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SCANNED JEL 0 4 2015

Form 990

Return of Organization Exempt From Income Tax

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.

2014
COPENITO Publicate Available Constant Const

Department of the Treasury Internal Revenue Service

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

A	For t	ne 2014 calendar year, or tax year beginning $$ JUL $1,$ 2014 and ending	JUN 30, 201	5			
В	Check applica	C Name of organization	D Employer ident	ification number			
	Add	9 MALT BEVERAGE EDUCATIONAL CORP					
L	Nam	ge Doing business as	61-	1332086			
<u> </u>	Initia	Number and street (or P.O. box if mail is not delivered to street address) Room/s					
L	Final retur term	N 302 SHEUDI SIREEI	(85				
_	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	105,049.			
닏	retur		H(a) Is this a group				
L	tion pend	F Name and address of principal officer: WILLIAM FIELDS		es? Yes X No			
		1540 OAKHURST AVENUE, HAZARD, KY 41701		s included? Yes No			
				a list. (see instructions)			
		ite: ► WWW • KYMBEC • COM If organization: X Corporation Trust Association Other ► L Y	H(c) Group exempt				
		forganization: [X] Corporation	rear of formation: 1998	M State of legal domicile: KY			
	1	Briefly describe the organization's mission or most significant activities: EDUCATE	CITIZENS OF	KENTUCKY			
Governance	l	ABOUT RESPONSIBLE CONSUMPTION OF ALCOHOL AND					
rua	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net	assets.			
8	3	Number of voting members of the governing body (Part VI, line 1a)		1			
<u>ග</u> න	4	Number of independent voting members of the governing body (Part VI, line 1b)		1.0			
SS S	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5 0			
¥.	6	Total number of volunteers (estimate if necessary)		10			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 RECEIVED	7	a 0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34代このFIVにつ	7	ь 0.			
		φ	Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)					
en	9	7 regram corvice revenue (* art viii, iiio 29)	0	`			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) N IIT	0				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,543				
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	79,500				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0				
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0				
ğ		Professional fundraising fees (Part IX, column (A), line 11e)		0.			
ᄶ			23,101				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	102,601				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-17,058				
es	19	nevenue less expenses. Subtract line 10 from line 12	Beginning of Current Year				
ets	20	Total assets (Part X, line 16)	71,687				
Seg.	21	Total liabilities (Part X, line 26)	0				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	71,687				
Pa	للغيا	Signature Block					
Unde	er pena	ulties of perjury-1 declare that I have mined this return, including accompanying schedules and sta	tements, and to the best of	my knowledge and belief, it is			
true,	corre	t, and compy from of project from an officer) is based on all information of which prepare	arer has any <u>knowl</u> edge.				
		MANAGEN TO THE	/0/	20/15			
Sigr	3	Signature of officer	Date				
Here	Here WILLIAM FIELDS, PRESIDENT Type or print name and title						
			Date Check	PTIN			
Paid		Print/Type preparer's name KRING, RAY, FARLEY & RIDD Wmmy Doube Howey	10/1/6 1				
Prep	arer	Firm's name KRING, RAY, FARLEY & RIDDLE, PSQ	Firm's EIN	oyed P00067109 61-1015031			
Use		Firm's address 444 EAST MAIN STREET; STE 203	Fill S EIN	01-1017071			
		LEXINGTON, KY 40507	Phone no. (859) 231-0541			
— Mav	the II	RS discuss this return with the preparer shown above? (see instructions)	j i none no. (X Yes No			
	1 11-0			Form 990 (2014)			

			Form 9	90 (2014)
 4е	Total program service expenses ► 96,196.			
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		1	
		_		·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)
		·		
				
				
	/ / Cohorage / Makeur			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue			
				
	EDUCATE STUDENTS REGARDING RESPONSIBLE ALOCHOL USE.			
	FROM THE GRANTS TO FUND SPECIAL PROM AND GRADUATION ACT			פחס
	APPLYING ONLINE OR IN WRITING TO THE ORGANIZATION'S BUSTOCKLEGES ALSO MAY APPLY FOR SPECIAL AWARDS. SCHOOLS MUST			
	EVERY HIGH SCHOOL IN KENTUCKY IS ELIGIBLE FOR A \$500 EDI	CATION		
4a	(Code:) (Expenses \$ 96,196. including grants of \$ 75,500.) (Revenue			000.)
	revenue, if any, for each program service reported.	າວ, ເກຍ ເບເສ	zypenses, a	a lu
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other			
	If "Yes," describe these changes on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	•••••	res	00 لکیا
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?			X No
	THE STOR CANDALISM SAMERALISM			
	EDUCATE CITIZENS OF KENTUCKY ABOUT RESPONSIBLE CONSUMPT: AND STOP UNDERAGE DRINKING	LON OF	ALCOH	OT-
1	Briefly describe the organization's mission:		3.7.0017	OT.
	Check if Schedule O contains a response or note to any line in this Part III		······································	🗀
	Statement of Program Service Accomplishments			
Fon	m 990 (2014) MALT BEVERAGE EDUCATIONAL CORP	61-133	32086	Page 2

