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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -و foundations) Department of the ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u> Treasury

Washington, DC 20036 May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

A For the 2015 calendar year, or tax year beginning 01-01-2015

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public

, and ending 12-31-2015

Open to Public

. ✓Yes No

Form**990**(2015)

Cat No 11282Y

DLN: 93493315009486 OMB No 1545-0047

Inspection

Ad	eck if ap ddress cl ame cha	-	C Name of organization FOUNDATION FOR ADVANCING AL RESPONSIBILITY  Doing business as	COHOL		•	yeride 70429	ntification number 7	
	itial retu	urn	FAAR			F.T. 1			
	nai /termina nended i		Number and street (or P O box If 2345 CRYSTAL DRIVE No 710	mail is not delivered to street address) Room/	suite	E Teleph (202)	637-0		
ПАр	plication	n pending	City or town, state or province, co ARLINGTON, VA 22202	ountry, and ZIP or foreign postal code		<b>G</b> Gross	receipts :	\$ 9,541,792	
			F Name and address of princ RALPH S BLACKMAN 2345 CRYSTAL DRIVE No 7 ARLINGTON, VA 22202	•	s	s this a group subordinates? No		for	
<b>r</b> Ta	x-exem	pt status	501(c)(3) <b>3</b> 501(c) (4)	<b>◄</b> (insert no ) 4947(a)(1) or 527	1	Are all subord ncluded? f "No " attack		Yes No	
J W	ebsite	::► WW	W RESPONSIBILITY ORG			Group exemp		,	
<b>K</b> Forr	m of org	janization	✓ Corporation Trust Asso	ciation Other ►		of formation 19		State of legal domicile VA	
Pa	rt I	Sum	mary						
Governance	<u>A1</u>	ND UND	ERAGE DRINKING AND PRO	ALCOHOL RESPONSIBILITY LEADS MOTES RESPONSIBLE DECISION M.  discontinued its operations or dispose	AKING REC	GARDING BE	V ERAG	E ALCOHOL	
	3 N	lumber	of voting members of the gover	ning body (Part VI, line 1a)			з	8	
Activities &	4 N	lumber	of independent voting members	of the governing body (Part VI, line 1	b)		4	8	
5	<b>5</b> T	otal nur	mber of individuals employed ir	n calendar year 2015 (Part V , line 2a)			5	22	
AC	6 T	otal nur	mber of volunteers (estimate if	necessary)			6	0	
				Part VIII, column (C), line 12			7a	0	
	<b>b</b> Ne	et unrela	ated business taxable income f	rom Form 990-T, line 34	<u> </u>		7b	C	
						Prior Year		Current Year	
(I)	8		butions and grants (Part VIII,			0	0		
Ravenua	9	_	,	line 2g)		9,200,		9,406,785	
R.²√	10 11		,	nn (A), lines 3, 4, and 7d)	•	130,	0	135,007	
	12			), lines 5, 6d, 8c, 9c, 10c, and 11e)  1 (must equal Part VIII, column (A),	ıne ——				
	12	12)	revende dad imes o tinough i	(mase equal vare viii, column (xx), v		9,330,	655	9,541,792	
	13	Grants	s and sımılar amounts paıd (Pa	rt IX, column (A), lines 1-3)		20,	000	1,830,000	
	14	Benefi	its paid to or for members (Pari	t IX, column (A), line 4)			0	0	
Expenses	15	5-10	)	yee benefits (Part IX, column (A), lines		2,259,		2,352,369	
D G	16a		- '	X, column (A), line 11e)	•		0	0	
짚	b		indraising expenses (Part IX, column						
	17		, , , , , , , , , , , , , , , , , , , ,	), lines 11a-11d, 11f-24e)		6,631,		5,854,828	
	18 19		·	nust equal Part IX, column (A), line 25) e 18 from line 12		8,910, 420,		10,037,197	
Net Assets or Fund Balances	13	Reven	de less expenses Subtract III	e 10 110111 IIII e 12		ing of Current		End of Year	
alai	20	Total	assets (Part X, line 16)			4,504,	227	4,673,612	
A A	21					1,710,	736	2,344,572	
žĪ	22			ct line 21 from line 20		2,793,	491	2,329,040	
Unde my ki	nowled arer ha	Ities of Ige and s any ki	belief, it is true, correct, and conowledge	xamined this return, including accompomplete Declaration of preparer (other					
Here	е		PH S BLACKMAN PRESIDENT/CEO e or print name and title						
		<b>     </b>	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN		
Paid	b	_	rederick Longwood	Frederick Longwood		self-employed	P00439		
Pre	pare	Г ⊢	Firm's name Tate and Tryon	to 400		Firm's EIN ► 5			
llen	์ Onl	I	Firm's address 🟲 2021 L Street NW Su	ite 400		Phone no (202	4) 293-27	200	

