breakdown of \       | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation                      | (C) Retirement and             | 90       | (E) Total of columns | (F) Compensation                          |
|----------------------|-------------|--------------------------|--|-------------------------------------|--------------------------------|----------|----------------------|---|
| (A) Name and Title   |             | (i) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other reportable compensation | other deferred<br>compensation | benefits | (B)(h-(D)            | reported as deferred<br>in prior Form 990 |
| (1) RALPH S BLACKMAN | O           | 419,422.                 | 81,960.  | 27,273.                             | 15,300.                        | 16,982.  | 560,937.             | 0.  |
| S AND CEO            | : @         | 0                        | 0  | 0                                   | 0                              | 0        | 0                    | 0.  |
| (2) BRANDY NANNINI   | ε           | 195,699.                 | 3,500.   | 210.                                | 12,271.                        | 30,523.  | 242,20               |   |
| U                    | : (3)       | 0                        | 0  | 0.                                  | 1 1                            | 0        |                      |   |
|                      | (6)         | 118,837.                 | 0  | 14,372.                             | 7,221.                         | 23,663.  | 164,093.             | 0   |
| VP, PROGRAMS         | €           | 0                        | 0  | 0.                                  |                                |          | - 1                  |   |
| ┚┈                   | Θ           | 108,824.                 | 2,500.   | 315.                                | 6,989.                         | 36,26    | 154,895.             |   |
| _                    | <b>E</b>    | 0                        | 0  | 0                                   |                                |          |                      |   |
| (5) LESLIE KIMBALL   | ε           | 121,745.                 | 3,620.   | 190.                                | 8,088.                         | 40,70    | 174,347.             | 0.  |
| •                    | €           | 0                        | 0  | 0.                                  | 0                              | 0.       | 0                    | 0   |
| ı                    | ε           |                          |  |                                     |                                |          |                      |   |
|                      | <b>E</b>    |                          |  |                                     |                                |          |                      |   |
|                      | ε           |                          |  |                                     |                                |          |                      |   |
|                      | <b>E</b>    |                          |  |                                     |                                |          |                      |   |
|                      | ε           |                          |  |                                     |                                |          |                      |   |
|                      | <u>(ii)</u> |                          |  |                                     |                                |          |                      |   |
|                      | ε           |                          |  |                                     |                                |          |                      |   |
|                      | (E)         |                          |  |                                     |                                |          |                      |   |
|                      | Θ           |                          |  |                                     |                                |          |                      |   |
|                      | ⊜           |                          |  |                                     |                                |          |                      |   |
|                      | (i)         |                          |  |                                     |                                |          |                      |   |
|                      | Ξ           |                          |  |                                     |                                |          |                      |   |
|                      | 8           |                          |  |                                     |                                |          |                      |   |
|                      | €           |                          |  |                                     |                                |          |                      |   |
|                      | ε           |                          |  |                                     |                                |          |                      |   |
|                      | (ii)        |                          |  |                                     |                                |          |                      |   |
|                      | Θ           |                          |  |                                     |                                |          |                      |   |
|                      | Ξ           |                          |  |                                     |                                |          |                      |   |
|                      | ε           |                          |  |                                     |                                |          |                      |   |
|                      | ⊞           |                          |  |                                     |                                |          |                      |   |
|                      | Ξ           |                          |  |                                     |                                |          |                      |   |
|                      | Œ           |                          |  |                                     |                                | :        |                      |   |
| C. F. C. C.          |             |                          |  | •                                   |                                |          | Sched                | Schedule J (Form 990) 2013                |

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY

Page 3

36-3704297

Schedule J (Form 990) 2013

Part III Supplemental Information

| Schedule J (Form 990) 2013 |  |
|----------------------------|--|
|                            |  |
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#### SCHEDULE O (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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No 1545-0047

