

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2007

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)

Open to Public Inspection

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

A For the **2007** calendar year, or tax year beginning and ending

| | | | | |
|--|---|--|--------------------------|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type See Specific Instructions | C Name of organization AMERICAN BEVERAGE INSTITUTE | | D Employer identification number 52-1730954 |
| | | Number and street (or P.O. box if mail is not delivered to street address) 1090 VERMONT AVENUE, NW | Room/suite 800 | E Telephone number 202-463-7110 |
| | | City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005 | | F Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) MOD. CASH |

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

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)

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

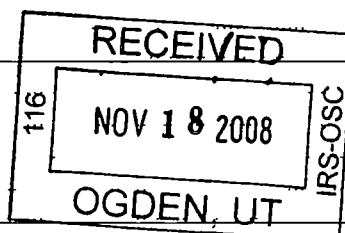
J Organization type (check only one) 501(c) (**6**) (insert no) 4947(a)(1) or 527

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 **1,768,583.**

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 | | 9,192. | |
| | 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 \$ 5,952. noncash \$ 3,240.) | 1e | | | 9,192. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | 8,205. |
| | 3 | Membership dues and assessments | 3 | | | 1,710,738. |
| | 4 | Interest on savings and temporary cash investments | 4 | | | 526. |
| | 5 | Dividends and interest from securities | 5 | | | |
| | 6 | Gross rents | 6a | | | |
| | b | Less: rental expenses | 6b | | | |
| c | Net rental income or (loss). Subtract line 6b from line 6a | 6c | | | | |
| 7 | Other investment income (describe) | 7 | | | | |
| 8 | a Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | | |
| b | Less: cost or other basis and sales expenses | 8a | | | | |
| c | Gain or (loss) (attach schedule) | 8b | | 161. | | |
| d | Net gain or (loss). Combine line 8c, columns (A) and (B) | 8c | | <161.> | | |
| 9 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | STMT 2 | | | 8d | <161.> |
| a | Gross revenue (not including \$ 6,192. of contributions reported on line 1b) | 9a | | 39,422. | | |
| b | Less: direct expenses other than fundraising expenses | 9b | | 71,413. | | |
| c | Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | | | <31,991.> | |
| 10 | a Gross sales of inventory, less returns and allowances | 10a | | | | |
| b | Less: cost of goods sold | 10b | | | | |
| c | 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 | | | 500. | |
| 12 | Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | | | 1,697,009. | |
| Expenses | 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 | | | 1,628,790. |
| Net Assets | 18 | Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | | | 68,219. |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | | 342,008. |
| | 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 | | | 410,227. |



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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.

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|------------|----------------------|----------------------------|-----------------|
| 22a 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"/> 22a | | | | |
| 22b 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"/> 22b | | | | |
| 23 Specific assistance to individuals (attach schedule) 23 | | | | |
| 24 Benefits paid to or for members (attach schedule) 24 | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a | 750. | | | |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b | 0. | | | |
| c 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) 25c | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c 26 | | | | |
| 27 Pension plan contributions not included on lines 25a, b, and c 27 | | | | |
| 28 Employee benefits not included on lines 25a - 27 28 | | | | |
| 29 Payroll taxes 29 | | | | |
| 30 Professional fundraising fees 30 | | | | |
| 31 Accounting fees 31 | 17,190. | | | |
| 32 Legal fees 32 | 772. | | | |
| 33 Supplies 33 | 1,654. | | | |
| 34 Telephone 34 | 592. | | | |
| 35 Postage and shipping 35 | 6,983. | | | |
| 36 Occupancy 36 | | | | |
| 37 Equipment rental and maintenance 37 | 254. | | | |
| 38 Printing and publications 38 | 57,569. | | | |
| 39 Travel 39 | 29,334. | | | |
| 40 Conferences, conventions, and meetings 40 | 37,828. | | | |
| 41 Interest 41 | | | | |
| 42 Depreciation, depletion, etc. (attach schedule) 42 | 642. | | | |
| 43 Other expenses not covered above (itemize) | | | | |
| a _____ 43a | | | | |
| b _____ 43b | | | | |
| c _____ 43c | | | | |
| d _____ 43d | | | | |
| e _____ 43e | | | | |
| f _____ 43f | | | | |
| g SEE STATEMENT 4 43g | 1,475,222. | | | |
| 44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44 | 1,628,790. | | | |

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? SEE STATEMENT 7

Program Service Expenses (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.)

a SENT TWO MEMBERSHIP DIRECTORIES, TWO INFORMATIONAL REPORTS AND 22 ISSUE UPDATE EMAILS TO BUSINESS LEADERS IN THE HOSPITALITY INDUSTRY.