Form	1990 (2015)					Page <b>2</b>
Par	t IIII Statemen	t of Program Servi	ce Accomp	lishments		
	Check if Sch	iedule O contains a resp	onse or note t	o any line in this Part II	<u> </u>	
1	Briefly describe the	e organization's mission				
					FIGHT TO ELIMINATE DRU RDING BEVERAGE ALCOHO	
	Did the organization	n undertake any significa	nt program se	ervices during the year	which were not listed on	
	•	or 990-EZ?				Yes ✓No
3	Did the organization	n cease conducting, or m	ake significar	<del>-</del>	ducts, an <b>y</b> program	F: F:
		· · · · · · · · · · · · · · · · · · ·				⊤Yes √No
4	expenses Section		organizations	are required to report	ee largest program services, a the amount of grants and alloo	
4a	(Code	) (Expenses \$	906,351	including grants of \$	) (Revenue \$	1,451,353 )
	parents as the leading underage drinking, ho	influence in kids' decisions no	t to drink By fos es and minds an	tering conversations betweei d how to stand up to peer pr	hool age kids The program is based n parents and kids, youth will learn a ressure Materials for parents (also a	about the consequences of
4b	MISSION OF ELIMINAT CURRICULUM HAS BEI COMPLEX CASES, AND	ING DRUNK DRIVING, EFFORTEN DEVELOPED WITH SUFFOLK	ROPORTIONATE : FS ARE UNDERWA LAW SCHOOL J RT HARVARD MEI	AY TO REDUCE THE FATALITI UDICIAL PUBLICATIONS SER' DICAL SCHOOL'S EFFORTS TO	) (Revenue \$ FATALITIES ON OUR ROADS IN AN EI IES CAUSED BY THIS GROUP OF OFFI VE TO ASSIST JUDGES IN THEIR EFFI CREATE AND TEST THE CARS ASSE	ENDERS A LAW SCHOOL ORTS TO ADJUDICATE THESE
4c	(Code	) (Expenses \$	311,375	including grants of \$	) (Revenue \$	498.609 )
70	` Talk Early encourages	, guides and supports parents, n combat peer pressure and d	teachers and ca	regivers in speaking with chil	Idren about the dangers and consequ Falk Early gives parents the tools to l	uences of underage drinking
	See Addıtıonal Da	ta				
4d	Other program se	rvices (Describe in Sche	dule O )			

Other program services (Describe in Schedule O )

5,777,175 including grants of \$ 1,830,000 ) (Revenue \$ 6,368,706) (Expenses \$ 4e Total program service expenses ▶ 7,674,416

Form **990** (2015)

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

Form	1990 (2015)			Page 3
Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I "	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			No

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . .

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? ..

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

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Form 990 (2015)

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**11**d

11e

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12a

12b

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14a

14b

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20a

Yes

Yes

Yes

Yes

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Νo

Νo

Νo

Νo

Nο

Νo

Νo

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Nο

Nο

Nο

Νo

Νo

990 (	(2013)	
F TV	Checklist of Required Sched	lules (continued)

Part

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A ), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . 💆

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . 💆 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22

23

24a

24b

**24**c

24d

25a

25b

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28a

28b

28c

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35a

35b

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Yes

Yes

Form 990 (2015)

21

Yes

Yes

Par	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			
	Check is deficially a contains a response of flote to any line in this rait v			_
	,	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   78			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
·	file Form 8282?	<b>7</b> c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
U	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	   <b>14</b> a		l No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-

orm	990 (2015)				Pag
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. :			10b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		
Se	ection A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
-	Did any officer director trustee or key employee have a family relationship are him	cinoce relation	abin inth and		

	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	siness • •	relat	onsh •	ip w	ith a	iny •
3	Did the organization delegate control over management duties customarily performs supervision of officers, directors or trustees, or key employees to a management co	,					

Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization become aware during the year of a significant diversion of the organization's assets? . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

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 . . . . . . . . . . . .

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

**b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . .

Describe in Schedule O the process, if any, used by the organization to review this Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . . . . . . . . .

**16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply 

State the name, address, and telephone number of the person who possesses the organization's books and records

▶FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY 2345 CRYSTAL DRIVE SUITE 710 ARLINGTON, VA 22202

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

List the States with which a copy of this Form 990 is required to be filed▶

Did the organization have a written document retention and destruction policy? . . . . .

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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

year by the following a The governing body? .