MALT BEVERAGE EDUCATIONAL CORP 61-1332086 Form 990 (2014) Part IVa Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I 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 X 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 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 167 /f "Yes," complete Schedule D, Part IX 114 X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional X 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? 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 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines

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19

X

X

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) MALT BEVERAGE EDUCATIONAL CORP Partily Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ŀ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	i		
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	L	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		١.	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		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 "Yes,"			
	complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	i i		
	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		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ĺ	
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		l	
	If "Yes," complete Schedule N, Part I	31		<u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		i	
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		<u>X</u>
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		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		- 1	
	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?	_		7.7
-	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	ا پ	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

	990 (2014) MALT BEVERAGE EDUCATIONAL CORP		<u>61-133</u>	<u> 2086</u>	F	age :
Pa	rt.V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					,ㄴ
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		2		
b		1b				102
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able 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,					1
	filed for the calendar year ending with or within the year covered by this return	2a	[
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ms?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За				За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country:		_		23	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
-	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
_	were not tax deductible?			6b		İ
7	Organizations that may receive deductible contributions under section 170(c).	•••••		52		100
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices I	provided to the payor?			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		· ·	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			125
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.				造道	2
а	Did the sponsonng organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:	_				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			25		腦
	amounts due or received from them.)	11b		1		政权
2a	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	12b	l	37.77	199	韓
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			1	(t. 75)	100
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	L	_
	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			1 .	٠,	3.
	organization is licensed to issue qualified health plans	13b	}	1	1	120

14a

c Enter the amount of reserves on hand

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

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

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Form 990 (2014) MALT BEVERAGE EDUCATIONAL CORP 61-1332086 Page 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
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a1			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 person?	3	х	
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		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a		х
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 during the year by the following:			
а		8a	X	
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		X
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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		185	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	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	Ì	X
13	Did the organization have a written whistleblower policy?	13		<u>_x</u>
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		312	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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).	53		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		翻り	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	遊游		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1933		
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure	,		
7	List the states with which a copy of this Form 990 is required to be filed ▶KY			
8	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)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
	statements available to the public during the tax year.		-rul	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MCLEAN COMMUNICATIONS INC - (859) 351-9475			
	302 SHELBY STREET, FRANKFORT, KY 40601			

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Form	aan	(2014)	

MALT BEVERAGE EDUCATIONAL CORP

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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

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

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

Check this box if neither the organization (A) Name and Title	(B) Average hours per	age (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WILLIAM FIELDS	1.00	x		x				0.	0.	0.
PRESIDENT (2) ROY BAXTER	0.50	^	<u> </u>	^	\vdash	 -	├─	0.		
BOARD MEMBER	7.50	X						0.	0.	0.
(3) JOHN HARRIS	0.50									
BOARD MEMBER	0.50	X			┢	-		0.	0.	0.
(4) MIKE STAGNARD BOARD MEMBER	0.50	х			L			0.	0.	0.
	-									
	-									
				_						

3,41	Section A. Officers, Directors, Trus	tees, Key Em	proy	ees	<u>, an</u>	a Hi	gne	<u>si c</u>	Jompensated Employe	es (conunuea)	
	. (A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average	///			ition) than	000	Reportable	Reportable	Estimated
		hours per	box	, unle	ss pe	rson	is bot	h an		compensation	amount of
•		week	⊢	cerar	lora d	irecto	x/trus	itee)	1 ""	from related	other
		(list any hours for	recto			i			the	organizations	compensation
		related	5	8		l	훒		organization	(W-2/1099-MISC)	from the organization
		organizations	uste	Fust	ľ	25	를	l	(W-2/1099-MISC)		and related
		below	t last	tional		활	ន្ទ្រីន	_			organizations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mo			o.gam.za.ione
			-	-	۳	×		Ë			
				_	\vdash			_		<u> </u>	
		 	_	_					 		
								ŀ			
			\vdash		-			-	 		
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						\vdash					<u></u>
											ļ
				_				\vdash			
			1					Ļ			
	Sub-total								0.	0.	0.
	Total from continuation sheets to Part VI								0.	0.	0.
	Total (add lines 1b and 1c)							<u> </u>	0.	0.	0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove) wr	o re	eceived more than \$100	,000 of reportable	0
	compensation from the organization	· -· · · ·							 		Yes No
							•				
	Did the organization list any former officer,										
	line 1a? If "Yes," complete Schedule J for si										3 X
4	For any individual listed on line 1a, is the su	•							-	_	
	and related organizations greater than \$150										4 X
5	Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services	
	rendered to the organization? If "Yes," com	olete Schedule	J fo	or su	ich j	oers	on .				5 X
	tion B. Independent Contractors										
1	Complete this table for your five highest con	-	-								ation from
	the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	r wi	thir		year.	
	(A) Name and business	addraga							(B) Description of s	onicos ((C) Compensation
	rane and business		NC	NE	<u>. </u>			ᆉ	Description of s	el vices C	
											