Name of the organization

FOUNDATION FOR ADVANCING ALCOHOL

**Employer identification number** 

36-3704297 RESPONSIBILITY FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PROMOTE RESPONSIBILITY AMONG THOSE ADULTS WHO CHOOSE TO DRINK LICENSED BEVERAGES AND TO DISCOURAGE ALL FORMS OF IRRESPONSIBLE CONSUMPTION THROUGH EDUCATIONAL ACTIVITIES, PROMOTIONAL CAMPAIGNS AND TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH OTHER PROGRAMS. CORPORATIONS MAY BE ORGANIZED UNDER THE GENERAL CORPORATION LAW OF DELAWARE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ALL OTHER PROGRAM SERVICES REVENUE \$ 6,109,634 INCLUDING GRANTS OF \$ 20,000. EXPENSES \$ 4,651,823.

FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: THE CORPORATION IS A NON-STOCK, NOT-FOR-PROFIT CORPORATION AND SHALL NOT HAVE AUTHORITY TO ISSUE CAPITAL STOCK. THE MEMBERSHIP OF THE CORPORATION SHALL INCLUDE: (I) PRODUCERS, IMPORTERS OR MARKETERS OF DISTILLED ALCOHOL BEVERAGES THAT AGREE (A) TO ABIDE BY THE MARKETING AND ADVERTISING CODE AS ADOPTED BY THE BOARD OF DIRECTORS, AND (B) TO PAY THE DUES ESTABLISHED FROM TIME TO TIME BY THE BOARD OF DIRECTORS (SUBSCRIBER MEMBERS); AND (II) OTHER ORGANIZATIONS AND/OR INDIVIDUALS THAT SUPPORT THE OBJECTIVES OF THE CORPORATION AND ARE ADMITTED TO MEMBERSHIP BY THE BOARD OF DIRECTORS (ASSOCIATE MEMBERS). SUBSCRIBER MEMBERS SHALL HAVE FULL VOTING RIGHTS, INCLUDING THE RIGHT FOR EACH TO DESIGNATE ONE MEMBER TO THE BOARD ASSOCIATE MEMBERS SHALL HAVE NO VOTING RIGHTS. ASSOCIATE OF DIRECTORS. MEMBERS WILL, HOWEVER, BE ELIGIBLE FOR REPRESENTATION ON THE BOARD OF

AS A CLASS OR OTHERWISE, AS DETERMINED BY THE BOARD. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

**Employer identification number** 36-3704297

THE NET EARNINGS OF THE CORPORATION SHALL BE DEVOTED EXCLUSIVELY TO THE PURPOSES DESCRIBED HEREINBEFORE AND SHALL NOT BE DISTRIBUTABLE TO MEMBERS, DIRECTORS, OFFICERS OF THE CORPORATION OR OTHER PRIVATE PERSONS, EXCEPT THAT THE CORPORATION SHALL BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF THE PURPOSES SET FORTH ABOVE.

IN THE EVENT OF THE DISSOLUTION OF THE CORPORATION, THE BOARD OF DIRECTORS SHALL, AFTER PAYING OR MAKING PROVISION FOR THE PAYMENT OF ALL THE LIABILITIES OF THE CORPORATION, DISTRIBUTE THE REMAINING ASSETS OF THE CORPORATION TO SUCH ORGANIZATION OR ORGANIZATIONS ORGANIZED AND OPERATED EXCLUSIVELY FOR PURPOSES SIMILAR TO THOSE OF THE CORPORATION AS DESCRIBED IN SECTIONS 501(C)(3), 501(C)(4) OR 501(C)(6) OF THE CODE, AS THE BOARD OF DIRECTORS SHALL DETERMINE.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 IS REVIEWED BY THE PRESIDENT/CEO, SVP FINANCE AND ADMINISTRATION, AND TREASURER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED. A COPY OF THE FORM 990 IS THEN PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: FOR EACH INTEREST DISCLOSED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE CHAIRMAN WILL DETERMINE WHETHER TO: (A) TAKE NO ACTION; (B) ASSURE FULL DISCLOSURE TO THE BOARD OF DIRECTORS AND OTHER INDIVIDUALS COVERED BY THIS POLICY; (C) ASK THE PERSON TO RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN TCC; OR (D) ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION IN TCC OR, IF THE PERSON REFUSES TO RESIGN,