Section C. Disclosure

(202) 637-0077

	1a		8	
j ee				
	1b		8	
bu	sıness	relationship with any		_

Νo

Νo

Νo

Νo

Νo

Νo

No

Νo

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10b

**12**b

12c

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15a

15b

**16**a

16b

Yes

Νo

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(C	`			(D)	(E)	(F)
(A) Name and Title	Average hours per week (list any hours	more pers and	than on is	(do one bot rect	not box h ar or/tr	chec k, unle n offic rustee	ess er e)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations	Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) BRYAN FRY BOARD MEMBER	2 00	×						0	0	0
(2) PETE CARR BOARD MEMBER	2 00	×						0	0	0
(3) RONALD R DODGE board member	2 00	x						0	0	0
(4) MARTY BIRKEL board member	2 00	x						0	0	0
(5) GUY SMITH board member	2 00	×						0	0	0
(6) CLARKSON HINE board member	2 00	x						0	0	0
(7) MIKE KEYES board member	2 00	×						0	0	0
(8) MARC BROMFELD BOARD MEMBER	2 00	×						0	0	0
(9) RALPH S BLACKMAN PRESIDENT AND CEO	40 00			х				618,912	0	25,463
(10) BRANDY NANNINI VP, GOVT RELATIONS	40 00				×			218,800	0	30,258
(11) LESLIE KIMBALL VP, COMMUNICATIONS	40 00					х		178,737	0	35,860
(12) MAUREEN DALBEC  VP, COMMUNICATIONS	40 00					х		134,769	0	33,400

124,981

No

Yes

0

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more t	tion ( han d on is l	ne b both	ox, an d	heck unless officer stee)	5	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptovee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

\$100,000 of reportable compensation from the organization ▶ 4

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

3	on line 1a? If "Yes," complete Schedule I for such individual			
	on line 1a' II 'res', complete schedule ) for such marvidual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	I .		No

1,151,218

Technology Services

ditigal communications

## Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

GOOGLE INC

PO BOX 39000

SOMA Strategies

SAN FRANCISCO, CA 94139

Total (add lines 1b and 1c) . . . . .

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)

(B)

(C)

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
	HEALTHCARE & MEDICAL SERVICES/ TEACHING	419,419
1493 Cambndge Street Cambndge, MA 02139		
POLSINELLI PC	LEGAL	211,433
1401 Eye Street NW STE 800 WASHINGTON, DC 20005		
Beekeeper Group LLC	WEBSITE CONSULTING	195,471
1101 14th Street NW Suite 200 Washington, DC 20005		

9808 Kensington Parkway
Kensington, MD 20895

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 13

183,598

119,000

orm 99								Page <b>S</b>
Part V	***	Statement o						
		Check If Schedu	ule O contains a respo	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ν <u>κ</u>	1a	Federated camp	paigns 1a					
ant	ь	Membership du	es <b>1</b> b					
ور س	С	Fundraising eve	ents <b>1</b> 0	:				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	rations 1d					
	e	Government grants	s (contributions) <b>1e</b>					
ons Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>					
buti the		similar amounts no	ot included above					
a di di	g	1a-1f \$	ons included in lines					
G g g	h	Total. Add lines	s 1a-1f	· · · · •				
<del>1</del>				Business Code				
Program Service Revenue	2a	SUBSCRIBER COMI	MITMENTS	900099	9,406,785	9,406,785		
	b							
Š	c d							
3	e							
jran.	f	All other progra	am service revenue					
<b>P</b>	g	Total Add lines	s 2a-2f	•	9,406,785			
	3		ome (including divider					
		and other simila	aramounts)	•	135,007			135,007
	4 5	Royalties	tment of tax-exempt bond	proceeds •				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental incoi	l me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	s)					
Other Revenue	8a	Gross income fi events (not incl \$	luding  reported on line 1c)					
er -		· GICIV / IIII	a					
o <del>t</del>	l		penses <b>b</b>					
			(loss) from fundraising rom gaming activities ie 19	events ▶				
	l		apenses b (loss) from gaming act					
	10a	Gross sales of returns and allo	owances .	<b>&gt;</b>				
	b c		(loss) from sales of inv					
	11a	Miscellaneous	s kevenue	Business Code				
	b c							
	d e	All other revenu						
	12	rocai revenue.	See Instructions .	· · · · •	9,541,792	9,406,785	(	135,007

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)

orm	990 (2015)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
ecti	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	this Part IX			
	✔ ot include amounts reported on lines 6b, b, 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		SNPSIISS	general expenses	- CAPONICOC
	domestic governments See Part IV, line 21	1,830,000	1,830,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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, trustees, and key employees	903,342	523,329	380,013	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	962,082	571,568	390,514	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	248,280		248,280	
9	Other employee benefits	141,706	98,202	43,504	
LO	Payroll taxes	06.050	70.407	26.772	
L1	Fees for services (non-employees)	96,959	70,187	26,772	
a	Management				
b	Legal	55,350		55,350	
c	Accounting	18,743		18,743	
d	Lobbying	10,7 13		10,7 13	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
	amount, list line 11g expenses on Schedule O)	1,902,403	1,867,334	35,069	
L2	Advertising and promotion	626,448	626,448		
L3	Office expenses	597,277	509,432	87,845	
L4	Information technology				
L5	Royalties				
L6	Occupancy	331,043		331,043	
L7	Travel	170,210	141,612	28,598	
L8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9	Conferences, conventions, and meetings	97,354	52,950	44,404	
20	Interest				
21	Payments to affiliates	26.200		25,200	
22	Depreciation, depletion, and amortization	26,300		26,300	
23	Insurance	46,521		46,521	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а		862,504	862,504		
b		231,898	231,898		
C	ADVISORY PANEL	216,610	18,314	198,296	
d		212,555		212,555	
	All other expenses	459,612	270,638	188,974	
25	Total functional expenses, Add lines, 1 through 24e	10.037.107	7 674 416	2 362 791	Λ