									· · · · · · · · · · · · · · · · · · ·		
								\dashv			_
											
								- [
	Total number of independent contractors (in	•	ot lin	nited	d to	_		ted	d above) who received m	ore than	
	\$100,000 of compensation from the organiz	ation 🕨				0					

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Form 990 (2014)

	Check if Schedule O contains a response or note to any line in this Part VIII								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
\$ \$	1	a Federated campaigns	1a		HERE THE STATE OF			THE PARTY OF	
Grant Mount		b Membership dues					100 To 10	The state of the s	
, G.	Ι,	c Fundraising events					Proc o com	1 1 1 1	
Gifts lar /	1	d Related organizations	[To the second		5 - S - S - S - S - S - S - S - S - S -		
₩.E	١,	e Government grants (contribut	··· ······	54,000.				3. 4	
Sign	1 ,	f All other contributions, gifts, gran	, 	<u> </u>					
her	j '	similar amounts not included abo		51,000.					
<u> </u>	Ι,	Noncash contributions included in lines		31,000			A. 4. 10 10 10 10 10 10 10 10 10 10 10 10 10		
Contributions and Other Si) ;	h_Total. Add lines 1a-1f			105,000.				
	Т'	Totali / locali / loc	*******	Business Code		A 70 To Fore 2	स्टा <u>क्ट</u>		
Φ	2 2	a		Dusiness oode	12 8 September 198	Corner Aller Aller Control	Maria Caral	No. de la la la la la la la la la la la la la	
Š	-								
Program Service Revenue	•								
že a]]	<u> </u>							
ğă		9							
Ŗ.	,	All other program service reve	enue	<u> </u>					
	,	Total. Add lines 2a-2f						F-5-1	
	3	Investment income (including						3	
		other similar amounts)			49.			49.	
	4	Income from investment of ta							
	5	Royalties		•					
į	1	,	(i) Real	(ii) Personal	7. 2.4. 3.4. S. 12. W. 3	CACTOR FOR	हर है। इस करत	त्र अस्तु के स्टूट	
	6 a	Gross rents							
	b	Less: rental expenses		1			The street of th	があたべり もまだな	
		: Rental income or (loss)					经验的基础		
		Net rental income or (loss)			- AMELIA AMELIA	The state of the s	<u> </u>		
		Gross amount from sales of	(i) Securities	(ii) Other		The state of the		राष्ट्रप्रकृति सन	
		assets other than inventory							
]	ь	Less: cost or other basis				Tarie to the order			
		and sales expenses	l		A				
	C	Gain or (loss)							
j	đ								
اها	8 a	Gross income from fundraising	g events (not		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The second second	California de la Califo		
Ĭ,		including \$	of		The same as a same			3, 5, 5	
8		contributions reported on line	1c). See					4.50 1.70 00 1.70	
Other Reven		Part IV, line 18	a						
Ě	b	Less: direct expenses							
١	c	Net income or (loss) from fund	raising events	>					
1	9 a	Gross income from gaming ac							
1		Part IV, line 19			对于一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个				
- 1	b	Less: direct expenses	b		(表 3.6%)	的。我们是通		機能制能等	
	С	Net income or (loss) from game	ing activities	<u></u>					
ı,	10 a	Gross sales of inventory, less i	returns		学习				
		and allowances			沙特的		走到现代为古		
- 1	b	Less: cost of goods sold	b		\$ 77.	, , ,		Be Sold State	
L	с	Net income or (loss) from sales	s of inventory	>					
1		Miscellaneous Revenue	∋	Business Code		` `	STATE OF		
- 1	11 a					· · · · · · · · · · · · · · · · · · ·			
- 1	b							 _	
}	C								
	đ	All other revenue							
}	е	Total, Add lines 11a-11d							
لِيَدِ	12	Total revenue. See instructions.	<u> </u>	<u> </u>	105,049.	0.	0.	49.	
432009 11-07-	14							Form 990 (2014)	

Form 990 (2014) MALT BEVERAGE EDUCATIONAL CORP

<u>Sec</u>	tion.501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	75,500.	75,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22		ļ		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		ĺ		
	trustees, and key employees				<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u></u>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	9,000.			<u> </u>
þ	Legal	924.			
С	Accounting	8,646.	8,646.		
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	, -	4 =	4-		
	column (A) amount, list line 11g expenses on Sch O.)	15.	15.	·	-
12	Advertising and promotion	54.5			
13	Office expenses	717.	717.		
14	Information technology	1,350.	1,350.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		<u></u>		
23	Insurance	Contract of the State South		Burning of the second	HOTELS HOUSE CONTRACTOR
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)				
_				をおけるとはないない。	各種的な情報に発表されて、大学によってお
_	PRINTING	44.	44.		
b					
ر د					
ď	All other average				
	All other expenses	06 106	06 106		
25	Total functional expenses. Add lines 1 through 24e	96,196.	96,196.	0.	0.
26	Joint costs. Complete this line only if the organization				·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