BECOME SUBJECT TO POSSIBLE REMOVAL IN ACCORDANCE WITH TCC'S REMOVAL

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization FOUNDATION FOR ADVANCING ALCOHOL **Employer identification number** 36-3704297 RESPONSIBILITY PROCEDURES. TCC'S PRESIDENT/CEO AND CHIEF EMPLOYED FINANCE EXECUTIVE WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DISCLOSE THEM TO THE CHAIRMAN OF THE BOARD OF DIRECTORS IN ORDER TO DEAL WITH POTENTIAL OR ACTUAL CONFLICTS, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURRED. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: THE TCC BOARD OF DIRECTORS REVIEWS THE PRESIDENT/CEO'S COMPENSATION IN DECEMBER AS PART OF THE ANNUAL PERFORMANCE EVALUATION PROCESS. COMPARABILITY DATA IS AVAILABLE TO THE BOARD. THE CHAIRMAN OF THE BOARD PROVIDES DOCUMENTATION OF THE DELIBERATION OF THE BOARD TO THE SVP FINANCE & ADMINISTRATION FOR INCLUSION IN THE PAYROLL. THE PRESIDENT/CEO IS AUTHORIZED TO EVALUATE THE PERFORMANCE OF OTHER OFFICERS OR KEY EMPLOYEES. COMPARABILITY DATA IS PROVIDED TO THE PRESIDENT/CEO. THE TOTAL COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS THROUGH THE ANNUAL BUDGET APPROVAL PROCESS. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE NOT GENERALLY MADE AVAILABLE TO THE GENERAL PUBLIC, BUT IF REQUESTS FOR COPIES OF THESE DOCUMENTS WERE TO BE RECEIVED, THE ORGANIZATION WOULD CONSIDER MAKING THEM AVAILABLE TO THE REQUESTOR.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES

2,172,062.

| Schedule O (Form 990 or 990-EZ) (2013)                                   | Page 2                                    |
|--|---|
| Name of the organization FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY | Employer identification number 36-3704297 |
| MANAGEMENT AND GENERAL EXPENSES  | 36,338.                                   |
| FUNDRAISING EXPENSES   | 0.  |
| TOTAL EXPENSES   | 2,208,400.                                |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A                   | 2,208,400.                                |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:                        |   |
| CHANGES IN POST-RETIREMENT BENEFIT                                       | 814,951.                                  |
| FORM 990, PART XII, LINE 2C:   |   |
| EXPLANATION: THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNC                | CHANGED FROM                              |
| THE PREVIOUS YEAR.   |   |
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# Commontaralth of Hirginia



# State Corporation Commission

I Certify the Following from the Records of the Commission:

The foregoing is a true copy of the application for an amended certificate of authority to transact business in Virginia filed in this office by Foundation for Advancing Alcohol Responsibility on December 17, 2013.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: December 18, 2013

Joel H. Peck, Clerk of the Commission



## COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

#### Office of the Clerk

December 17, 2013

BETH EPSTEIN UCC RETRIEVALS INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA 23111

#### **RECEIPT**

RE:

FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY

ID:

F174758 - 9

DCN:

13-12-16-1240

#### Dear Customer:

This is your receipt for \$25.00 to cover the fee(s) for filing a duly authenticated copy of an amendment to the articles or certificate of incorporation for the above-referenced corporation, which was filed with this office on December 17, 2013.

Note: Prior to the effective date of this filing, the name of the above-referenced corporation was CENTURY COUNCIL, INC., THE.

This is also your receipt for \$100.00 to cover the fee(s) for expedited service(s).

