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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury

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

- 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.

Inter		enue Service	Information about Form 990 and its instructions is at www.irs	3.g0	VIIIII	750.		inspection
<u> </u>			lendar year, or tax year beginning , and e					
В	Check ı	ıf applicable	C Name of organization Alcoholic Beverage Retailers Assoc - Juneau Ch	HAR	R P	Employer i	dentii	fication number
\sqcup	Address	s change	Doing business as					
\Box	Name c	channe	Number and street (or PO box if mail is not delivered to street address) Room/suite			0143311		
므	Manie C	aidige	BOX 20977		E	Telephone i	numbe	er .
Ш	Initial re	eturn	City or town State ZIP code		907	7-723-771	7	
\Box	Final ratu	um/terminated	JUNEAU AK 99802			-125-111		
	i iliai iciu	mateu	Foreign country name Foreign province/state/county Foreign postal	code	,			
\sqcup	Amende	ed return			G	Gross rece	pts \$	955,336
	Applicat	tion pending	F Name and address of principal officer	H(a)) le thie a o	roup return fo	r eubor	rdinates? Yes X No
		.	John Manning PO Box 34262, Juneau, AK 99801	1	_			
				"(b)	•	subordinates		
	Tax-exe	mpt status	501(c)(3) X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527]	IT "NO,"	attach a list	(see	instructions)
<u>J \</u>	Websi	te: ► N/A		H(c)) Group e	exemption no	umber	• •
K	Form of	organization	Corporation Trust Association Other ► L Yea	ar of fo	ormation	1995	M	State of legal domicile AK
	art I					1995	1	State of legal domicile AK
	_		mmary					
ø.	1			entic	on of a	runk arıvı	ng ar	nd provide a
2	Ì	safe ride	e program					
Activities & Governance		2					 -	
Š	2.	Check t	his box If the organization discontinued its operations or disposed	of m	nore th	an 25% o	f its r	net assets
့် ပိ	3	Number	of voting members of the governing body (Part VI, line 1a)				3	4
9			of independent voting members of the governing body (Part VI, line 1b)			Ī	4	60
			mber of individuals employed in calendar year 2014 (Part V, line 2a)			1	5	0
Ξ	6		mber of volunteers (estimate if necessary)				6	<u> </u>
Ş	72		related business revenue from Part VIII, column (C), line 12			F	7a	
_			elated business taxable income from Form 990-T, line 34			-	7b	0 35,876
	┼ ~~	<u>ح</u>	stated business taxable income noni i omi 990-1, line 54	Ι	Dei	or Year	70	
a	8	Contribu	utions and grants (Part VIII, line 1h)			or rear	0	Current Year
Revenue	9		n service revenue (Part VIII, line 2g)					6,050
§ 5	1 -				<u> </u>		0	0
3 2	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>			12	6
.≟ ∍	11		evenue (Part VIII, Column (A), lines 5, 60, 60, 90, 100, apd=14e)		181		038	72,728
Revenue	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21	115	101	52,	050	78,784
>	13		and similar amounts paid (Part IX, column (A), lines [1-3]		1031		0	0
	14		paid to or for members (Part IX, column (A), line 4)				0	0
es	15		, other compensation, employee benefits (Part IX, column (A), lines 5-10); (1, 1				0	0
Expenses	16a	Professi	ional fundraising fees (Part IX, column (A), line 11e)				0	0
ğ	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ▶ 0					
Ŵ	17	Other ex	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)			35,	851	34,558
	18	Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)			35,	851	
	19		e less expenses Subtract line 18 from line 12				199	44,226
5 8				Beg	ginning	of Current Y		End of Year
la te	20	Total as	sets (Part X, line 16) .				258	130,454
Age	21		bilities (Part X, line 26)			• .,	0	100,101
Net Assets or Fund Balances	22		ets or fund balances Subtract line 21 from line 20			91	258	130,454
_	rt II		nature Block			<u> </u>	200	130,434
			y, I declare that I have examined this return, including accompanying schedules and statements,	and	to the he	et of my kno	włoda	
			cc, and complete peclaration of preparer (other than officer) is based on all information of which					•
			Trail Follows			181	ol)	
Sig			attnature of officer			Date	4	<u> </u>
He	re		PAUL J THOMAS			Date		
			Type or print name and title					
		Pon			Data			
D-	id		t/Type preparer's name Preparer's signature	\dashv	Date	Ch	eck [X if PTIN
Pa		And	drew Meiners		8/4/20		f-emp	_ ,
	epare	şr	o's name ► Andrew J Meiners, CPA	$\overline{}$				
US	e On	יי עיי						740965
			o's address ► 11806 Glacier Hwy Ste H, Juneau, AK 99801		Pho	ne no (907)	523-8042
Ma	y the I	IRS discus	s this return with the preparer shown above? (see instructions)					X Yes No

