

**Return of Organization Exempt From Income Tax**

**2006**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**A** For the 2006 calendar year, or tax year beginning and ending

**B** Check if applicable:  Address change,  Name change,  Initial return,  Final return,  Amended return,  Application pending

**C** Name of organization: **AMERICAN BEVERAGE INSTITUTE**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1090 VERMONT AVENUE, NW 800**  
 City or town, state or country, and ZIP + 4: **WASHINGTON, DC 20005**

**D** Employer identification number: **52-1730954**

**E** Telephone number: **202-463-7110**

**F** Accounting method:  Other (Specify) **MOD. CASH**,  Cash,  Accrual

**G** Website: **ABIONLINE.ORG**

**J** Organization type (check only one):  501(c) ( 6 ) (insert no )  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,614,797.**

**H and I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **N/A**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	12,973.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 9,773. noncash \$ 3,200.)	1e		12,973.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		4,791.	
	3	Membership dues and assessments	3		1,546,554.	
	4	Interest on savings and temporary cash investments	4		2,105.	
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	6b	Less: rental expenses	6b			
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c				
7	Other investment income (describe )	7				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	8b	Less: cost or other basis and sales expenses	8a	8b		
	8c	Gain or (loss) (attach schedule)	8c			
	8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	9a	Gross revenue (not including \$ 4,723. of contributions reported on line 1b)	9a	48,175.		
	9b	Less: direct expenses other than fundraising expenses	9b	59,283.		
	9c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		-11,108.	
	10a	Gross sales of inventory, less returns and allowances	10a			
	10b	Less: cost of goods sold	10b			
10c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11	Other revenue (from Part VII, line 103)	11		199.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,555,514.		
Net Assets	13	Program services (from line 44, column (B))	13			
	14	Management and general (from line 44, column (C))	14			
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17		1,590,102.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-34,588.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		376,596.		
20	Other changes in net assets or fund balances (attach explanation)	20		0.		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		342,008.		

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.			
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.			
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	13,469.			
<b>32</b> Legal fees	5,896.			
<b>33</b> Supplies	2,960.			
<b>34</b> Telephone	534.			
<b>35</b> Postage and shipping	5,946.			
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance	203.			
<b>38</b> Printing and publications	48,360.			
<b>39</b> Travel	24,560.			
<b>40</b> Conferences, conventions, and meetings	39,286.			
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	933.			
<b>43</b> Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
<b>g</b> SEE STATEMENT 3	1,447,955.			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,590,102.			

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 5</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a SENT TWO EDUCATIONAL AND INFORMATIONAL NEWSLETTERS, THREE INFORMATIONAL REPORTS AND 22 ISSUE UPDATE EMAILS TO BUSINESS LEADERS IN THE HOSPITALITY INDUSTRY.</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>b SEE STATEMENT 4</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c DEVELOPED A NEGLIGENT DRIVING CAMPAIGN IN WHICH PUBLIC SERVICE ANNOUNCEMENTS IN 49 MARKETS AND OVER 1400 BILLBOARDS NATIONWIDE FOCUSED ON THE DANGERS OF NEGLIGENT DRIVING.</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d HELD THREE ANNUAL INFORMATIONAL MEMBER MEETINGS FOCUSED ON ALCOHOL ISSUES.</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	70,657.	45	223,583.
	46 Savings and temporary cash investments	302,313.	46	110,970.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	5,500.		
	b Less: allowance for doubtful accounts		51c	5,500.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	7,412.			
b Less: accumulated depreciation <b>STMT 6</b>	5,457.	2,842.	57c	
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 7</b> )		784.	58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		376,596.	59	
60 Accounts payable and accrued expenses			60	
61 Grants payable			61	
62 Deferred revenue			62	
63 Loans from officers, directors, trustees, and key employees			63	
64 a Tax-exempt bond liabilities			64a	
b Mortgages and other notes payable			64b	
65 Other liabilities (describe )			65	
66 <b>Total liabilities.</b> Add lines 60 through 65		0.	66	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	376,596.	67	342,008.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		376,596.	73	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		376,596.	74	