(Grants and allocations \$) If this amount includes foreign grants, check here

b SEE STATEMENT 5

(Grants and allocations \$) If this amount includes foreign grants, check here

c SEE STATEMENT 6

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (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 | 223,583. | 45 | 116,581. | |
| | 46 Savings and temporary cash investments | 110,970. | 46 | 292,494. | |
| | 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 | | | | |
| | b Less: allowance for doubtful accounts | 5,500. | 51c | | |
| | 52 Inventories for sale or use | | 52 | | |
| | 53 Prepaid expenses and deferred charges | | 53 | | |
| | 54 a Investments - publicly-traded securities | | 54a | | |
| | b Investments - other securities | | 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 | 4,605. | | | | |
| b Less accumulated depreciation STMT 8 | 3,453. | 1,955. | 57c | 1,152. | |
| 58 Other assets, including program-related investments (describe ▶ _____) | | | 58 | 0. | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | | 342,008. | 59 | 410,227. | |
| Liabilities | 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 Total liabilities. Add lines 60 through 65 | | 0. | 66 | 0. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | |
| | 67 Unrestricted | 342,008. | 67 | 410,227. | |
| | 68 Temporarily restricted | | 68 | | |
| | 69 Permanently restricted | | 69 | | |
| | Organizations that do not follow SFAS 117, check here <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 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | | 342,008. | 73 | 410,227. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | | 342,008. | 74 | 410,227. |

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

| | | | | |
|---|--|----|---|-----|
| a | Total revenue, gains, and other support per audited financial statements | | a | N/A |
| b | Amounts included on line a but not on Part I, line 12 | | | |
| 1 | Net unrealized gains on investments | b1 | | |
| 2 | Donated services and use of facilities | b2 | | |
| 3 | Recoveries of prior year grants | b3 | | |
| 4 | Other (specify) _____ | b4 | | |
| | Add lines b1 through b4 | | b | |
| c | Subtract line b from line a | | c | |
| d | Amounts included on Part I, line 12, but not on line a: | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | |
| 2 | Other (specify) _____ | d2 | | |
| | Add lines d1 and d2 | | d | |
| e | Total revenue (Part I, line 12) Add lines c and d | | e | |

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | |
|---|--|----|---|-----|
| a | Total expenses and losses per audited financial statements | | a | N/A |
| b | Amounts included on line a but not on Part I, line 17 | | | |
| 1 | Donated services and use of facilities | b1 | | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | | |
| 3 | Losses reported on Part I, line 20 | b3 | | |
| 4 | Other (specify) _____ | b4 | | |
| | Add lines b1 through b4 | | b | |
| c | Subtract line b from line a | | c | |
| d | Amounts included on Part I, line 17, but not on line a: | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | |
| 2 | Other (specify) _____ | d2 | | |
| | Add lines d1 and d2 | | d | |
| e | Total expenses (Part I, line 17) Add lines c and d | | e | |

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|--|--|--|---|--|
| BERMAN AND COMPANY 1090 VERMONT AVENUE N.W. #800 WASHINGTON, DC 20005-4961 | MANAGEMENT COMPANY | 0.00 | 1294360. | 10,600. 0. |
| RICHARD BERMAN 1090 VERMONT AVENUE N.W. #800 WASHINGTON, DC 20005-4961 | PRESIDENT AND GENERAL COUN | 1.00 | 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 | 250. | 0. 0. |
| SCOTT STENGER 1090 VERMONT AVENUE N.W. #800 WASHINGTON, DC 20005-4961 | DIRECTOR | 1.00 | 250. | 0. 0. |
| STAN NOVACK 1090 VERMONT AVENUE N.W. #800 WASHINGTON, DC 20005-4961 | DIRECTOR | 1.00 | 250. | 0. 0. |
| ----- ----- | | | | |

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

| | | | | |
|--|-----|---|--|--|
| <p>75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>6</u></p> | | | | |
| <p>b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 9</p> | 75b | X | | |
| <p>c Do any officers, directors, trustees, or key employees listed in Form 990, Part V A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" SEE STATEMENT 10 If "Yes," attach a statement that includes the information described in the instructions</p> | 75c | X | | |
| <p>d Does the organization have a written conflict of interest policy?</p> | 75d | X | | |