orm 99	90 (2014)	Alcoholic Beverage Retailers Assoc - Juneau CHARR	92-0143311	Page 2
Par	t 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		
	-	driving prevention		
2	Did the	organization undertake any significant program services during the year which were not listed on		
		or Form 990 or 990-EZ?	Yes	X No
	•	describe these new services on Schedule O	1es	
_				
3		organization cease conducting, or make significant changes in how it conducts, any program		₩.
	service		Yes	X No
		describe these changes on Schedule O		
		be the organization's program service accomplishments for each of its three largest program services,		
		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others	S,
	the tota	il expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 16,838 including grants of \$) (Revenue	\$ (6,005)
	To prov	ide free rides from local business who serve alcohol and to promote community awareness		
		ng drunk driving		
		-7		
		······		
	<u> </u>		•	
	(Code		3 \$)
	10 pror	note and support other non profit organizations with similar goals		
				
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code) (Expenses \$ Including grants of \$) (Revenue	 ∋\$)
	Other	Vegram Denues (Describe in Schodule O.)		
4d		program services (Describe in Schedule O)	. .	
	(Expen		0)	
40	Intal n	ogram service expenses > 24.873		

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
_	,	2		``
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		v
	candidates for public office? If "Yes," complete Schedule C, Part I	_3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	.		
	Part III .	5		X
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		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	١ ا		.,
L	Schedule D, Part VI	11a		X
D	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	446		v
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		Х
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		\ ,
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	X	
10	Part VIII, lines 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?	'3		 ^
	If "Yes," complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			168	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		Ì	
	employees? If "Yes," complete Schedule J	23		<u>X</u>
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	24-		v
_	24b through 24d and complete Schedule K If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<u> </u>
C	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		$\frac{}{x}$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		Х
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	j		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_ X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			.,
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31	-	_X
32	If "Yes," complete Schedule N, Part II	32	İ	v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	"	\vdash \dashv	
	III, or IV, and Part V, line 1	34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	\vdash	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			v
20		37	⊢⊢	_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	x	
	10. Harris II. Con more and require to complete conseque o	UO]	$\square \land \square$	

Form **990** (2014)