Part VI Other Information (continued)	Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? <b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82a	X
82b	N/A	
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? <b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a	X
83b	N/A	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84a	X
84b	X	
<b>85 501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? <b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year <b>c</b> Dues, assessments, and similar amounts from members <b>d</b> Section 162(e) lobbying and political expenditures <b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85a	X
85b	X	
85c	1,554,804.	
85d	82,155.	
85e	179,027.	
85f	-96,872.	
85g	N/A	
85h	N/A	
<b>86 501(c)(7) organizations</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 <b>b</b> Gross receipts, included on line 12, for public use of club facilities	86a	N/A
86b	N/A	
<b>87 501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87a	N/A
87b	N/A	
<b>88 a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX <b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88a	X
88b	X	
<b>89 a 501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u> <b>b 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction <b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u> <b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u> <b>e All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? <b>f All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? <b>g For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89a	X
89b	N/A	
89c	0.	
89d	0.	
89e	X	
89f	X	
89g	X	
<b>90 a</b> List the states with which a copy of this return is filed <b>DC</b> <b>b</b> Number of employees employed in the pay period that includes March 12, 2006	90b	0
<b>91 a</b> The books are in care of <b>THE BOOKKEEPER</b> Telephone no. <b>202-463-7110</b> Located at <b>1090 VERMONT AVENUE, NW #800, WASHINGTON, DC</b> ZIP + 4 <b>20005</b> <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>EXPENSE REIMBURSEMENT</b>					4,791.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,546,554.
95 Interest on savings and temporary cash investments			14	2,105.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					-11,108.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>MISCELLANEOUS</b>					199.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,105.	1,540,436.
105 Total (add line 104, columns (B), (D), and (E))					1,542,541.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	CERTAIN EXEMPT FUNCTION EXPENSES REPAID BY MANAGEMENT & VENDORS TO ABI
94	DUES PAID BY MEMBERS TO SUPPORT ABI'S EXEMPT FUNCTIONS
101	SPECIAL EVENTS/MEETINGS DREW GREATER ATTENDANCE TO MEET EDUCATION GOAL
103	SERVER TRAINING COURSE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: *R. Berman* Date: 11/12/07

Type or print name and title: Richard B. Berman, General Counsel

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**Paid Preparer's Use Only**

Preparer's signature: *Katherine M...* Date: 11/9/07

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: CHERRY, BEKAERT & HOLLAND, L.L.P.  
1934 OLD GALLOWES ROAD  
VIENNA, VA 22182-3992

EIN: Phone no. 703 506-4440

2006 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	ROLLING DISPLAY BOOTH	040202	200DB	7.00	17	1,685.		506.	1,179.	810.		105.
	ADDITIONAL BASIS - USE											
2	TAX ON ROLLING DISPLA	011603	200DB	7.00	17	91.		27.	64.	36.		8.
3	PROJECTOR WITH BAG	070603	200DB	5.00	17	2,807.		1,404.	1,403.	999.		162.
4	PHOTO LIGHTING WITH											
4	BACKGROUND	121604	200DB	7.00	17	585.		293.	292.	91.		57.
	USE TAX - PHOTO											
5	LIGHTING WITH BACKGROU	011905	200DB	7.00	17	34.			34.	5.		8.
	TIVO DIGITAL VIDEO											
6	RECORDER/GEAR (1/3)	033105	200DB	7.00	17	593.			593.	85.		145.
	PROFESSIONAL LIGHTING											
7	FOR INTERVIEWS (1/3)	061305	200DB	7.00	17	818.			818.	117.		200.
8	BACKUP SYSTEM (1/4)	110605	200DB	5.00	17	753.			753.	151.		241.
9	ORGANIZATIONAL COSTS	020192		60M	43	375.			375.	375.		0.
	ADDITIONAL BASIS - USE											
10	TAX ON PROFESSIONAL L	011806	200DB	7.00	19C	46.			46.			7.
	* TOTAL 990 PAGE 2											
	DEPR & AMORT					7,787.		2,230.	5,557.	2,669.	0.	933.

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FOOTNOTES

STATEMENT 1

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FORM 990, PAGE 1, ITEM G - AMERICAN BEVERAGE INSTITUTE ALSO OPERATES THE AMERICANBEVERAGEINSTITUTE.COM AND NEGLIGENTDRIVING.COM WEBSITE ADDRESSES.