Thank you for contacting our office. If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck

Clerk of the Commission

AMENACPT CIS0353



## COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

## APPLICATION FOR AN AMENDED CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN VIRGINIA

The undersigned, on behalf of the foreign corporation set forth below, pursuant to § 13.1-760 or § 13.1-922 of the Code of Virginia, hereby makes this application for an amended certificate of authority to transact business in Virginia and states as follows:

| The former name of the corporation was  The Century Council, Inc.  |                                    |
|--|------------------------------------|
|  | ·                                  |
| The present name of the corporation is   |                                    |
| Foundation for Advancing Alcohol Responsibility  |                                    |
| If the corporation's present name is not available for us<br>stock corporation and its present name does not contain<br>"incorporated" or "limited," or an abbreviation of one of<br>adopted by the corporation for use in Virginia is | the word "corporation," "company," |
| The name of the state or country under whose incorporated is Delaware  | law the corporation is presently   |
| The name of the state or country under whose is incorporated (if changed by the instrume   | ·                                  |
| Executed in the name of the corporation by:  | 12 15 2073                         |
| Ralph S. Blackman  | President                          |
| (printed name)<br>F1747569   | (corporate title)                  |
| (corporation's SCC ID no.)   | (telephone number (optional))      |

(The execution must be by the chairman or any vice-chairman of the board of directors, the president, or any other of its officers authorized to act on behalf of the corporation.)

PRIVACY ADVISORY: Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing.

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "THE CENTURY COUNCIL,

INC.", CHANGING ITS NAME FROM "THE CENTURY COUNCIL, INC." TO

"FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY", FILED IN THIS

OFFICE ON THE TWELFTH DAY OF DECEMBER, A.D. 2013, AT 11:59

O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

2212303 8100

131415820

AUTHENTICATION: 0976259

DATE: 12-12-13

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 01:04 FM 12/12/2013 FILED 11:59 AM 12/12/2013 SRV 131415820 - 2212303 FILE

#### CERTIFICATE OF AMENDMENT

#### TO THE CERTIFICATE OF INCORPORATION

OF

#### THE CENTURY COUNCIL, INC.

(a corporation without capital stock)

Under Section 242 of the General Corporation
Law of the State of Delaware

The corporation named above, a nonstock corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware, does hereby certify:

First. That at a meeting of the Board of Directors of the Corporation on December 11, 2013, a resolution was duly adopted setting forth a proposed amendment of the Certificate of Incorporation of the Corporation and declaring said amendment to be advisable, and that the Board of Directors directed that the proposed amendment be submitted to the members of the Corporation for consideration thereof. The resolution setting forth the proposed amendment provided that the name of the Corporation be changed to "Foundation for Advancing Alcohol Responsibility", so that, as amended, ARTICLE I of the Corporation's Certificate of Incorporation shall read as follows:

"The name of the Corporation is "FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY".

Second. That, thereafter, the members of the Corporation approved the amendment.

Third. That the amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

In witness whereof, said Corporation has caused this certificate to be signed this day of December, 2013.

Ralph S. Blackman

President

State of Delaware Secretary of State Division of Corporations Delivered 01:04 PM 12/12/2013 FTLED 11:59 AM 12/12/2013 SRV 131415820 - 2212303 FTLE

#### CERTIFICATE OF AMENDMENT

#### TO THE CERTIFICATE OF INCORPORATION

OF

#### THE CENTURY COUNCIL, INC.

(a corporation without capital stock)

Under Section 242 of the General Corporation
Law of the State of Delaware

The corporation named above, a nonstock corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware, does hereby certify:

First. That at a meeting of the Board of Directors of the Corporation on December 11, 2013, a resolution was duly adopted setting forth a proposed amendment of the Certificate of Incorporation of the Corporation and declaring said amendment to be advisable, and that the Board of Directors directed that the proposed amendment be submitted to the members of the Corporation for consideration thereof. The resolution setting forth the proposed amendment provided that the name of the Corporation be changed to "Foundation for Advancing Alcohol Responsibility", so that, as amended, ARTICLE I of the Corporation's Certificate of Incorporation shall read as follows:

"The name of the Corporation is "FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY".

Second. That, thereafter, the members of the Corporation approved the amendment.

Third. That the amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

In witness whereof, said Corporation has caused this certificate to be signed this day of December, 2013.