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|----------------------|------------------------|---|---|--|
| NONE | | | | |
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Part VI Other Information (See the instructions) Yes No

| | | | |
|--|-----|--|---|
| <p>76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change</p> | 76 | | X |
| <p>77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes</p> | 77 | | X |
| <p>78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?</p> | 78a | | X |
| <p>b If "Yes," has it filed a tax return on Form 990-T for this year? N/A</p> | 78b | | |
| <p>79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement</p> | 79 | | X |
| <p>80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?</p> | 80a | | X |
| <p>b If "Yes," enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</p> | | | |
| <p>81 a Enter direct and indirect political expenditures (See line 81 instructions) 81a <u>0</u> .</p> | 81a | | |
| <p>b Did the organization file Form 1120-POL for this year?</p> | 81b | | X |

| Part VI Other Information (continued) | | Yes | No |
|---------------------------------------|--|-----|------------|
| 82 a | 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? | | X |
| 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) | | |
| | 82b N/A | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | X | |
| 85 a | 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? | | X |
| 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 | | X |
| c | Dues, assessments, and similar amounts from members | 85c | 1,710,738. |
| d | Section 162(e) lobbying and political expenditures | 85d | 12,271. |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | 113,854. |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | <101,583.> |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | 85g N/A |
| h | 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? | | 85h N/A |
| 86 | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87 | 501(c)(12) organizations Enter a Gross income from members or shareholders | 87a | N/A |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 87b | N/A |
| 88 a | 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 | 88a | X |
| 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 | 88b | X |
| 89 a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 N/A; section 4912 N/A; section 4955 N/A | | |
| b | 501(c)(3) and 501(c)(4) organizations 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 | | 89b N/A |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0. |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization | | 0. |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | X |
| f | All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | X |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | X |
| 90 a | List the states with which a copy of this return is filed DC | | |
| b | Number of employees employed in the pay period that includes March 12, 2007 | 90b | 0 |
| 91 a | The books are in care of THE BOOKKEEPER Telephone no. 202-463-7110 | | |
| | Located at 1090 VERMONT AVENUE, NW #800, WASHINGTON, DC ZIP + 4 20005 | | |
| 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 N/A | 91b | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | |

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 Yes No
 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 Yes No 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 EXPENSE REIMBURSEMENT | | | | | 8,205. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 1,710,738. |
| 95 Interest on savings and temporary cash investments | | | 14 | 526. | |
| 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 | | | 18 | <161.> | |
| 101 Net income or (loss) from special events | | | | | <31,991.> |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue | | | | | |
| a MISCELLANEOUS | | | 01 | 500. | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 865. | 1,686,952. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 1,687,817. |

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 |

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 |
| | |

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

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 |
| | |

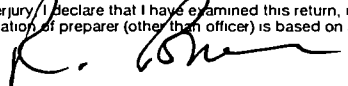
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- | | | |
| b | -----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

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 |
| | |

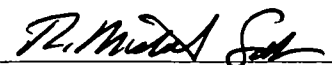
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer:  Date: 11/12/08

RICHARD BERMAN, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 11/7/08

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 GALLOWS ROAD
VIENNA, VA 22182-3992