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Net Assets or Fund Balances

Part X	Bal	lance	Shee

	,,,,,	=019)	
Par	t X	Balance Sheet	
		Check if Schedule O contains a response of	or
	1	Cash-non-interest-bearing	

9	Balance Sheet
	Check if Schedule

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Savings and temporary cash investments Pledges and grants receivable, net .

Accounts receivable, net . .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

**Total assets.**Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Unsecured notes and loans payable to unrelated third parties .

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Investments—publicly traded securities . .

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Sheet						
hedule O	contains	a response	or note t	o any	line in	thi

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

this Part X					

124 749

81,634

10a

10b

(A)

Beginning of year

1,324,168

774,702

123,642

43,844

18,757

4,504,227

560,568

373,278

776,890

1,710,736

2,793,491

2,793,491

4,504,227

2,219,114

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**10**c

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Page	1

(B)

End of year

2,078,578

128,087

130,080

43,115

37,626

4,673,612

1,298,754

392,370

653,448

2,344,572

2,329,040

2,329,040

4,673,612

Form 990 (2015)

2,256,126

# Page **12**

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9,541,792

10,037,197

-495,405

2,793,491

-164,170

195,124

2,329,040

Yes

Yes

Yes

2a

2b

2c

3a

3b

 $\overline{\mathbf{v}}$ 

No

Νo

Νo

Form 990 (2015)

Total revenue (must equal Part VIII, column (A), line 12) . . . .

Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . . . . . .

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . .

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Total expenses (must equal Part IX, column (A), line 25) . . . . Revenue less expenses Subtract line 2 from line 1 . . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Investment expenses

Part XII Financial Statements and Reporting

column (B))

Schedule O

Schedule O

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Both consolidated and separate basis

#### Additional Data

Software ID:

Software Version:

**EIN:** 36-3704297

Name: FOUNDATION FOR ADVANCING ALCOHOL

RESPONSIBILITY

(Code	) (Expenses \$	639,721	including grants of \$	30,000 ) (Revenue \$	1,024,394)
GOVERNMENT RELATION	IS ADVOCATING ENFO	RCEMENT	OF LAWS FOR HIGH BAC OFFE	NDERS	

(Code ) (Expenses \$ 1,800,000 including grants of \$ 1,800,000 ) (Revenue \$ 0)

 ${\sf ENDOWMENT}$  OF the Dr. Morris  ${\sf E}$  . Chafetz Professorship in Psychiatry in the Field of Behavioral Sciences AT HARVARD MEDICAL

SCHOOL

(Code ) (Expenses \$ 262,607 including grants of \$ ) (Revenue \$ 420,516 )
I KNOW EVERYTHING COMMUNICATING WITH HIGH SCHOOL AGE INDIVIDUALS ABOUT ALCOHOL

(Code	) (Expenses \$	215,691 including grants of \$	) (Revenue \$	345,389 )

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

COLLEGE BINGE DRINKING

(Code ) (Expenses \$ 143.850 including grants of \$ ) (Revenue \$ 230,349) JUDICIAL EDUCTION CONTINUING EDUCATION FOR JUDGES CONCERNING SENTENCING GUIDELINES

(Code	) (Expenses \$	85,674 including grants of \$	) (Revenue \$	137,191 )

CARS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 2,629,632 including grants of \$ ) (Revenue \$ 4,210,867 )
GENERAL PROGRAM SUPPORT INCLUDES ADVISORY BOARD, LEGAL FEES, MEETINGS, PROGRAM EVALUATION, TRAVEL.