MALT BEVERAGE EDUCATIONAL CORP Part X: Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 64,942. 18,639. Cash - non-interest-bearing 53,048. 15,598. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges q 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 80,540 71,687 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses ______ 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 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 71,687. 27 Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30

> 80.540 Form 990 (2014)

80,540

31

33

71,687

71,687

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances_______

om	n 990 (2014) MALT BEVERAGE EDUCATIONAL CORP	61-1332	086	Pag	_{je} 12
Ŗа	irt XII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · · · · · · · · · · · · · ·			
			<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	105		
2	Total expenses (must equal Part IX, column (A), line 25)	2	96	,19	96.
3	Revenue less expenses. Subtract line 2 from line 1	3	8	, 8!	53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71	,68	<u>87.</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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	80	,54	<u>40.</u>
Ŗā	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u> </u>
			У	es	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		美麗	2.1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	القنيدون	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 Consolidated basis Both consolidated and separate basis		(数数) (数数)		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	Entubris
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	基業		
	consolidated basis, or both:				
	X 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 the	audit,	3300 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi t			民姓
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2014)

SCHEDULE A

(Form 990 or 990-EZ)		Dublic Charity Status and Dublic Support	1	OMB No. 1545-0047
		Public Charity Status and Public Support		2014
	,	Complete if the organization is a section 501(c)(3) organization or a section		ZU 14
		4947(a)(1) nonexempt charitable trust.		Open to Public
repariment on nternal Reve	of the Treasury nue Service	► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo	000	inspection
Name of	identification number			
tanic or	are organizad	MALT BEVERAGE EDUCATIONAL CORP	, , ,	1-1332086
Part IX	1-1332000			
	·	for Public Charity Status (All organizations must complete this part.) See instruction private foundation because it is: (For lines 1 through 11, check only one box.)	<u>. </u>	
1 🔲		evention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2		cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)		
3		a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	=	
4 📖		earch organization operated in conjunction with a hospital described in section 170(b)(1)(A	.)(iii). Enter t	he hospital's name,
	city, and state			
5 📖		on operated for the benefit of a college or university owned or operated by a governmental	unit describe	ed in
	-	b)(1)(A)(iv). (Complete Part II.)		
6		e, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7 [X]	=	on that normally receives a substantial part of its support from a governmental unit or from t	he general r	oublic described in
	-)(1)(A)(vi). (Complete Part II.)		
8	·-	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9 📖	-	on that normally receives: (1) more than 33 1/3% of its support from contributions, members	•	•
	activities relat	ed to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of	its support	from gross investment
	income and u	nrelated business taxable income (less section 511 tax) from businesses acquired by the or	ganization a	ifter June 30, 1975.
_	See section 5	09(a)(2). (Complete Part III.)		
ه ا	An organization	on organized and operated exclusively to test for public safety. See section 509(a)(4).		
1 📖	An organization	n organized and operated exclusively for the benefit of, to perform the functions of, or to ca	arry out the	purposes of one or
	more publicly	supported organizations described in section 509(a)(1) or section 509(a)(2). See section 5	509(a)(3). Cì	neck the box in
	lines 11a throu	igh 11d that describes the type of supporting organization and complete lines 11e, 11f, and	d 11g.	
a L_	Type I. A su	pporting organization operated, supervised, or controlled by its supported organization(s), t	typically by	giving
	the supporte	ed organization(s) the power to regularly appoint or elect a majority of the directors or truste	es of the su	pporting
	organization	. You must complete Part IV, Sections A and B.		
ь 🗀	Type II. A su	apporting organization supervised or controlled in connection with its supported organization	n(s), by hav	ing
	control or m	anagement of the supporting organization vested in the same persons that control or mana	ige the supr	orted
		(s). You must complete Part IV, Sections A and C.		
c	1 *	etionally integrated. A supporting organization operated in connection with, and functional	lly integrate	d with

