Department of the Treasury 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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addres	s AMERICAN BEVERAGE INSTITUTE			
	Name change	Doing Business As		52-1	730954
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Termin	1090 VERMONT AVENUE, NW	800	202-	463-7110
	Amend return	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,756,201.
	Application	WASHINGTON, DC 20005		H(a) Is this a group i	
	pendin	F Name and address of principal officer RICHARD BERMAN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	
		mpt status: 501(c)(3)X 501(c)(6) ◀ (insert no.) 4947(a)(1)	or 527	-n	a list. (see instructions)
		e: ▶ SEE SCHEDULE O		H(c) Group exemption	
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1991]	M State of legal domicile: DC
- 60	1	Briefly describe the organization's mission or most significant activities PROV	IDE IN	VFORMATION I	O THE
Activities & Governance	9	GENERAL PUBLIC ABOUT THE CAMPAIGN TO EXP	AND TH	HE USE (SEE	SCHEDULE O)
ř	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net a	ssets.
8	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	5
<u>ග</u> න	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	5 3
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
ίť	6	Total number of volunteers (estimate if necessary)		6	0
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	
		Net unrelated business taxable income from Form-990.T, fine 34		7b	0.
		RECEIVED		Prior Year	Current Year
ne		Contributions and grants (Part-VIII, line-1h)	-	30,080.	
Revenue		Program service revenue (Bart VIII line 2g)		1,778,830.	
		nvestment income (Part Vill column (A), lines 3,4, and 7,0)		212.	· · · · · · · · · · · · · · · · · · ·
		Other revenue (Part VIII, column (A), lines.5, 6d, 8c, 9c, 10c and 11e)		<62,989.	
		otal revenue - add lines 8 through 1 (must equal Part VIII, column (A), line 12)		1,746,133.	1,756,201.
		Grants and similar amounte-pai d (Part-IX, column (A), l ines-1-3)	-	<u> </u>	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
ses	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	750. 0.	750.
Expenses	102 /	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> ⊢	<u> </u>	0.
Ä	17	otal fundraising expenses (Part IX, column (D), line 25)	<u> </u>	1,621,478.	1 716 024
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	 	1,622,228.	
		Revenue less expenses Subtract line 18 from line 12	<u> </u>	123,905.	39,417.
PO S	19 1	teveride less expenses. Cubitact line 16 front line 12	B.	eginning of Current Year	End of Year
ets	20 1	otal assets (Part X, line 16)	100	401,949.	441,695.
ASS	21	otal labilities (Part X, line 26)		0.	329.
Net Assets or Fund Balances	22 1	Net assets or fund balances Subtract line 21 from line 20		401,949.	441,366.
P	art II	Signature Block			
Unc	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the best of m	ny knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	r has any knowledge.	
	i	C-19m		((7)	12/12
Sig	n	Signature of officer		Date	. ,
He	re		GEN. C	COUNSEL	
		Type or print name and title		D-4-	
D - '		Print/Type preparer's name Preparer's signature		Date Check [If self-emolor	PTIN
Pai	Г	MIREYA TORRA JUNEUS JOSEPHAN AND CONTRACT THE		7 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	red P01272137
	h	Firm's name RICHARD BERMAN AND COMPANY, INC		Firm's EIN	
use	Only	Firm's address 1090 VERMONT AVENUE, NW, SUITE	800	Di	00 462 5100
N4-		WASHINGTON, DC 20005		Phone no. 2	02-463-7100
		S discuss this return with the preparer shown above? (see instructions)			X Yes No
132(01 01-23	-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	วกร.		Form 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Certified # 7012-1640-0000-3635-0134