Statements Regarding Other IRS Filings and Tax Compliance Check Schedule Contains a response or note to any line in this Part V			433 1		age J
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	Par		. , .		
be Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable of bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambing) with packup withholding rules for reportable payments to vendors and reportable gaining (gambing) with packup withholding rules for reportable payments to vendors and reportable gaining (gambing) with packup withholding rules for reportable payments to vendors and reportable gaining (gambing) with miner packed packed and the packed pac	-			Yes	No
be Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable of bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambing) with packup withholding rules for reportable payments to vendors and reportable gaining (gambing) with packup withholding rules for reportable payments to vendors and reportable gaining (gambing) with packup withholding rules for reportable payments to vendors and reportable gaining (gambing) with miner packed packed and the packed pac	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	٥		
agaming (gambing) winnings to prize winners? Statements, flied for the calendar year ending with or within the year covered by this return by If at least one is reported on line 2, did the organization file at linequired federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) by If at least on heave unrelated business gross is some of \$1,000 or more during the year? by If Yes, has it filed a Form 980-T for this year? "Two" to line 3b, provide an explanation in Schedule 0 130 X 14 At any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country voer, a financial accounts (FBAR) by If Yes, enter the name of the foreign country voer, a financial Accounts (FBAR) by Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? by United the party of the organization that it was or is a party to a prohibited tax shelter transaction? by If Yes, to line Sa or Sb, did the organization life Form 8886-T? country of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? by If Yes, to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? by If Yes, indicate the number of Form 8282 filed during the year year. by If Yes, indicate the number of Form 8282 filed during the year year. If you have a proposition to the payor? If Yes, indicate the number of Form 8282 filed during t	b	· · · · · · · · · · · · · · · · · · ·			Ì
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the caleador year ending with or within the year covered by this return 2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Statements, filed for the calendar year ending with or within the year covered by this return 2 0 1 1 1 1 1 1 1 1 1		gaming (gambling) winnings to prize winners?	1c		_X
If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of ines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 1 1 1 1 1 1 1 1 1	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
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 unrefleated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O Ala At any time during the callendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country over, and the second in the second in the organization in a foreign country over, and the second in the s		Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		<u> </u>
3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has filled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4c At any time during the calendar year, idd the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account; see instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Does the organization and any time of the organization file Form 8886-17. 5c X 5d Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chanitable contributions? 5d Li "Yes" to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Organizations that may receive deductible contributions under section 170(c). 7d Organizations that may receive deductible contributions under section 170(c). 8d 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? 7d If "Yes," indicate the number of Forms 8282 filled during the year. 9d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 and contribution of qualified intellectual property, did the organization file Form 8283 as equired? 17d Did the organization meetic an ontribution of cars, boats, arriplanes, or other vehicles, did the organization file Form 8284 as equired? 17d Did the organization received a contribution of cars, boa	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a significent or other authority over, a financial account in a foreign country (such as a bank account, or a significent or other authority over, a financial account in a foreign country (such as a bank account, or other financial accounts) If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 15 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 15 Was the organization a party to a prohibited tax shelter transaction? 16 Was the organization a party to a prohibited tax shelter transaction? 17 Wes," to line 5a or 5b, did the organization file Form 8868-T? 16 Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization short any contributions that were not tax deductible as chantable contributions? 17 Wes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 18 Uf "Yes," indicate the number of Forms 8282 filed during the year 19 If "Yes," indicate the number of Forms 8282 filed during the year 10 Uf the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 19 If "Yes," indicate the number of Forms 8282 filed during the year 19 Uf the organization received a contribution of qualified intellectual property, did the organization file Form 1098-0? 19 Uf the organization received a contribution of validited finallectual property, did the organization file form 1098-0? 19 Uf the sponsoring organization make a contribution for services of the file organization file form 1098-0? 20 Section 501(x)(7) organization make a fi		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) by If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization aponty the organization that it was or is a party to a prohibited tax shelter transaction? 5c X 16 Yes," to line 5a or 8b, did the organization file Form 8886-17 5c X 2 5d Does the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," if did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Dot the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," ided the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8292 filed during the year 9 Dot the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 5899 as required? 10 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C' 37 A X Y To Dot the organization may approximately a service and the foreign organization organization of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C' 38 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
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the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13b 13c 13c 14a X	b	-		1	
c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13c 13c 14a X	-			1	
4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С		1		
			142	†	Х
				† · · · ·	Ė

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.