section 170(b)(1)(A)(vi). (C	omplete Part II.)				
8 A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Pa	rt II.)		
9 An organization that norma	ally receives: (1) mor	e than 33 1/3% of its su	pport from contrib	utions, membership fees, a	nd gross receipts from
activities related to its exer	npt functions - subj	ect to certain exceptions	, and (2) no more	than 33 1/3% of its support	from gross investment
income and unrelated busi-	ness taxable incom	e (less section 511 tax) f	rom businesses a	quired by the organization	after June 30, 1975.
See section 509(a)(2). (Co		,			
10 An organization organized	•	sively to test for public s	afetv. See section	509(a)(4).	
	=	•	-	ctions of, or to carry out the	purposes of one or
	•	•	•	2). See section 509(a)(3). C	• •
lines 11a through 11d that					
			•	organization(s), typically by	aivina
				irectors or trustees of the s	=
organization. You must o		- • • •	a majority or the c		аррогинд
	•		ction with ite eunn	orted organization(s), by ha	vina
	•		• •	control or manage the sup	_
organization(s). You mus			same persons ma	Control of manage the sup	ported
	•		. im		مادن ا
- -	-			h, and functionally integrate	ea with,
its supported organization		•	• •	• •	
•••	•			n with its supported organiz	• •
•	-		-	requirement and an attenti	veness
requirement (see instructi	•	•	•		
<u> </u>				s a Type I, Type II, Type III	
functionally integrated, or			• •		Г
f Enter the number of supported of					L
g Provide the following information (i) Name of supported	about the support	ed organization(s). (iii) Type of organization	(iv) Is the organizat	on (v) Amount of monotons	(vi) Amount of
organization	(11) 2114	(described on lines 1-9	listed in your	on (v) Amount of monetary support (see	(vi) Amount of other support (see
0.gan=4.011		above or IRC section	governing documer	Instructions)	Instructions)
		(see instructions))	Yes No		
				ļ	·
	 -		 - 		
				}	
			 		·
Total			<u> </u>	<u> </u>	
HA For Paperwork Reduction Act N	otice, see the Inst	ructions for		Schedule A (For	m 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 MALT BEVERAGE EDUCATIONAL CORP 61-13320 Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(8) 20.0		(6) 2012	(4) 2010	(0)2014	(1) 10.03
•	membership fees received. (Do not						1
	include any "unusual grants.")	102,500.	103,500.	104,000.	85.500.	105,000.	500,500.
2	Tax revenues levied for the organ-	202/000	200,000	2027000	007000	200,000	300,7000
_	ization's benefit and either paid to	ŧ	ļ				
	or expended on its behalf	1					ļ
3	The value of services or facilities						
_	furnished by a governmental unit to		•				
	the organization without charge						
4	Total. Add lines 1 through 3	102,500.	103,500.	104,000.	85,500.	105,000.	500,500.
	The portion of total contributions						
_	by each person (other than a		The state of the s				
	governmental unit or publicly		4.7				
	supported organization) included						
	on line 1 that exceeds 2% of the			od (6. juli 1977)			
	amount shown on line 11,			H-5414-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
	column (f)						
6	Public support. Subtract line 5 from line 4						500,500.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	102,500.	103,500.	104,000.	85,500.	105,000.	500,500.
8	Gross income from interest,			i			
	dividends, payments received on		į				
	securities loans, rents, royalties						
	and income from similar sources	99.	129.	94.	43.	49.	414.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	ļ	.		Ì		
	or loss from the sale of capital				i		
	assets (Explain in Part VI.)	and the second second second	v.				
	Total support. Add lines 7 through 10						500,914.
	Gross receipts from related activities,					12	
	First five years. If the Form 990 is for	_		•	-		,
Sec	organization, check this box and stop tion C. Computation of Publi	herePer	rcentage				<u></u>
	Public support percentage for 2014 (li			olumn (fl)		14	99.92 %
	Public support percentage from 2013		-	• • • • • • • • • • • • • • • • • • • •		15	99.91 %
	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies a	_					
	33 1/3% support test - 2013. If the o						
	and stop here. The organization quali	•		•		=	
	10% -facts-and-circumstances test						
	and if the organization meets the "fact	•					· ·
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances test						
	more, and if the organization meets th	•				•	
	organization meets the "facts-and-circ		· ·		•		
	Private foundation. If the organization		=	· ·	- · · · · -		
						dule A (Form 990	
					23/10		

Schedule A (Form 990 or 990-EZ) 2014 Part III: Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-		l			Į.	ļ
	formed, or facilities furnished in any activity that is related to the	ļ				İ	
	organization's tax-exempt purpose		ļ			1	i
3	Gross receipts from activities that					1	
	are not an unrelated trade or bus-	1				1	
	iness under section 513	f	1				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ŧ	}	\$		}	1
	or expended on its behalf	•				}	
5	The value of services or facilities						
3	furnished by a governmental unit to		1	1			
	the organization without charge						<u> </u>
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			}	1		
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	,		1			1
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ļ			1		
С	Add lines 7a and 7b		-				
	Public support (Subtract line 7c from line 6)						
	tion B. Total Support			*		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	1					
	and income from similar sources				<u> </u>		
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						Į.
	acquired after June 30, 1975				<u></u>		
С	Add lines 10a and 10b	_					
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is			ļ			
	regularly carried on					<u> </u>	
	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	first, second, this	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						▶□
<u>Sec</u>	tion C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2014 (li	ne 8, column (f) di	ivided by line 13,	column (f))		15	9
	Public support percentage from 2013					16	9
<u>Sec</u>	tion D. Computation of Inves	tment income	e Percentage				
17	Investment income percentage for 20	14 (line 10c, colun	nn (f) divided by li	ne 13, column (f))		17	9
	Investment income percentage from 2					18	9
19a	33 1/3% support tests - 2014. If the	organization did n				33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box ar	-					. —
	33 1/3% support tests - 2013. If the	· ·					
	line 18 is not more than 33 1/3%, che	_					
	Private foundation. If the organization					-	▶□
	3 09-17-14					nedule A (Form 99	0 or 990-F7) 201