orm	990 (2011) AMERICAN BEVERAGE INSTITUTE	52-1730954	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	REPRESENT THE PERSPECTIVE OF THE ON-PREMISE ALCOHOL AND	HOSPITALITY	
	INDUSTRY BY PROVIDING EDUCATION AND RESEARCH ON PUBLIC		S
	RELATED TO ALCOHOL CONSUMPTION.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	. Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations to)
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ Including grants of \$) (Reven	ue \$	
	OPPOSED STATE AND FEDERAL LEGISLATION THAT WOULD MANDAT	E THE USE OF	
	ALCOHOL DETECTION DEVICES FOR ALL DRUNK DRIVING OFFENDE	RS OR IN ALL	
	CARS. OPPOSED INCREASES IN FUNDING FOR RESEARCH ON HOW	TO INSTALL	
	DETECTION DEVICES AS STANDARD EQUIPMENT. PROMOTED LEGIS	LATION THAT	
	WOULD ALLOW FOR JUDICIAL DISCRETION OR MANDATE THE USE		-
	DETECTION DEVICES IN THE CARS OF HIGH BAC OR REPEAT OFF		
	STATES AND IN CONGRESS WHERE RELATED LEGISLATION WAS IN		 E
	AMERICAN BEVERAGE INSTITUTE (ABI) ENGAGED IN A COMBINAT		
	THAT INCLUDED MEDIA OUTREACH, 24 INFORMATIONAL MAILINGS		
	MEETINGS WITH LEGISLATORS, WRITTEN TESTIMONY (17 TIMES)	, 13 GRASSROO	OTS
	ACTIVATIONS, AND BUILDING INTER-INDUSTRY COALITIONS.	,	
	OPPOSED STATE LEGISLATION IN 3 STATES OR LOCALITIES THAY ALCOHOL/HOSPITALITY TAXES THROUGH MEDIA OUTREACH, MOBIL: GRASSROOTS, WRITTEN TESTIMONY, AND PROMOTION OF NODRINKY	T WOULD INCRE	
			
4c	(Code) (Expenses \$ including grants of \$) (Revent		
		HE EDITOR THA	<u></u>)
	WERE PUBLISHED ON THE ISSUES OF IGNITION INTERLOCK DEVICE		<u> </u>
	ALCOHOL DETECTORS), MODERATE AND RESPONSIBLE DRINKING PI		ENIC
	AND HOSPITALITY TAX INCREASES. DISTRIBUTED PRESS RELEASE		
	IN COVERAGE IN RADIO/TV AND ONLINE/PRINT NEWS OUTLETS.	79 IUNI VESOT	71.
	IN COVERAGE IN RADIO/IV AND ONDINE/FRINI NEWS COIDEIS.		
			-
			
			
		 -	
			<u>.</u>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶		
3200	2	Form 99	U (2011)

Form 990 (2011) AMERICAN BEVERAGE INSTITUTE
Part 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b		X
С	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	11c		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 reported in			4,5
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			·
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
L	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2011)

Part IV Checklist of Required Schedules (continued)

		ļ	Yes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	1		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25 .	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04=		
_	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		
L	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	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 member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.5
~4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		x
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	33a		Λ
U	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		_41
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990 (2	2011)
			-	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	X	
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		٠,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
оа	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?	6a	x	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
~	were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		<u> </u>
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?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ĺ
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) Section 4047(a)(4) non-exempte the ritable trusts to the example filing Form 200 in liquid Form 10412	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	061
		Form	990 (2011)

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AMERICAN BEVERAGE INSTITUTE 52-1730954 Page 6

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	"No" I	espon	se					
	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}					
Sec	tion A. Governing Body and Management								
	don't do to the document of th		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5								
-	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 3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	X					
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>					
6	Did the organization have members or stockholders?	6		<u>X</u>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		<u>X</u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	<u>8a</u>	X						
	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7					
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9	-	<u> </u>					
566	tion b. Folicies [mis Section B requests information about policies not required by the internal nevenue code)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	00							
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X					
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			7.7					
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>					
D	Other officers or key employees of the organization	15b							
162	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
IVa	taxable entity during the year?	16a		х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104							
•	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	. —							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	avaılab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial						
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨							
	RICHARD BERMAN - 202-463-7110 1090 VERMONT AVENUE, NW #800, WASHINGTON, DC 20005								
13200	1000 VERTICITY AVERTOE, IN HOUS, MADIFIED ON, DC 20003	Form	990 /	2011)					

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

Check if Schedule O contains a response to any question in this Part VII

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.