Sect	ion 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.	1a 4			
	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	1b 60			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
	any other officer, director, trustee, or key employee?		2		_X_
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	r person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		X
6	Did the organization have members or stockholders?		6		Χ
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during			
	the year by the following				
а	The governing body?		8a	Χ	
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 re	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	Χ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	•			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b	Χ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	•	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "	ļ		
	descпbe 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 appro	•			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a		X
b	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 arrang	ement			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			J
	the organization's exempt status with respect to such arrangements?		16b		<u> </u>
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► AK	<u>-</u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	0-T (Section 501(c)(3)	s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply				
40		plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest poli	cy, an	đ	
20	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's b		•		
	Paul Thomas	907-723-7717			

Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	(ey	Em	ıplo	oyee	s, ŀ	lighest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a r		te to	an	y lir	ie ii	n this	s Pa	art VII	·	
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Con	npe	nsate	d E	mployees		
la Complete to organization's	his table for all persons required to be tax year	listed Report co	mper	ısatı	ion f	for t	he ca	lend	dar year ending v	with or within the	•
of compensati	of the organization's current officers, d on Enter -0- in columns (D), (E), and (F) If no compens	sation	wa	s pa	aid					unt
	of the organization's current key emplo										
vho received organization a	organization's five current highest con reportable compensation (Box 5 of For nd any related organizations	m W-2 and/or Bo	ох 7 с	of Fo	orm	109	9-MI	SC)	of more than \$1	00,000 from the	
3100,000 of re	of the organization's former officers, ke eportable compensation from the organ	ization and any	relate	d o	rgar	nizat	tions				
organization, r	of the organization's former directors of more than \$10,000 of reportable compositions.	ensation from the	e orga	anız	atıoı	n ar	nd any	/ rel	ated organizatio	ns	the
compensated	the following order individual trustees employees, and former such persons									-	
Check this	s box if neither the organization nor an	y related organiz	ation	cor	npe	nsa	ted a	пу с	urrent officer, dir	ector, or trustee	
					(0	C)					
	(A)	(B)	(do i	not cl		ition more	than c	ne	(D)	(E)	(F)
	Name and Title	Average hours per					is both or/trust		Reportable	Reportable	Estimated
		week (list any	2 2			_	_	_	compensation from	compensation from related	amount of other
		hours for related	Individual trustee or director	Stitu	Officer	ey e	ghes	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations		ģ	7	륯	98 8	~	(W-2/1099-MISC)	(** = *********************************	organization
		below dotted	trust	<u>#</u>		employee	ğ				and related organizations
			8	Institutional trustee		-	Highest compensated employee				
- ·				L			éd				:
(1) Paul Th	omas	2 00								-	
reasurer		0 00	<u> </u>	_	Х						
(2) John Ma	anning	2 00					ŀ				
resident		0 00		_	Х	_		_			
(3) Ethan B		2 00				ļ					
/ice President		0 00	_	-	X	\vdash					
(4) Marcy L Secretary	aisori	2 00 0 00			х						
(5)				_	^						
(6)				 							
(7)											
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10)											
11)				ļ							
40			<u> </u>								
12)	······································			<u> </u>							
13)											

Alcoholic Beverage Retailers Assoc - Juneau CHARR

Form 990 (2014)

Part VII

92-0143311

Page 7

Pa	Section A. Officers, Directors, Tru (A) Name and title	(B) Average	(do r	not ch unles	Pos neck s pe	tion more	than o	one i an	(D) Reportable	(E) Reportable	E	(F)
		hours per week (list any hours for related organizations below dotted line)		1	a Officer	Key employee	Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con f on ar	mount of other other of other of the ganization of related anizations
(15)						-				· — .···		
(16)												
(17)										-	+	
(18)											1	
(19)		· · · · · · · · · · · · · · · · · · ·									 	
(20)		<u></u>						_			 	
(21)												
(22)											-	
(23)											+	
(24)												
(25)												
1b	Sub-total	-4:	<u> </u>					>	0		0	0
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A						>	0		0	0 0
2	Total number of individuals (including but not lin reportable compensation from the organization		ted a	bov	e) w 0	/ho	recei	ved	more than \$100	,000 of		
3	Did the organization list any former officer, dire		key e	mpl	oye	е, о	r high	nest	compensated			Yes No
	employee on line 1a? If "Yes," complete Schedi										3	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated organizations.								•	ከ		
5	<i>individual</i>Did any person listed on line 1a receive or accr	ue compensatio	n fror	n ar	ıy u	nrel	ated	orga	anization or indiv	ridual	4	X
Soci	for services rendered to the organization? If "Yestion B. Independent Contractors	es," complete So	hedu	le J	for	suc	h per	son) 	 -	5	Х
1	Complete this table for your five highest compe compensation from the organization Report co year										tax	
	(A) Name and business addi	ess							(B) Description of sen	vices	(C Comper	
												0
							-					0 0
												0
2	Total number of independent contractors (include more than \$100,000 of compensation from the		ed to	tho	se lı	stec	abo 0	ve)	who received			0