FORM 990, PART V-A - BERMAN AND COMPANY, INC. PERFORMS MANAGEMENT SERVICES FOR AMERICAN BEVERAGE INSTITUTE (ABI). THE SERVICES PERFORMED INCLUDE RESEARCH, COMMUNICATIONS AND GENERAL AND ADMINISTRATIVE SERVICES.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	46,367.		46,367.	55,567.	-9,200.
SILENT AUCTION	6,531.	4,723.	1,808.	3,716.	-1,908.
TO FM 990, PART I, LINE 9	52,898.	4,723.	48,175.	59,283.	-11,108.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAMS MANAGEMENT	1,116,670.			
ADVERTISING AND MEDIA	148,502.			
TAXES, LICENSES AND FEES	1,185.			
OTHER PROFESSIONAL SERVICES	1,176.			
OFFICE EXPENSE	257.			
MISCELLANEOUS EXPENSE	203.			
PHOTOCOPY AND FACSIMILE	36,836.			
COMPUTER DATA BASE SUBSCRIPTION	25,829.			
INSURANCE	4,893.			
SUBSCRIPTIONS AND PUBLICATIONS	3,940.			
REPRINT FEE	63.			
EXPENSED SOFTWARE	39.			
REIMBURSED G&A EXPENSE	108,362.			
TOTAL TO FM 990, LN 43	1,447,955.			

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE TWO

WROTE AND SENT APPROXIMATELY 22 OPINION EDITORIALS, 28 LETTERS TO THE EDITOR AND 35 PRESS RELEASES WITH RELATED INFORMATION ON ISSUES THAT AFFECT THE DEBATE ABOUT MODERATE AND RESPONSIBLE DRINKING PRIOR TO DRIVING. MEDIA OUTREACH RESULTED IN 7 TELEVISION APPEARANCES AND 10 RADIO INTERVIEWS. SPOKEPERSONS WERE QUOTED IN A TOTAL OF 171 ARTICLES DURING 2006.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

EXPLANATION

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS RESEARCH AND EDUCATION, AS WELL AS DEVELOPMENT OF PUBLIC POLICY REGARDING ALCOHOL CONSUMPTION ISSUES.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
ROLLING DISPLAY BOOTH	1,685.	1,421.	264.
ADDITIONAL BASIS - USE TAX ON ROLLING DISPLAY	91.	71.	20.
PROJECTOR WITH BAG	2,807.	2,565.	242.
PHOTO LIGHTING WITH BACKGROUND	585.	441.	144.
USE TAX - PHOTO LIGHTING WITH BACKGROUND	34.	13.	21.
TIVO DIGITAL VIDEO RECORDER/GEAR (1/3)	593.	230.	363.
PROFESSIONAL LIGHTING FOR INTERVIEWS (1/3)	818.	317.	501.
BACKUP SYSTEM (1/4)	753.	392.	361.

ADDITIONAL BASIS - USE TAX ON  
PROFESSIONAL LIGHTING

	46.	7.	39.
TOTAL TO FORM 990, PART IV, LN 57	7,412.	5,457.	1,955.

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	AMOUNT
DUE FROM BERMAN AND COMPANY	0.
ORGANIZATIONAL COSTS	0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	0.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BERMAN AND COMPANY 1090 VERMONT AVENUE N.W. #800 WASHINGTON, DC 20005-4961	MANAGEMENT COMPANY 0.00	1,207,969.	12,110.	0.
RICHARD BERMAN 1090 VERMONT AVENUE N.W. #800 WASHINGTON, DC 20005-4961	PRESIDENT AND GENERAL COUNSEL 1.00	0.	0.	0.
JOHN DOYLE 1090 VERMONT AVENUE N.W. #800 WASHINGTON, DC 20005-4961	EXECUTIVE DIRECTOR 30.00	0.	0.	0.
KRISTEN EASTLICK 1090 VERMONT AVENUE N.W. #800 WASHINGTON, DC 20005-4961	SECRETARY/TREASURER 1.00	0.	0.	0.
B. J. STONE 1090 VERMONT AVENUE N.W. #800 WASHINGTON, DC 20005-4961	DIRECTOR 1.00	0.	0.	0.
PETE MADLAND 1090 VERMONT AVENUE N.W. #800 WASHINGTON, DC 20005-4961	DIRECTOR 1.00	0.	0.	0.

AMERICAN BEVERAGE INSTITUTE

52-1730954

SCOTT STENGER  
1090 VERMONT AVENUE N.W. #800  
WASHINGTON, DC 20005-4961

DIRECTOR  
1.00

0. 0. 0.

DAVID REHR  
1090 VERMONT AVENUE N.W. #800  
WASHINGTON, DC 20005-4961

DIRECTOR  
1.00

0. 0. 0.

STAN NOVACK  
1090 VERMONT AVENUE N.W. #800  
WASHINGTON, DC 20005-4961

DIRECTOR  
1.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

1,207,969.	12,110.	0.
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FORM 990

EXPLANATION OF RELATIONSHIP  
PART V-A, LINE 75B

STATEMENT 9

INDIVIDUAL'S NAMETITLE OR ROLE

RICHARD BERMAN

ABI PRESIDENT AND GENERAL COUNSEL

INDIVIDUAL'S NAMETITLE OR ROLE

BERMAN AND COMPANY

MANAGEMENT COMPANY

EXPLANATION OF RELATIONSHIP

RICHARD BERMAN IS PRESIDENT AND SOLE OWNER OF BERMAN AND COMPANY.