Check this box if pattber the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization r (A)	(C)					wal	(D)	(E)	(F)	
Name and Title	(B) Average hours per week	box offi	not c , unle cer ar	Pos heck ss pe	itior more	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD BERMAN							i			_
PRESIDENT/GEN, COUNS/DIR	9.20	X		X		ļ .		0,	0.	0.
(2) KRISTEN EASTLICK									_	_
SECRETARY/TREASURER, DIR.	0.20	X.		X				0.	0.	0.
(3) PETE MADLAND									_	_
DIRECTOR	0.20	X	ļ			<u> </u>		250.	0.	0.
(4) SCOTT STENGER										
DIRECTOR	0.20	X	-			-	_	250.	0.	0.
(5) STAN NOVACK								050	•	•
DIRECTOR	0.20	A			-			250.	0.	0.
				_						
										_
						_				
		-								
				_	_					<u> </u>
						-				
400007.04.00.40						Ц.				Form 990 (2011)

Form 990 (2011)

	T VII Section A. Officers, Directors, Tr (A)	(B)	Γ			C)			(D)	(E)			(F)	-
	Name and title	Average Position						one	Reportable	Reportable			stimate	
		hours per week		, unle icer ar					compensation from	compensati from relate		ar	nount other	
		(describe	Ę		T				the	organizatio		com	pensa	
		hours for	trustee or directo				Eg.		organization	(W-2/1099-MI			om th	
		related organizations	ustee (truste		يو	bensa		(W-2/1099-MISC)				anızal	
		ın Schedule	Individual tr	Institutional trustee	 5	Key employee	Highest compensated employee	je.				I	d relat anizatı	
		O)	盲	lustr	Officer	Key	돌	Former		· · · -				
				ļ										
											•			
											<u>-</u> -			
			-				-							
										i.		l		
				_										
	Sub-total		·						750.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but r	ant limited to th		lioto			<u> </u>		750.	000 - 6 1-1	0.			0.
	compensation from the organization	ot imited to th	iose	iiste	o at	JOVE	e) wr	10 16	eceived more than \$100	,000 of reportab	ole			C
													Yes	No
	Did the organization list any former officer.		ıste	e, ke	y en	nplo	yee,	or h	nighest compensated er	mployee on				
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si		9 00	mne	anea	tion	anc	l oth	or companyation from t	the ergonization		_3		X
	and related organizations greater than \$15									ine organization		4		Х
	Did any person listed on line 1a receive or									dual for services		-		
	rendered to the organization? If "Yes," com	nplete Schedule	∋ <i>J f</i>	or su	ıch į	oers	on			· · · · · · · · · · · · · · · · · · ·		5		X
	ion B. Independent Contractors Complete this table for your five highest co	mnensated inc	ione	ndo	nt co	ontr	acto	re th	nat received more than	\$100,000 of con		otion f		
	the organization. Report compensation for										npens	ation	Om	
	(A)							,	(B)			(C		
DTC	Name and business		1	0.0					Description of s		C	omper	nsatio	n
	HARD BERMAN AND COMPAI MONT AVE NW, #800, WA					200	ነ በ 5		MANAGEMENT, : ACCOUNTING		1	,35	2 2	61
<u>,</u>	220212 2272 2477 11 0 0 0 7 472	<u> </u>	٠,	ישכ	<u>, 2</u>		, 0 5	٦	E ACCOUNTING	TEES		, , , , ,	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>04.</u>
								+						**
								+						_
									- ·					
	Total number of independent contractors (i \$100,000 of compensation from the organi		ot Iır	nited	d to	thos 1	se lis -	ted	above) who received m	ore than				
		-								I		Form 9	വവ ഗ	2011)