art VIII	Statement of Revenue			
	Check if Schedule O contains a response or note to any line in	n this Part VIII		

					(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
						function revenue	revenue	tax under sections 512-514
	1a	Federated campaigns		0		Tevenue		312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 16					ļ
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events .	10					
E A	d	Related organizations	. 1d	0				
S, E	е	Government grants (contributions	s) 1e	0				
to 1	f	All other contributions, gifts, gran	ts, and					
를 돌		similar amounts not included abo	ve 1f	6,050				
E E	g	Noncash contributions included in li	nes 1a-1f \$	0				
	<u>h</u>	Total. Add lines 1a-1f		<u> </u>	6,050			
97	•			Business Code				
8	2a				0			
e e	b				0			
질	c d				0			
Š	u				0			
Program Service Revenue	f	All other program service revenu	 A		0			
P.	q	Total. Add lines 2a–2f	C		0			
	3	Investment income (including div	idends, interest	, and				
		other similar amounts)		•	6	6		
	4	Income from investment of tax-ex	cempt bond pro	ceeds >	0			
	5	Royalties			0			
			(ı) Real	(II) Personal				}
	6a	Gross rents		<u> </u>				
	b	Less rental expenses						
	C	Rental income or (loss)		0				
	d	Net rental income or (loss) Gross amount from sales of	(ı) Secunties	(II) Other	0		<u> </u>	
	7a	assets other than inventory		0 0				
	b	Less' cost or other basis	<u> </u>	<u> </u>				•
	_	and sales expenses		ol o				İ
	С	Gain or (loss)	(0				
	d	Net gain or (loss)		>	0			
_								
ηne	8a	Gross income from fundraising	_					İ
Ver		events (not including \$	<u> </u>					
8		of contributions reported on line	•					[
Other Reve	_	See Part IV, line 18	a b	0				
8	b	Less: direct expenses Net income or (loss) from fundral	_		0			
	C 9a	Gross income from gaming activi	-					
	Ju	See Part IV, line 19	a	949,280				
	b	Less direct expenses	b					ĺ
	c	Net income or (loss) from gaming	-	<u> </u>	72,728			
	10a	Gross sales of inventory, less	•					
		returns and allowances	а	<u> </u>			Ì	
	b	Less. cost of goods sold	b	0				
	С	Net income or (loss) from sales of	of inventory		0			
		Miscellaneous Revenue		Business Code				
	11a				0	ļ	ļ	
	b				0		ļ	
	C	All other revenue			0			ļ
	d	All other revenue Total. Add lines 11a-11d			0	 -		
1	12	Total revenue. See instructions		>	78,784	 	 	
	14	Total Teveriue, See Instructions		<u></u>	1 / 5, / 64	6	<u> </u>	0