Ralph S. Blackman

President

#### Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

| <ul><li>If you a</li></ul>  | re filing for an Automatic 3-Month Extension, complet   | te only Pa    | irt I and check this box               |               |                | . ▶ \X                                 |
|-----------------------------|---|---------------|--|---------------|----------------|--|
| If you a                    | re filing for an Additional (Not Automatic) 3-Month Ex  | tension, c    | complete only Part II (on page 2 of    | this form).   |                |  |
| Do not c                    | omplete Part II unless you have already been granted a  | an automa     | atic 3-month extension on a previous   | sly filed Fo  | rm 8868.       |  |
| Electroni                   | c filing (e-file) You can electronically file Form 8868 if y  | ou need a     | a 3-month automatic extension of tir   | ne to file (6 | months fo      | r a corporation                        |
| required t                  | o file Form 990-T), or an additional (not automatic) 3-mor  | nth extens    | sion of time. You can electronically f | ile Form 88   | 368 to requ    | est an extension                       |
|                             | file any of the forms listed in Part I or Part II with the exc  |               |  |               |                |  |
|                             | Benefit Contracts, which must be sent to the IRS in pap   | -             |  |               |                |  |
|                             | irs.gov/efile and click on e-file for Chanties & Nonprofits   |               |  |               |                |  |
| Part I                      | Automatic 3-Month Extension of Time   | . Only s      | submit original (no copies ne          | eded).        |                |  |
|                             | ation required to file Form 990-T and requesting an autor   |               |  |               |                |  |
| Part I onl                  | •   |               |  | •             |                | <b>▶</b> □                             |
| All other                   | corporations (including 1120-C filers), partnerships, REM   | ICs, and t    | rusts must use Form 7004 to reques     | st an exten   | sion of time   | •                                      |
|                             | ome tax returns.  |               |  |               |                | ing number                             |
| Type or                     | Name of exempt organization or other filer, see instru  | ctions.       |  | Employe       | dentificati    | on number (EIN) or                     |
| print                       | FOUNDATION FOR ADVANCING A  |               | L                                      | ' '           |                |  |
| •                           | RESPONSIBILITY  |               |  |               | 36-37          | 04297                                  |
| File by the<br>due date for | Number, street, and room or suite no. If a P.O. box, so   | ee instruc    | tions.                                 | Social se     | curity numb    | per (SSN)                              |
| filing your                 | 2345 CRYSTAL DRIVE, NO. 710   |               |  |               | •              |  |
| retum See<br>Instructions   | City, town or post office, state, and ZIP code. For a fo  |               | lress, see instructions.               |               |                |  |
|                             | ARLINGTON, VA 22202   |               |  |               | <del></del>    |  |
| Enter the                   | Return code for the return that this application is for (file   | a cenara      | te application for each return)        |               |                | 0 1                                    |
| cittei tile                 | Neturn code for the return that this application is for the   | a separa      | te application for each return         |               |                |  |
| Applicati                   | An  | Return        | Application                            |               |                | Return                                 |
| Is For                      | OII   | Code          | Is For                                 |               |                | Code                                   |
|                             | or Form 990-EZ  | 01            | Form 990-T (corporation)               |               |                | 07                                     |