SUBSCRIPTIONS, MONITORING OF MEDIA, DUES AND MEMBERSHIPS, WEBSITE EXPENSES, PUBLIC RELATIONS AND ADVERTISING. PRINTING. AND PROGRAM PROMOTION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE C** 

## 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.

Open to Public Inspection

30,000

□ No

30,000

30.000

Yes

(e) A mount of political

contributions received

and promptly and directly delivered to a separate political organization If none, enter -0-

Schedule C (Form 990 or 990-EZ) 2015

(d) A mount paid from

filing organization's

15,000

15,000

funds If none, enter -0-

Cat No 50084S

OMB No 1545-0047

DLN: 93493315009486

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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" on 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

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(c) EIN

46-4501717

13-4220019

 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" on 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) organizations Complete Part III

Name of the organization Employer identification number FOUNDATION FOR ADVANCING ALCOHOL 36-3704297

RESPONSIBILITY

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

Provide a description of the organization's direct and indirect political campaign activities in Part IV

- 2 Political expenditures

  - Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955

Enter the amount of any excise tax incurred by organization managers under section 4955

2

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

If "Yes," describe in Part IV

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

(b) Address

1747 Pennsylvania Avenue NW Suite

WASHINGTON, DC 20006

DENVER, CO 80203

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

1580 LINCOLN ST SUITE 1125

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

(Form 990 or

990-EZ)

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527

exempt function activities

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

(a) Name

DEMOCRATIC ATTORNEYS

4

REPUBLICAN ATTORNEYS GENERAL ASSOCIATION (2) GENERAL ASSOCIATION

3

#### under section 501(h)). Check 🕨 🗔 If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply (a) Filing (b) Affiliated Limits on Lobbying Expenditures organization's group totals (The term "expenditures" means amounts paid or incurred.) totals Total lobbying expenditures to influence public opinion (grass roots 1a lobbvina) Total lobbying expenditures to influence a legislative body (direct lobbying)

Total lobbying expenditures (add lines 1a and 1b)

Other exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d)

Not over \$500,000

Over \$17,000,000

g

2a

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

reporting section 4911 tax for this year?

Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures

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

Grassroots nontaxable amount

Grassroots lobbying expenditures

If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:

Lobbying nontaxable amount Enter the amount from the following table in both columns

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Calendar year (or fiscal year

beginning in)

\$1,000,000

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

20% of the amount on line 1e

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

**(b)**2013

(a)2012

Yes

(c)2014

☐ No

(d)2015

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

A mount

Page 3

# activity

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

**b** If "Yes," enter the amount of any tax incurred under section 4912

line 3, is answered "Yes." Dues, assessments and similar amounts from members

expenses for which the section 527(f) tax was paid).

Supplemental Information

Yes

(a)

No

Yes

1

2

1

2a

2h

2c

3

4

5

No

Νo

Νo

9,406,785

346,890

82,693

429,583

282,204

137,973

9,406

# Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and Schedule C (Form 990 or 990EZ) 2015

c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6).

Total Add lines 1c through 1i

Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?

through the use of a Volunteers?

legislation, including any attempt to influence public opinion on a legislative matter or referendum,

Other activities?

1

2

2

3

Part III-B

c Total

Part IV

a Current year

**b** Carryover from last year

political expenditure next year?

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local

filed Form 5768 (election under section 501(h)).

Complete if the organization is exempt under section 501(c)(3) and has NOT

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Were substantially all (90% or more) dues received nondeductible by members?

Taxable amount of lobbying and political expenditures (see instructions)

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

Direct contact with legislators, their staffs, government officials, or a legislative body?

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A,

Explanation

**SCHEDULE D** 

(Form 990)

Treasury

Department of the

Internal Revenue Service Name of the organization DLN: 93493315009486 OMB No 1545-0047

## **Supplemental Financial Statements**

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

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

	ame of the organization DUNDATION FOR ADVANCING ALCOHOL		E	mployer ide	entification nun	nber
	SPONSIBILITY		3	36-370429	7	
Pā	<b>Organizations Maintaining Dono</b> Complete if the organization answer			ds or Acc	ounts.	
		(a) Donor advised funds		<b>(b)</b> Funds a	and other accou	nts
L	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to			advised	Yes	_ N
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				se <b>Tyes</b>	- N
Pa	rt III Conservation Easements. Compl	ete if the organization answered	"Yes" on F	orm 990 <u>,</u>	Part IV, line 7	7.
L	Purpose(s) of conservation easements held by t	he organızatıon (check all that apply)				
	Preservation of land for public use (e g , recoeducation)		ation of an hi	storically ir	mportant land ar	rea
	Protection of natural habitat	Preserva	ation of a cer	tified histor	rıc structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contrib	ution in the	form of a co	nservation	
	Total combanda for a second to a				d at the End of	the Year
a	Total parage restricted by conservation easem	onto		2a		
b	Total acreage restricted by conservation easem  Number of conservation easements on a certifier			2b 2c		
c d		c) acquired after 8/17/06, and not or	n a	2d		
3	Number of conservation easements modified, tra		— erminated b	v the organ	ızatıon durıng th	ne
	tax year ▶			,		
1	Number of states where property subject to cons	convertion assument is located •				
•	Does the organization have a written policy rega			a of		
,	violations, and enforcement of the conservation	easements it holds?				No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, an	id enforcing	conservatio	in easements di	uring the
	P		c			
7	A mount of expenses incurred in monitoring, insp  \$ \bigseleft \text{\$ \left[ \text{\text{\text{ord}}} \right]}\$	ecting, handling of violations, and enf	forcing cons	ervation ea	sements during	tne year
3	Does each conservation easement reported on II (B)(I) and section $170(h)(4)(B)(II)^7$	ine 2(d) above satisfy the requiremen	nts of section	n 170(h)(4)		- No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the texthe organization's accounting for conservation ex	t of the footnote to the organization's asements	financial sta	atements th	at describes	
a	rt III Organizations Maintaining Collection Complete if the organization answer			Other Sir	nilar Assets	
La	If the organization elected, as permitted under S works of art, historical treasures, or other simila					