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		•	
		Yes	No
	2 3a	1 12	
i	3b 3c	24	RECEDE
	42	l	ŀ
	4b		
	4c		
	5a		
	5b		
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	6 23/28/38		
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	9c	7 at a 1 5 t	. :
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Scr	ledule A (Form 990 or 990 EZ) 2014 MALT BEVERAGE EDUCATIONAL CORP 6	T-133708	<u> 10 P</u>	<u>age 5</u>
Pa	art IV Supporting Organizations (continued)			
	Line the assessment as a second of a second of the form and of the following a second	TEN CAPT	Yes	No FRESE
11	Has the organization accepted a gift or contribution from any of the following persons?			le e
ŧ.				256
	below, the governing body of a supported organization?	11a	\vdash	┼
	A family member of a person described in (a) above?	11b	 	┼
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
36	ction B. Type I Supporting Organizations		Tv	TNa
	Did the directors tructors or membership of one or more cuprented expenientians have the power to	2020	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
			313	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4	ACCOUNT.	CONTRACT.
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		4 7 3	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		22.5	
	supervised, or controlled the supporting organization.	2		
Sec	etion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		4	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		翻	
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	製業		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	建	200	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	建建		, ri
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			B E E
	supported organizations played in this regard.	3		l
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instruc	:tions):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions); }		T
2	Activities Test. Answer (a) and (b) below.	स्मान्य स्ट	Yes Exist	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify		銀達	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		翻	
	how the organization was responsive to those supported organizations, and how the organization determined	35.25.450	eschia	there o
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	<u> </u>	S. K. Tree
IJ				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	13.14	£ 7.	
	activities but for the organization's involvement.	776	ausse.	iens er
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	1 / -	į ·
		. /		' '
d	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_	-	l'
h	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
O	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI, the mile clared by the comparation in this means	_	•	1
122025	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (F	3b		2014
-52025	Schedule A (F	Form 990 or 990	J-EA)	ZU 14

. Sch	nedule A (Form 990 or 990-EZ) 2014 MALT BEVERAGE EDUCATION	NAL (CORP	61-1332086_Page 6
	art V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
_	other Type III non-functionally integrated supporting organizations must c	omplete	Sections A through E.	
Sec	etion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		-	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	. 8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	15.25		
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of secunties	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	388		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u></u>
Sect	ion C - Distributable Amount			Current Yéar
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra		anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Sch	edule A (Form 990 or 990-EZ) 2014 MALT BEVERAGE	E EDUCATIONAL C	CORP	61-1332086 Page 7
	Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sec	tion D - Distributions		···	Current Year
_1	Amounts paid to supported organizations to accomplish ex			
2		pt purposes of supported		
	organizations, in excess of income from activity		· 	
3	Administrative expenses paid to accomplish exempt purpos	<u> </u>		
4	Amounts paid to acquire exempt-use assets		 	<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			· · · · · · · · · · · · · · · · · · ·
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		γ	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Appropriate Historica Union Historica	Pre-2014	Amount for 2014
	Distributable amount for 2014 from Section C, line 6		Total great the state of the st	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				1000000000000000000000000000000000000
<u>b</u>				
_ <u>c</u>				ATTACANT AND AND AND AND AND AND AND AND AND AND
d				
	From 2013			
	Total of lines 3a through e		Control of the server are the	
	Applied to underdistributions of prior years			
<u>_n</u> _	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D,			
7	line 7: \$			
	Applied to underdistributions of prior years		Late St. Security Co. Co. Co. Co. Co.	
	Applied to 2014 distributable amount	245 0 P 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Remainder. Subtract lines 4a and 4b from 4.	<u> </u>		
5	Remaining underdistributions for years prior to 2014, if			
•	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			BE THE RESERVE THE WASHINGTON TO BE A STATE OF THE STATE
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			建筑地域的
-	and 4c.			
8	Breakdown of line 7:		用。 中央主义的	Bright had by
а	LINEY FI THE CHAIN SHOW		Control of the Contro	· · · · · · · · · · · · · · · · · · ·
_ <u></u>	公式には 111111111111111111111111111111111111			
c	क्षेत्रकार के अपने क्षेत्रकार कर के अपने क्षेत्रकार कर के अपने का का का का का का का का का का का का का			26.76.5
	Excess from 2013		The year of the same	
	Excess from 2014	一个点点,		1-2,