following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check of Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 65, 7b, 68, 9b, and 10b of Part VIII. Do not include amounts reported on lines 65, 7b, 68, 9b, and 10b of Part VIII. Grains and other assistance to domestic organizations domestic governments. See Part IV, line 21 Grains and other assistance to domestic organizations domestic governments. See Part IV, line 21 Grains and other assistance to foreign organizations, foreign governments and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organizations, foreign governments is 5 and 16 Benefits paid to or for members Gompensation of current officers, directors, trustees, and key employees Gompensation of current officers, directors, trustees, and key employees Gompensation not included above, to disqualified persons (as defined under section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(f) and persons described in section 4958(f)(f) and persons described in section 4958(f)(f) and persons described in section 4958(f)(f) and persons described in section 4958(f)(f) and persons described in section 4958(f)(f) and persons described in section 4958(f)(f) and persons described in section 4958(f)(f) and persons described in section 4958(f)(f) and persons described for section 4958(f)(f) and persons described for section 4958(f)(f) and persons described for section 4958(f)(f) and persons described for section 4958(f)(f) and persons described for section 4958(f)(f) and persons described for section 4958(f)(f) and persons described for section 4958(f)(f) and persons described for section 4958(f)(f) and persons described for section 4958(f)(f)(f) and persons described foreign and foreign for section 4958(f)(f)(f) and persons described		Alcoholic Develage Netaliers Assoc - Jul	icad CriAtti		32-01-	100 11 Fage 10
Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on ilines 6b, 7b, 6b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 12 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified parsons (as defined under section 4958(c)(3)(8) Do Other sensines and wages Persons plan accrusals and contributions (include section 4958(c)(3)(8) Person plan accrusals and contributions (include section 4914(c) and 403(b) employer contributions) Person of living and 403(b) employer contributions) Deprice the propose seven the propose of the propos						
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Part X Balance Sheet

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17		15	Other assets See Part IV, line 11			0	15	0
18 Grants payable 18 19 Deferred revenue 19 19 19 20 20 21 20 21 20 21 21		16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	91,258	16	130,454
19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 31 Total net assets or fund balances 32 130,454		17	Accounts payable and accrued expenses				17	
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Part X of Schedule D 27 Univestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 20 Tax-exempt bond liabilities (capital scoke or unit ability Complete Part IV of Schedule D 21 Univestricted net assets 22 Univestricted net assets 23 Total net assets 24 Temporarily restricted net assets 25 Organizations that do not follow SFAS 117 (ASC958), check here Tax and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances		18	Grants payable .		18			
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51,230 55 130,434	Ba	28	Temporarily restricted net assets				28	
51,230 55 130,434	nd	29	Permanently restricted net assets				29	
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	Ne			- •	•		_	
		34	Total liabilities and net assets/fund balances					

Form 9	990 (2014) Alcoholic Beverage Retailers Assoc - Juneau CHARR	92-	0143311	Pag	ge 12
Pari	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		78	3,784
2	Total expenses (must equal Part IX, column (A), line 25)	2		34	1,558
3	Revenue less expenses Subtract line 2 from line 1	3	_	44	1,226
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		91	1,258
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		-5	5,030
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		130),454
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	•			\sqcup
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	\f			
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?	'1	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		1		<u> </u>
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				¹
	the Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2014)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Alcoh	olic Beverage Retailers Assoc - June					92-01	
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.							
1	Indicate whether the organization ra				as actuation. Charles	all that and v	
'a	Mail solicitations	iseu iulius tillou			of non-government g		
	=						
b	Internet and email solicitations				of government grant	S	
С	Phone solicitations		g 💹 S	pecial fund	Iraising events		
d	In-person solicitations						
2a	Did the organization have a written of key employees listed in Form 990, F						Yes X No
b	If "Yes," list the ten highest paid indito be compensated at least \$5,000 to			sers) pursu	ant to agreements ι	inder which the fund	draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		-	
1							
				<u></u>	0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9	· ///						
10	· · · · · · · · · · · · · · · · · · ·	-	 		0	0	0
		<u></u>			0	0	0
Total				•	ام	o	0
3	List all states in which the organization or licensing	on is registered	or license	d to solicit	contributions or has		
							