(i) Revenue included on 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

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

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

service, provide the following amounts relating to these items

Schedule D (Form 990) 2015

Cat No 52283D

Sched	dule D (Form 990) 2015							Page <b>2</b>
Part	Organizations Maintaining (continued)	Collections of A	Art, Hi	storic	al Trea	sures, or C	Other Similar A	ssets
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other rec	ords, c	heck ar	y of the I	following that a	are a significant us	e of its
а	Public exhibition		d		Loan or	exchange prog	ırams	
b	Scholarly research		e		Other			
c	Preservation for future generations							
4	Provide a description of the organization? Part XIII	s collections and ex	plain ho	ow they	further th	e organizatior	n's exempt purpose	: In
5	During the year, did the organization solid assets to be sold to raise funds rather the							s No
Pari	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	_	n Form	990, F	art IV,	line 9, or rep	ported an amour	nt on Form 990,
<b>1</b> a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other inter	mediar	y for co	ntrıbutıor	ns or other ass	ets not <b>Ye</b>	s No
b	If "Yes," explain the arrangement in Pa	art XIII and complet	e the fo	ollowing	table		Am	ount
c	Beginning balance					<b>1</b> c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
<b>2</b> a	Did the organization include an amount o	n Form 990, Part X,	lıne 21	, for esc	row or cu	ıstodıal accou	nt liability? <b>Tye</b>	s No
	If "Yes," explain the arrangement in Part							
Par	t V Endowment Funds. Comple	(a)Current year		rior year		Two years back		(e)Four years back
	Beginning of year balance	(a)current year	(6)	nor year		TWO years back	(d)Timee years back	(e) our years back
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year end bal	ance (lı	ne 1g, c	olumn (a	)) held as		
а	Board designated or quasi-endowment			-				
ь	Permanent endowment ►							
	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%						
	Are there endowment funds not in the posorganization by		nızatıor	that ar	e held an	d administere	d for the	Yes No
	(i) unrelated organizations $\dots$ .					•		a(i)
	(ii) related organizations					•	<del>-</del>	n(ii)
	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses of	·						3b
Pari			endowi	nent iui	us			
	Complete if the organization a		Form 9					
	Description of property				a) ther basis tment)	(b) Cost or other ba (other)	Accumulated (c) depreciation	
<b>1</b> a L	and		.					
<b>b</b> E	Buildings		[					
<b>c</b> L	easehold improvements		. [			6,7	734 1,	545 5,189

**d** Equipment . . . . . . . . .

**e** Other . . . . . . . . . . . . . . . .

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

37,926

43,115

80,089

118,015

. . . . . . .

Part VII Investments—Other Securities. Com	plete if the organizat	on answered 'Y	es' on Form 990,	Part IV, line 11b
See Form 990, Part X, line 12.  (a) Description of security or category	(1	)Book value		l of valuation
(including name of security)  (1)Financial derivatives			Cost or end-of-	year market value
(2)Closely-held equity interests				
(3)0 ther				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.	•			
Complete if the organization answered '	Yes' on Form 990, Pa	ırt IV, lıne 11c.	See Form 990, Pa	rt X, line 13.
(a) Description of investment	(i	) Book value		d of valuation year market value
				•
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>&gt;</b>			
Part IX Other Assets. Complete if the organization		990, Part IV, line		
(a) Descrip	tion		(b)	Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	1			
Part X Other Liabilities. Complete if the organ		 es' on Form 990		or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book value			
1. (a) bescription of hashiey	(B) Book value			
Federal income taxes				
ACCRUED PENSION COSTS	615,822			
DEFERRED COMPENSATION	37,626			
	1			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	653,448			
- Containing (2) made equal to only 550, that A, cor(b) mile 25)	1 000,7770	j		

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.

Add lines 4a and 4b .