Schedule A (Form 990 or 990-EZ) 2014

. Also complete this	part for any additional inf	ormation. (See instruc	ctions).		
				_ 	
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. 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. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

If the organization answered "Yes." to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiz	ations: Complete Part III.		····	
Nаг	ne of organization			Empl	oyer identification number
	MALT B	EVERAGE EDUCATION	NAL CORP		61-1332086
P	Complete if the o	rganization is exempt un	der section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organ Political expenditures Volunteer hours			▶\$	
Pa	正说B Complete if the o	ganization is exempt un	der section 501(c))(3).	
	Enter the amount of any excise ta				
2	Enter the amount of any excise ta	x incurred by organization manag	gers under section 495	5▶\$	
	If the organization incurred a sect				
4a	Was a correction made?				Yes No
b	If "Yes." describe in Part IV.				
Pā	Complete if the or	ganization is exempt un	der section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expende	ed by the filing organization for s	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing orga				
	exempt function activities			> \$	
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here	and on Form 1120-POL	-	
	line 17b				
4	Did the filing organization file Forr				
5	Enter the names, addresses and e				
	made payments. For each organiz				
	contributions received that were political action committee (PAC).				te segregated fund of a
		T	 		I
	(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

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014	MALT	BEVERA	AGE EDUCATION	NAL CORP	61-1	332086 Page 2
Part II:A Complete if the or	ganizati	on is exe	mpt under section	n 501(c)(3) and fi	led Form 5768 (e	lection under
A Check if the filing organize expenses, and sha	are of exce	ss lobbying	expenditures).		I group member's nam	e, address, EIN,
Lim	its on Lob	bying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
	_		-			
		-				

	The term "expenditures" means amounts paid or incurred.) organization's totals total					
Not over \$500,000	01 (0) 18.					7.0
	00.000					
Over \$17,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		<u> </u>				
g Grassroots nontaxable amount (e	nter 25% o	f line 1f)	-			
h Subtract line 1g from line 1a. If ze	ro or less, e	enter -0-				
i Subtract line 1f from line 1c. If zer	o or less, e	nter -0				
j If there is an amount other than ze	ero on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?					Yes No
(Some organizations t		a section 5	01(h) election do not	have to complete all	of the five columns be	elow.
	Lobi	ying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))		公文 公准				
c Total lobbying expenditures						
d Graceroote pontovable amount						
d Grassroots nontaxable amount e Grassroots ceiling amount		au le angl		Water Branch	1000 C 10	
(150% of line 2d, column (e))					验证	
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2014

432043 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 MALT BEVERAGE EDUCATIONAL CORP 61-133208 [Part II:B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(E)
of the lobbying activity.	Yes	No	Amo	unt
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?			I CERTA TO A STATE OF	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1 c Media advertisements?)? X			
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?			-	
f Grants to other organizations for lobbying purposes?			<u>_</u>	
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?			-	
j Total. Add lines 1c through 1i	(0500m(02003m) 9445/8467 ft	医		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	1988	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		A 4.7		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			4 2 50 6 7	el revale
Complete if the organization is exempt under section 501(c)(4), 501(c)(6).	section 501(c)			
00.(0)(0).			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	14-	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year 				
Complete if the organization is exempt under section 501(c)(4), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answared "Yes."	vered "No," OF	R (b) Par		e 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	of political			
a Current year		<u>2a</u>		
b Carryover from last year		2b		
c Total		1 .		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of	dues	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the excess	報課		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	g and political	4	1	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Rattive Supplemental Information		····		
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate structions); and Part II-B, line 1. Also, complete this part for any additional information.	d group list); Part II	A, lines 1	and 2 (see	
	Schedul	le C (Form	990 or 990)-EZ) 2014

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

► Attach to Form 990.

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

2014

Open to Rublic

Name of the organization **Employer identification number** MALT BEVERAGE EDUCATIONAL CORP 61-1332086 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I意 organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |Partill Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ______ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Partills Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		EVERAGE EDU							32086	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)										
3										
а			d \square	Loan or exc	hange progra	ams				
b	Scholarly research				3-13					
С										
4	•	collections and expla	in how th	hev further t	he organization	on's exe	mpt purp	ose in Pai	rt XIII.	
5	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Ŗā	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?		-						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina 1	 table:	• • • • • • • • • • • • • • • • • • • •	••• ••••			03	
									Amount	
С	Beginning balance						1c		,	
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanatio	on has been	provided in F	art XIII				
Pa	Endowment Funds. Complete	if the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year_	(c) Two year	s back	(d) Three	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions			· · · · · · · · · · · · · · · · · · ·						
С	Net investment earnings, gains, and losses									
d	Grants or scholarships		ļ							
е	Other expenditures for facilities]	;	ł					
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	•	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment %									
	Permanent endowment ▶%									
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by:									es No
	(i) unrelated organizations			•• ••••••				· ·······	3a(i)	
										