Pa	lule G	Fundraising Events more than \$15,000 of	. Complete if the organ f fundraising event cor	lers Assoc Juneau CHARE nization answered "Yes" t ntributions and gross inco	o Form 990, Part IV,	
		events with gross rec	eipts greater than \$5,1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
. l			(event type)	(event type)	(total number)	col (c))
Panilakau	1	Gross receipts			lo	C
	•	5. 555 F55 F55	**	***		<u> </u>
	2	Less Contributions			0	
	3	Gross income (line 1 minus line 2)			o	C
	4	Cash prizes			0	0
1	-	•				
	5	Noncash prizes			0	0
Sus	6	Rent/facility costs			0	c
X X	7	Food and beverages			0	
Direct Expenses	8	Entertainment			0	
	9	Other direct expenses			0	
	10	Direct expense summary Ad	ld lines 4 through 9 in col	ump (d)		(
	11	Net income summary Subtra	_			(
aı	t III	-	-	vered "Yes" to Form 990,	Part IV, line 19, or re	eported more
., Т		than \$15,000 on Forn	n 990-EZ, line 6a.	425 44 5 4 4		40-11
<u> </u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
anuasau		0		0.000		
+	_1_	Gross revenue		949,280		949,280
ממ	2	Cash prizes		783,700		783,700
<u>.</u>	3	Noncash prizes				
₹		Rent/facility costs				0
פנו	4			00.050		92,852
חוופכו באלפוופפ	4 5	Other direct expenses		92.8521		
באל באל		Other direct expenses	Yes %	92,852 Yes %	Yes %	,
באלו		Other direct expenses Volunteer labor	Yes %		Yes %	
מין לא	5		No	Yes %		(876,552

If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

If "Yes," explain

__ Yes

11 Does the organization conduct gamining activities with nonmembers? 12 Is the organization a grantic, beneficiary of trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming? 13 Indicate the percentage of gaming activity conducted in a The organizations facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Paul Thomas. Address ▶ 256 S. Franklin St Juneau, AK 99801 153 Does the organization have a contract with a third party from whom the organization receives gaming revenue? 16 If Yes, "enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue received by the third party ▶ \$ 0 17 If Yes, "enter name and address of the third party ▶ \$ 0 18 If Yes, "enter name and address of the third party ▶ \$ 0 19 Description of services provided ▶ Ensuire proper reporting of pull tab sales to State Government 19 Description of services provided ▶ Ensuire proper reporting of pull tab sales to State Government 20 Description of services provided ▶ Ensuire proper reporting of pull tab sales to State Government 21 Mandatory distributions 22 Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming icense? 23 Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming icense? 24 Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (iv), an	Sched	ule G (Form 990 or 990-EZ) 2014 Alcoholic Beverage Retailers Assoc - Juneau CHARR	92-	0143	331 <u>1</u>	P	age 3		
formed to administer chantable gaming?	11	Does the organization conduct gaming activities with nonmembers?		ΧY	res [No		
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Name ► Paul Thomas Gaming manager compensation ► \$ 0 Description of services provided ► Ensure proper reporting of pull tab sales to State Government X Director/officer		Name ►							
Name ► Paul Thomas Gaming manager compensation ► \$ 0 Description of services provided ► Ensure proper reporting of pull tab sales to State Government X Director/officer		Address ►							
Description of services provided ► Ensure proper reporting of pull tab sales to State Government X Director/officer Employee Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes X No	16								
Description of services provided ► Ensure proper reporting of pull tab sales to State Government X Director/officer Employee Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes X No									
Description of services provided Ensure proper reporting of pull tab sales to State Government Independent contractor Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		Name ► Paul Thomas							
Description of services provided Ensure proper reporting of pull tab sales to State Government Independent contractor Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		Gaming manager compensation > \$ 0							
X Director/officer Employee Independent contractor 17 Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes X No									
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		Description of services provided Ensure proper reporting of pull tab sales to State Government							
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a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	17	Mandatory distributions							
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or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		retain the state gaming license?	ļ	☐ `	Yes	X	No		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	b						_		
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	Do		c (ui)	and (/// /	d	0		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
Alcoholic Beverage Retailers Assoc - Juneau CHARR	92-0143311
Form 990, Part VI, Section B, Line 11b Copies of the 990 are made available upon request of	
the any memeber of the public	
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Form 990, Part VI, Section C, Line 19 Copies of the 990 are made available upon request of	
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