1

2

а

b

c

b

C

1

2

а

b

d

3

а b

c

information

Part X, Line 2

Part XII

Schedule D (Form 990) 2015

2e

Page 4

-164,170

9,541,792

9,541,792

10,037,197

10,037,197

10,037,197

Schedule D (Form 990) 2015

#### Net unrealized gains (losses) on investments . . . . 2a 2b

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on line 1 but not on Form 990, Part IX, line 25 

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

WERE FILED

**2**c 2d

d е 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Prior year adjustments . . . . .

Subtract line 2e from line 1 . . . .

Other (Describe in Part XIII ) . . . . . .

Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII ) . . . . . . .

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

4a 4b Total expenses and losses per audited financial statements . . . . .

> 2a 2b

2c

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c

2d 2e 3 4c Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Other (Describe in Part XIII ) . . . . . . . 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . .

> THE FOUNDATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT ACTIVITIES UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE THE

FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN. AND AS SUCH. DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE FOUNDATION'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY THE IRS FOR THREE YEARS AFTER THEY

Part XIII Supplemental Information

Add lines 4a and 4b .

Return Reference



efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493315009486 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes." on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number FOUNDATION FOR ADVANCING ALCOHOL 36-3704297 RESPONSIBILITY Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

INECESSARY AND IN ACCORDANCE WITH FAAR'S ANNUAL FINANCIAL BUDGET

#### **Additional Data**

WASHINGTON, DC 20006 DEMOCRATIC ATTORNEYS

GENERAL ASSOCIATION 1580 LINCOLN STREET

1033 MASSACHUSETTS AVENUE 3RD FL

CAMBRIDGE, MA 02138

**SUITE 1125** DENVER, CO 80203

Harvard University

Software ID: Software Version: **EIN:** 36-3704297

Name: FOUNDATION FOR ADVANCING ALCOHOL

**RESPONSIBILITY** 

15,000

1,800,000

PROGRAM SUPPORT

ENDOWMENT OF THE Dr Morris E Chafetz

Professorship in

Psychiatry

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Orga	nizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 1747 Pennsylvania Avenue	46-4501717	527	15,000				PROGRAM SUPPORT

NW Suite 800

527

501(C)(3)

13-4220019

04-2103580

DLN: 93493315009486 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY 36-3704297 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Νo Participate in, or receive payment from, an equity-based compensation arrangement? 40 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

5a

5b

6a

6b

7

8

Schedule J (Form 990) 2015

Cat No 50053T

Νo

Νo

Νo

Νo

Νo

The organization?

The organization?

ın Part III

Any related organization?

Any related organization?

section 53 4958-6(c)?

If "Yes," on line 5a or 5b, describe in Part III

compensation contingent on the net earnings of

If "Yes," on line 6a or 6b, describe in Part III

payments not described in lines 5 and 6? If "Yes," describe in Part III

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

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

3 LESLIE KIMBALL

VP, COMMUNICATIONS

4 MAUREEN DAIBEC

VP, COMMUNICATIONS

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	, ,	<b>(E)</b> Total of columns	<b>(F)</b> Compensation in
		Base (1) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred benefits compensation	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 RALPH S BLACKMAN PRESIDENT AND CEO	(i)	454,039	119,559	45,314	15,600	15,267	649,779	0
	(ii)	0	0	0	0	0	0	0
2 BRANDY NANNINI	(i)	213,769	4,733	298	13,018	21,745	253,563	0

10,440

7,980

VP, GOVT RELATIONS

Ω

189

0

315

170,843

129,643

(ii)

(ii)

(ii)

Ω

7,705

4,811

172,420 Schedule J (Form 990) 2015

0

0

29,898

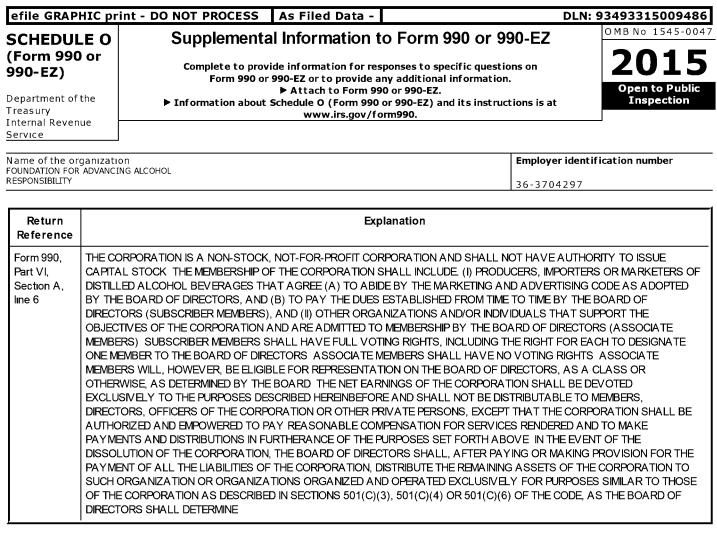
29,671

0

219,075

Schedule J (Form 990) 2015 Page 3 Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule J (Form 990) 2015