EIN: _____

Phone no.: **703 506-4440**

| 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. | 915. | | 106. |
| | ADDITIONAL BASIS - USE | | | | | | | | | | | |
| 2 | TAX ON ROLLING DISPLA | 011603 | 200DB | 7.00 | 17 | 91. | | 27. | 64. | 44. | | 6. |
| 3 | (D)PROJECTOR WITH BAG | 070603 | 200DB | 5.00 | 17 | 2,807. | | 1,404. | 1,403. | 1,161. | | 81. |
| | PHOTO LIGHTING WITH | | | | | | | | | | | |
| 4 | BACKGROUND | 121604 | 200DB | 7.00 | 17 | 585. | | 293. | 292. | 148. | | 41. |
| | USE TAX - PHOTO | | | | | | | | | | | |
| 5 | LIGHTING WITH BACKGROU | 011905 | 200DB | 7.00 | 17 | 34. | | | 34. | 13. | | 6. |
| | TIVO DIGITAL VIDEO | | | | | | | | | | | |
| 6 | RECORDER/GEAR (1/3) | 033105 | 200DB | 7.00 | 17 | 593. | | | 593. | 230. | | 104. |
| | PROFESSIONAL LIGHTING | | | | | | | | | | | |
| 7 | FOR INTERVIEWS (1/3) | 061305 | 200DB | 7.00 | 17 | 818. | | | 818. | 317. | | 143. |
| | | | | | | | | | | | | |
| 8 | BACKUP SYSTEM (1/4) | 110605 | 200DB | 5.00 | 17 | 753. | | | 753. | 392. | | 144. |
| | | | | | | | | | | | | |
| 9 | ORGANIZATIONAL COSTS | 020192 | | 60M | 43 | 375. | | | 375. | 375. | | 0. |
| | ADDITIONAL BASIS - USE | | | | | | | | | | | |
| 10 | TAX ON PROFESSIONAL L | 011806 | 200DB | 7.00 | 17 | 46. | | | 46. | 7. | | 11. |
| | * TOTAL 990 PAGE 2 | | | | | | | | | | | |
| | DEPR & AMORT | | | | | 7,787. | | 2,230. | 5,557. | 3,602. | 0. | 642. |

728102 04-27-07 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FOOTNOTES

STATEMENT 1

FORM 990, PAGE 1, ITEM G - AMERICAN BEVERAGE INSTITUTE ALSO OPERATES AT WWW.RESPONSIBLEDRINKER.COM AND WWW.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 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | | |
|-------------------------|-------------------|---------------------|-----------------|--------|--------------------|
| PROJECTOR WITH BAG | 07/06/03 | 06/18/07 | PURCHASED | | |
| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) |
| NONE-STOLEN | 0. | 161. | 0. | 0. | <161.> |
| TO FM 990, PART I, LN 8 | | 161. | 0. | 0. | <161.> |

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS REVENUE | DIRECT EXPENSES | NET INCOME OR (LOSS) |
|---------------------------|----------------|---------------------|---------------|-----------------|----------------------|
| GOLF TOURNAMENT | 41,456. | 3,240. | 38,216. | 71,413. | <33,197.> |
| SILENT AUCTION | 4,158. | 2,952. | 1,206. | | 1,206. |
| TO FM 990, PART I, LINE 9 | 45,614. | 6,192. | 39,422. | 71,413. | <31,991.> |

FORM 990 OTHER EXPENSES STATEMENT 4

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|--------------------------------|------------|----------------------|----------------------------|-----------------|
| PROGRAM MANAGEMENT | 1,240,770. | | | |
| ADVERTISING | 68,313. | | | |
| TAXES, LICENSES AND FEES | 1,462. | | | |
| OTHER PROFESSIONAL SERVICES | 2,165. | | | |
| COMPUTER | | | | |
| SUBSCRIPTIONS | 30,886. | | | |
| MISCELLANEOUS EXPENSE | 61. | | | |
| CASUAL LABOR | 500. | | | |
| SUBSCRIPTIONS AND PUBLICATIONS | 8,408. | | | |
| DIRECTOR AND OFFICER INSURANCE | 4,893. | | | |

| | |
|--|------------|
| SOFTWARE | 416. |
| STORAGE | 623. |
| REIMBURSED GENERAL AND ADMINISTRATIVE | 116,725. |
| TOTAL TO FM 990, LN 43 | 1,475,222. |

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

WROTE AND SENT APPROXIMATELY 32 OPINION EDITORIALS AND 30 LETTERS TO THE EDITOR WHICH WERE PUBLISHED. WROTE AND SENT APPROXIMATELY 10 PRESS RELEASES WITH RELATED INFORMATION ON ISSUES THAT AFFECT THE DEBATE ABOUT MODERATE AND RESPONSIBLE DRINKING PRIOR TO DRIVING. MEDIA OUTREACH RESULTED IN 9 RADIO AND 5 TELEVISION INTERVIEWS. SPOKEPERSONS WERE QUOTED IN A TOTAL OF 89 NEWS STORIES DURING 2007.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