b	If "Yes" to 3a(ii), are the related organizations							······································	3b	
Par	Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equipm		wment f	unds.				<u>. </u>		
,1,441	Complete if the organization answere		Dort IV	lina 11a C	aa Farm 000	Dark V II	ina 10			
	Description of property								4 D De elec	
	Description of property	(a) Cost or o	ı	(b) Cost	or other (other)		cumulate reciation		(d) Book v	alue
10	Land			ا دادها			reciation			
	Land					Traine Li Re	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1,72-10		
	Buildings Leasehold improvements						-	_		
	Equipment									
	Other	j								
	Add lines 1a through 1e. (Column (d) must e		X colum	n (B) line 1	OC 1	· · · · · · · · · · · · · · · · · · ·			-	0.
			- 1	1 - /, mig /	~~·/			- 1		

Schedule D (Form 990) 2014

(5) (6) (7)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Rartix Other Liabilities.

(8) (9)

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		一般を対象性には行うのだされて多いです。

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

Schedule D (Form 990) 2014

Part XI₃ Reconciliation of Revenue per Audited Financial Sta	NAL CORP			32086 Page 4
		Revenue per l	Return.	
Complete if the organization answered "Yes" to Form 990, Part IV, lir			-,	
1 Total revenue, gains, and other support per audited financial statements			1	105,049
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b			
c Recovenes of prior year grants	2c		透滤	
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	105,049.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	••••••		E 24	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		-		
c 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	105,049.
Part XIII Reconciliation of Expenses per Audited Financial St				
Complete if the organization answered "Yes" to Form 990, Part IV, lin				
Total expenses and losses per audited financial statements			1	97,196.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			235655	
a Donated services and use of facilities	2a			
		1,000.		
b Prior year adjustments		<u> </u>		
c Other losses				
d Other (Describe in Part XIII.)			1335 P.D	1 000
e Add lines 2a through 2d			2e	<u>1,000.</u> 96,196.
3 Subtract line 2e from line 1			3	30,190.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)			S. San E	0
c Add lines 4a and 4b	··· ·····		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1: PairXIII Supplemental Information.	<u>8.)</u>		5	96,196.
Management and information.				
Provide the descriptions required for Part II lines 2.5. and 0. Part III lines 4.5.	4. Dank IV. Barandhara	od Ob - Dood M. Ko	4. D. 4 V. II	0. Dant VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			4; Part X, li	ne 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
			4; Part X, li	ne 2; Part XI,
				D (Form 990) 2014

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Attach to Form 990.

mplete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	A 444 - 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

ê N SRANTS OF \$500 AWARDED TO KENTUCKY HIGH SCHOOLS AND Employer identification number COLLEGES FOR EDUCATIONAL 61-1332086 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any PROGRAMS 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 (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 75,500 (d) Amount of cash grant MALT BEVERAGE EDUCATIONAL CORP (c) IRC section of applicable criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization or government Name of the organization SEE EXPLANATION Part II

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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

432101 10-15-14

Schedule I (Form 990) (2014)

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance 61-1332086 (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. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant 33 MALT BEVERAGE EDUCATIONAL CORP (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2014) 432102 10-15-14 Part III

. 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.

OMB No 1545-0047

Name of the organization MALT BEVERAGE EDUCATIONAL CORP	Employer identification number 61-1332086
FORM 990, PART VI, SECTION A, LINE 3:	
OPERATIONAL DUTIES AND ACTIVITIES ARE CONDUCTED BY MANAGE	MENT COMPANY.
FORM 990, PART VI, SECTION A, LINE 6:	
MEMBERS ARE INDEPENDENTLY OWNED WHOLESALE BEER DISTRIBUTOR	RS IN KENTUCKY
FORM 990, PART VI, SECTION B, LINE 11:	
COPY OF TAX RETURN IS PROVIDED TO MANAGEMENT AND BOARD OF	DIRECTORS FOR
REVIEW PRIOR TO FILING	
FORM 990, PART VI, SECTION B, LINE 15A:	
OFFICERS AND GOVERNING BOARD SET THE FEE PAID TO THE MANAGE	GEMENT COMPANY TO
BE PAID ANNUALLY AT A REGULARLY SCHEDULED BOARD MEETING	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 19:	-
APPLICABLE GOVERNING DOCUMENTS ARE AVAILABLE FOR INSPECTION	ON AT THE
ORGANIZATION'S BUSINESS OFFICE UPON WRITTEN REQUEST	