INDIVIDUAL'S NAMETITLE OR ROLE

JOHN DOYLE

ABI EXECUTIVE DIRECTOR

INDIVIDUAL'S NAMETITLE OR ROLE

BERMAN AND COMPANY

MANAGEMENT COMPANY

EXPLANATION OF RELATIONSHIP

JOHN DOYLE IS AN OPERATIONAL VICE PRESIDENT AND EMPLOYEE OF BERMAN AND COMPANY.



INDIVIDUAL'S NAME

TITLE OR ROLE

KRISTEN EASTLICK

ABI SECRETARY/TREASURER

INDIVIDUAL'S NAME

TITLE OR ROLE

BERMAN AND COMPANY

MANAGEMENT COMPANY

EXPLANATION OF RELATIONSHIP

KRISTEN EASTLICK IS EMPLOYED AS THE CHIEF ADMINISTRATIVE OFFICER FOR BERMAN AND COMPANY.

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FORM 990

PART V-A OFFICER COMPENSATION FROM  
RELATED ORGANIZATIONS

STATEMENT 10

OFFICER'S NAME

EXPENSE  
ACCOUNT

RICHARD BERMAN

0.

NAME OF RELATED ORGANIZATION

EMPLOYER ID NUMBER

BERMAN AND COMPANY (BAC)

52-1536666

RELATIONSHIP BETWEEN ORGANIZATIONS

ABI IS MANAGED BY BAC AND BOTH SHARE OFFICE SPACE.

OFFICER'S NAME

EXPENSE  
ACCOUNT

JOHN DOYLE

0.

NAME OF RELATED ORGANIZATION

EMPLOYER ID NUMBER

BERMAN AND COMPANY (BAC)

52-1536666

RELATIONSHIP BETWEEN ORGANIZATIONS

ABI IS MANAGED BY BAC AND BOTH SHARE OFFICE SPACE.

OFFICER'S NAME

KRISTEN EASTLICK

NAME OF RELATED ORGANIZATION

EMPLOYER ID NUMBER

BERMAN AND COMPANY (BAC)

52-1536666

RELATIONSHIP BETWEEN ORGANIZATIONS

ABI IS MANAGED BY BAC AND BOTH SHARE OFFICE SPACE.

4562

Form

Depreciation and Amortization 990 (Including Information on Listed Property)

OMB No 1545-0172

2006

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AMERICAN BEVERAGE INSTITUTE

FORM 990 PAGE 2

52-1730954

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election. Line 1: 108,000. Line 3: 430,000. Line 7: [blank]. Line 8: [blank]. Line 9: [blank]. Line 10: [blank]. Line 11: [blank]. Line 12: [blank]. Line 13: [blank].

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for Part II. Line 14: [blank]. Line 15: [blank]. Line 16: [blank].

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

Table with 2 rows for Section A. Line 17: 926. Line 18: [checkbox].

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, and residential/nonresidential real property.

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) [blank], (c) [blank], (d) [blank], (e) [blank], (f) [blank]. Includes rows for 12-year and 40-year class life.

Part IV Summary (see instructions)

Table with 2 main rows for Part IV. Line 21: [blank]. Line 22: 933. Line 23: [blank].

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>American Beverage Institute</b>	Employer identification number <b>52-1730954</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1090 Vermont Ave. NW, No. 800</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Washington, DC 20005</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **The Bookkeeper**

Telephone No. **(202) 463-7110**      FAX No. **(202) 420-7862**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15, 2007.**

5 For calendar year **2006**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension

**Additional information is yet required in order to produce a complete and accurate tax return.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Jeni L. Robbins** Title **C.P.A.** Date **8/6/07**

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application. Please attach this form to the organization's return.  
 We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
 We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.  
 We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.  
 Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

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

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>American Beverage Institute</b>	<b>Employer identification number</b> <b>52-1730954</b>
<small>File by the due date for filing your return See instructions</small>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1090 Vermont Ave. NW, No. 800</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Washington, DC 20005</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **The Bookkeeper**  
 Telephone No. ▶ **(202) 463-7110** FAX No. ▶ **(202) 420-7862**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **August 15, 2007**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

- ▶  calendar year **2006** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.