CONTINUED OUR NEGLIGENT DRIVING CAMPAIGN IN WHICH PUBLIC SERVICE ANNOUNCEMENTS AND ADVERTISING RAN ON BUS ADS IN THE WASHINGTON, DC MARKET, RADIO ADS IN MORE THAN 50 MARKETS, TELEVISION PUBLIC SERVICE ANNOUNCEMENTS IN 64 MARKETS, AND AN AD PLACED IN NEWSWEEK (RUN NATIONALLY) FOCUSED ON THE DANGERS OF NEGLIGENT DRIVING. AMERICAN BEVERAGE INSTITUTE ALSO PREPARED TO LAUNCH A WEBSITE CALLED INTERLOCKFACTS.COM, WHICH WILL EDUCATE THE PUBLIC ABOUT IGNITION INTERLOCK TECHNOLOGY. THE WEBSITE WAS OFFICIALLY LAUNCHED IN 2008.

| | GRANTS | EXPENSES |
|-------------------------------|--------|----------|
| TO FORM 990, PART III, LINE C | | |

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 7

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 8

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|---|---------------------|--------------------------|------------|
| ROLLING DISPLAY BOOTH | 1,685. | 1,527. | 158. |
| ADDITIONAL BASIS - USE TAX ON ROLLING DISPLAY | 91. | 77. | 14. |
| PHOTO LIGHTING WITH BACKGROUND USE TAX - PHOTO LIGHTING WITH BACKGROUND | 585. | 482. | 103. |
| TIVO DIGITAL VIDEO RECORDER/GEAR (1/3) | 34. | 19. | 15. |
| PROFESSIONAL LIGHTING FOR INTERVIEWS (1/3) | 593. | 334. | 259. |
| BACKUP SYSTEM (1/4) | 818. | 460. | 358. |
| ORGANIZATIONAL COSTS | 753. | 536. | 217. |
| | 375. | 375. | 0. |

AMERICAN BEVERAGE INSTITUTE

52-1730954

ADDITIONAL BASIS - USE TAX ON
PROFESSIONAL LIGHTING

46.

18.

28.

TOTAL TO FORM 990, PART IV, LN 57

4,980.

3,828.

1,152.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 9

INDIVIDUAL'S NAME

TITLE OR ROLE

RICHARD BERMAN

ABI PRESIDENT AND GENERAL COUNSEL

INDIVIDUAL'S NAME

TITLE OR ROLE

BERMAN AND COMPANY

MANAGEMENT COMPANY

EXPLANATION OF RELATIONSHIP

RICHARD BERMAN IS PRESIDENT AND SOLE OWNER 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.

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 10

OFFICER'S NAME

RICHARD BERMAN

NAME OF RELATED ORGANIZATION

BERMAN AND COMPANY (BAC)

EMPLOYER ID NUMBER

52-1536666

RELATIONSHIP BETWEEN ORGANIZATIONS

ABI IS MANAGED BY BAC AND BOTH SHARE OFFICE SPACE.

OFFICER'S NAME

KRISTEN EASTLICK

NAME OF RELATED ORGANIZATION

BERMAN AND COMPANY (BAC)

EMPLOYER ID NUMBER

52-1536666

RELATIONSHIP BETWEEN ORGANIZATIONS

ABI IS MANAGED BY BAC AND BOTH SHARE OFFICE SPACE.

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)

A corporation 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 a corporation 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 and click on *e-file for Charities & Nonprofits*

| | | |
|---|--|---|
| Type or print | Name of Exempt Organization AMERICAN BEVERAGE INSTITUTE | Employer identification number 52-1730954 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P O box, see instructions 1090 VERMONT AVENUE, NW, NO. 800 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20005 | |

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 ▶ _____
- 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 corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year **2007** 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

| | | | |
|---|-----------|----|------------|
| 3a 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 | 3a | \$ | |
| 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 | 3b | \$ | |
| c Balance Due. 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 | 3c | \$ | 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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- 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).

Part III Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

| | | |
|---|---|---|
| Type or print <small>File by the extended due date for filing the return. See instructions.</small> | Name of Exempt Organization AMERICAN BEVERAGE INSTITUTE | Employer identification number 52-1730954 |
| | Number, street, and room or suite no. If a P.O. box, see instructions 1090 VERMONT AVENUE, NW, NO. 800 | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 | |

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. _____
- 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, 2008.**
- 5 For calendar year **2007**, 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
AUDIT OF FINANCIAL STATEMENTS WILL NOT BE COMPLETED UNTIL AFTER 8/15/08.

| | | |
|--|-----------|---------------|
| 8a 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. | 8a | \$ |
| 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. | 8b | \$ |
| c Balance Due. 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. | 8c | \$ N/A |

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 **TC Whited Sr** Title **CPA** Date **7/23/08**