| Form 990                    |   | 02            | Form 1041-A                            |               |                | 08                                     |
|                             | 0 (individual)  | 03            | Form 4720 (other than individual)      |               |                | 09                                     |
| Form 990                    |   | 04            | Form 5227                              |               |                | 10                                     |
|                             |   | 05            | Form 6069                              |               |                | 11                                     |
|                             | I-T (sec. 401(a) or 408(a) trust)   | 06            | Form 8870                              |               |                | 12                                     |
| FOITH 990                   | FOUNDATION FOR  |               | NCING ALCOHOL RESP                     | ONSTB         | TLITY          |  |
| ● Tho b                     | poks are in the care of ▶ 2345 CRYSTAL DI   |               |  |               |                | 202                                    |
|                             | none No. ► 202-637-0077   | ,             | Fax No. ▶                              |               |                |  |
|                             | organization does not have an office or place of business   | e in the l lr |  |               |                | ▶ □                                    |
|                             | is for a Group Return, enter the organization's four digit  |               |  | lf thie le fo | r the whole    | aroun check this                       |
| box ►                       | . If it is for part of the group, check this box  |               |  |               |                |  |
|                             | quest an automatic 3-month (6 months for a corporation  |               |  |               | OIG ING OAIG   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 1 Ire                       |   |               | tion return for the organization nam   |               | The extens     | ION                                    |
| io f                        | or the organization's return for:   | t Organiza    | mon fotom for the organization ham     | ou ubovo.     | THE EXICITE    |  |
|                             | X calendar year 2013 or   |               |  |               |                |  |
|                             | tax year beginning  | an            | nd ending                              |               |                |  |
|                             | tax year beginning  | , , uii       |  |               | <del>-</del> ' |  |
| 2  f t                      | ne tax year entered in line 1 is for less than 12 months, c   | heck reas     | on: Initial return                     | Final retur   | 'n             |  |
| - "                         | Change in accounting period   | TOOK TOO      |  |               | ••             |  |
| 3a If the                   | ns application is for Forms 990-BL, 990-PF, 990-T, 4720,  | or 6069       | enter the tentative tax less any       |               |                |  |
|                             | refundable credits. See instructions.   | , 5, 5555,    | cinci no tomano tan 1000 any           | 3a            | s              | 0.                                     |
|                             | ns application is for Forms 990-PF, 990-T, 4720, or 6069  | enter an      | v refundable credits and               | 1             | <u> </u>       |  |
|                             | insapplication is for Forms 990-FF, 990-1, 4720, or 6009 imated tax payments made. Include any prior year overp |               |  | 3ь            | s              | 0.                                     |
|                             | lance due. Subtract line 3b from line 3a. Include your pa   |               |  |               | <u> </u>       | <del>_</del>                           |
|                             | using EFTPS (Electronic Federal Tax Payment System).  | -             |  | 3с            | s              | 0.                                     |
|                             | If you are going to make an electronic funds withdrawal   |               |  |               | <u> </u>       |  |
| instruction                 |   |               |  |               |                |  |