Return Reference	Explanation
Form 990, Part VI,	THE FORM 990 IS REVIEWED BY THE PRESIDENT/CEO, SVP FINANCE AND ADMINISTRATION, AND TREASURER OF THE
Section B, line 11	BOARD OF DIRECTORS BEFORE IT IS FILED A COPY OF THE FORM 990 IS THEN PROVIDED TO EACH MEMBER OF THE
	BOARD OF DIRECTORS

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	For each interest disclosed to the Chairman of the Board of Directors, the Chairman will determine whether to (a) take no action, (b) assure full disclosure to the Board of Directors and other individuals covered by this policy, (c) ask the person to recuse from participation in related discussions or decisions within FAAR, or (d) ask the person to resign from his or her position in FAAR or, if the person refuses to resign, become subject to possible removal in accordance with FAAR's removal procedures. FAAR's President/CEO and chief employed finance executive will monitor proposed or ongoing transactions for conflicts of interest and disclose them to the Chairman of the Board of Directors in order to deal with potential or actual

conflicts, whether discovered before or after the transaction has occurred

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The FAAR Board of Directors reviews the President/CEO's compensation in December as part of the annual performance evaluation process. Comparability data is available to the Board. The Chairman of the Board provides documentation of the deliberation of the Board to the SVP Finance & Administration for inclusion in the payroll. The President/CEO is authorized to evaluate the performance of other officers or key employees. Comparability data is provided to the President/CEO. The total compensation is approved by the Board of Directors through the annual budget approval process.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The governing documents, conflict of interest policy, and audited financial statements are not generally made available to the general public, but if requests for copies of these documents were to be received, the organization would consider making them available to the requestor

Return Reference	Explanation
Form 990, Part IX, line	CONSULTING FEES Program service expenses 1,867,334 Management and general expenses 35,069 Fundraising
11g	expenses 0 Total expenses 1,902,403

Return Reference	Explanation
Form 990, Part XI, line 9	Changes in post-retirement benefit 195,124

Return Reference	Explanation
Form 990, Part XII, line 2c	The audit oversight process has remained unchanged from the previous year

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493315009486 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY 36-3704297 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (d) (a) (c) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (if section 501(c)(3)) (13) controlled or foreign country) entity entity? Yes No (1) FOUNDATION FOR ADVANCING ALCOHOL EDUCATION ALCOHOL EDUCATION VA 501(c)(3) No 2345 CRYSTAL DR STE 710 ARLINGTON, VA 22202 47-4076712 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990	, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of	(b)	(c)	(d)	(e)	(f)	(g)	(h	)	(i)	Cana	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income(related,	Share of	Share of	UISPROP	rtionate itions?	Code V-UBI	Gener	al or	Percentage ownership
related organization		(state or		unrelated,	total income	assets	alloca	HOH5'	amount in box 20 of	mana partr	ner?	ownersnip
		foreign	Criticy	excluded from		u 33et3			Schedule K-1	Parci		
		country)		tax under					(Form 1065)			
		'*''		sections 512-					`,			
				514)			<del> </del>		-	<del>                                     </del>	- <del></del>	
	-						Yes	No		Yes	No	
	-											
										$\perp$		
											$\vdash$	
									ı			
Don't TV Identification of Deleted Oversite time Touchle a		:	T					1137 11	F 0	00 F	·	TV / Luna

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

_	_				01E
8) ed ?	No				- 000\ 7
(i) Section 512 (b)(13) controlled entity?	Yes				- D / F C
(h) Percentage ownership					Calcadula
(g) Share of end- of-year assets					
<b>(f)</b> Share of total Income					
(e) Type of entity (C corp, S corp, or trust)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
<b>(b)</b> Primary activity					
(a) Name, address, and EIN of related organization					1

Schedule R (Form 990) 2015					Pag	ge <b>3</b>		
Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 During the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No		
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		No		
f c Gıft, grant, or capital contribution from related organization(s)				<b>1</b> c		No		
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No		
e Loans or loan guarantees by related organization(s)				1e		No		
<b>f</b> Dividends from related organization(s)				1f		No		
g Sale of assets to related organization(s)				<b>1</b> g		No		
<b>h</b> Purchase of assets from related organization(s)				1h		No		
i Exchange of assets with related organization(s)				1i		No		
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	1	No		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes			
o Sharing of paid employees with related organization(s)								
p Reimbursement paid to related organization(s) for expenses				1p		No		
<b>q</b> Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)				1r 1s		No No		
s Other transfer of cash or property from related organization(s)								
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds					
(a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining am								

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions r			ertain invest	ment	partnerships		1						
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations <sup>7</sup>	ı	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											_		
											lula D /Fai	لِـــا	