Form 8868 (Rev. 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-31-13

| Form 8868  | (Rev. 1-2014)   |             |   |             |                      | Page 2       |  |
|--|---|-------------|---|-------------|----------------------|--------------|--|
|  | If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box |             |   |             |                      |              |  |
| -  | complete Part II if you have already been granted an  |             |   |             |                      |              |  |
|  | filing for an Automatic 3-Month Extension, comple   |             | •   |             |                      |              |  |
| Part II  | Additional (Not Automatic) 3-Month E  |             |   | nal (no c   | opies needed)        | ·.           |  |
| ( · · · · · · · · · · · · · · · · · · ·  |   |             |   |             | ng number, see in    | <del></del>  |  |
| Type or  | Name of exempt organization or other filer, see instru  | ictions.    |   |             | r identification nur |              |  |
| * * *  | OUNDATION FOR ADVANCING AL  |             |   | , , , , ,   |                      |              |  |
|  | RESPONSIBILITY  |             |   |             | 36-37042             | 97           |  |
| due date for   | Number, street, and room or sulte no If a P.O. box, s   | see instruc | tions.  | Social se   | curity number (SS    | SN)          |  |
| return See 2   | 345 CRYSTAL DRIVE, NO. 710  |             |   |             |                      | ·            |  |
| instructions   | City, town or post office, state, and ZIP code For a f  | oreign add  | fress, see instructions.                            |             |                      |              |  |
| A  | ARLINGTON, VA 22202   |             |   |             |                      |              |  |
|  |   |             |   |             |                      |              |  |
| Enter the Re   | eturn code for the return that this application is for (fil   | e a separa  | te application for each return)                     |             |                      | 0 1          |  |
|  |   |             |   |             |                      |              |  |
| Application  | 1   | Return      | Application   |             |                      | Return       |  |
| Is For   |   | Code        | Is For  |             | ····                 | Code         |  |
| Form 990 o   | r Form 990-EZ   | 01          |   | <u> </u>    | 1988 1919 M          | <u> </u>     |  |
| Form 990-B   | IL  | 02          | Form 1041-A   |             |                      | 08           |  |
| Form 4720  | Form 4720 (individual) 03 Form 4720 (other than individual) 09  |             |   |             |                      |              |  |
| Form 990-P   | <u>F</u>  | 04          | Form 5227   |             | <del></del>          | 10           |  |
| Form 990-T   | (sec. 401(a) or 408(a) trust)   | 05          | Form 6069   |             | <del></del>          | 11           |  |
|  | Form 990-T (trust other than above) 06 Form 8870 12   |             |   |             |                      |              |  |
| STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  THE CENTURY COUNCIL - 2345 CRYSTAL DRIVE, SUITE 710 - |   |             |   |             |                      |              |  |
|  |   |             | - 2345 CRYSTAL DR                                   | IVE,        | SUITE /10            | -            |  |
|  | ks are in the care of ARLINGTON, VA   | 22202       |   |             |                      |              |  |
| •  | ne No. ► 202-637-0077   |             | Fax No.   | <del></del> |                      |              |  |
|  | ganization does not have an office or place of busines  |             |   |             |                      | <b>'</b> 🗀   |  |
|  | for a Group Return, enter the organization's four digit   |             |   |             |                      |              |  |
| box ▶ L  | . If it is for part of the group, check this box  |             | ach a list with the names and EINs on BER 15, 2014. | r au memi.  | pers the extension   | is ior.      |  |
|  | est an additional 3-month extension of time until<br>alendar year 2013, or other tax year beginning             | INO V EITI  | ·   |             |                      |              |  |
|  | ·   | ah aak rana | , and endin   | Final i     | roturo               | ·            |  |
| 6 If the   | tax year entered in line 5 is for less than 12 months, of   | Sheck reas  | on midal return                                     | Final I     | HOUTH                |              |  |
| 7 State  | Change in accounting period in detail why you need the extension  |             |   |             |                      |              |  |
|  | INFORMATION NECESSARY TO  | FILE        | A COMPLETE AND ACC                                  | URATE       | RETURN H             | IAS          |  |
|  | YET BEEN OBTAINED.  |             |   |             |                      |              |  |
| ====   |   |             |   |             | <del></del>          |              |  |
| 8a If this   | application is for Forms 990-BL, 990-PF, 990-T, 4720  | or 6069.    | enter the tentative tax, less any                   |             | ,                    |              |  |
|  | fundable credits. See instructions.   | ,,          | ome: «» (oma» (o)                                   | 8a          | s Ø                  |              |  |
|  | application is for Forms 990-PF, 990-T, 4720, or 6069   | 9. enter an | v refundable credits and estimated                  |             | -                    |              |  |
|  | ayments made. Include any prior year overpayment al   |             | =   | 1 13        |                      |              |  |
| •  | ously with Form 8868.   |             | •   | 8ь          | 1 <b>s</b>           |              |  |
| ¢ Balan  | nce due. Subtract line 8b from line 8a. Include your pa   | ayment wit  | h this form, if required, by using                  |             | ,                    |              |  |
| EFTP:  | S (Electronic Federal Tax Payment System). See Instr  | uctions.    |   | 8c          | \$ 0                 |              |  |
|  |   |             | st be completed for Part II                         | only.       |                      |              |  |
| Under penalti  | es of persury, I declare that I have examined this form, includ   | ting accomp | •   | _           | of my knowledge and  | belief,      |  |
| it is true, corr   | ect, and complete, and that I am authorized to prepare this for   | 0rm         | /   |             | 11.1                 | 1 - 1        |  |
| Signature 🕨  | Tille >   |             | CPA   | Date        | ▶ 8/4/               | 614          |  |
|  |   |             |   |             | Form 8868 (          | Rev. 1-2014) |  |