ra	LC ASI	i Statement of never	iue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a	•				
au Lu	_		1b					
တ္ မွု	b	·						
£ ¥	C	Fundraising events	1c					:
<u> </u>	d	•	1d					
Sign	е	Government grants (contribut	·					
e F	f	All other contributions, gifts, gran	i I					
호된		similar amounts not included abo	ve If	<u>25,500.</u>				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	3 1a-1f \$	 				
<u> </u>	h	Total. Add lines 1a-1f		<u> </u>	25,500.			
				Business Code				
e	2 a	MEMBERSHIP DUES	5	900099	1,668,554.	1,668,554.		
اہ څ	b	CONFERENCE SPON	SORSHIP	900009	20,010.			
જૂટી	С	PARTNERS PROGRA		900099	2,500.	2,500.		
le a	d							
Program Service Revenue	e							
<u> </u>	f	All other program service reve	enue			·		
		Total. Add lines 2a-2f			1,691,064.			
	3	Investment income (including	dividends intere		2702270011			
	•	other similar amounts)	dividorido, iritori	50t, taria	123.			123.
	4	Income from investment of ta	v avamnt hand r	roccode	123.			123.
	4		x-exempt bond t	Dioceeds				
İ	5	Royalties	(2 D1					
	_		(i) Real	(ii) Personal				
	6 a							
	b	•		<u> </u>				Ì
l	С	Rental income or (loss)						
]		Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
1		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)			•			i,
-	d	Net gain or (loss)	•	•				
امه	8 a	Gross income from fundraisin	g events (not					
Š		including \$	of					
e e		contributions reported on line	1c). See					
Other Revenue		Part IV, line 18	, a					
멽	b	Less: direct expenses	. b					
Ò	c	Net income or (loss) from fund						
	0 a	Gross income from gaming ac	-					
	5 4	Part IV, line 19						
		•	а					
	b	•	b					
ŀ	C	Net income or (loss) from gan	_					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less. cost of goods sold	b					
1	С	Net income or (loss) from sale		, <u></u>				
		Miscellaneous Revenu		Business Code				
	11 a	EXPENSE REIMBUR	SEMENT	900099	39,500.	39,500.		
	b	PUBLIC DISCLOSU	JRE COPY	900099	14.	14.		
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			39,514.			
]	12	Total revenue. See instructions.			1,756,201.	1,730,578.	0.	123.
13200	9			 				Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	•			
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	750.			
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages		 		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)		·		
	Other employee benefits		<u></u>		
	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	1,279,096.			
	Legal	466.			
	Accounting _	2,100.			
	Lobbying	74,268.			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	400			· · · · · · · · · · · · · · · · · · ·
•	Other	199.			
	Advertising and promotion	189,655.			
	Office expenses	26,177.			
	Information technology	17,793.			
	Royalties .				
	Occupancy	22 111			
17	Travel	23,111.			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	00 166			
	Conferences, conventions, and meetings Interest	98,166.			
20	Payments to affiliates				
	Depreciation, depletion, and amortization	157.			<u> </u>
23	Insurance	3,726.			
	Other expenses. Itemize expenses not covered	<i>J,12</i> 0•			
	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 0.)				
	TAXES, LICENSES & FEES	1,032.			-··· - <u></u>
b	SUBSCRIPTIONS & PUBLICA	88.	· · · · · · · · · · · · · · · · · · ·		
C					
d					
	All other expenses		-		
	Total functional expenses. Add lines 1 through 24e	1,716,784.	-		
	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)				

Pai	tΧ	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		215,793.	1	263,870.
	2	Savings and temporary cash investments		185,930.	2	177,756.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trus	tees, key			
		employees, and highest compensated employees. Complete	e Part II			
		of Schedule L	<u>.</u>		5	
	6	Receivables from other disqualified persons (as defined und	ler section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and of	contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)			6	
ets	7	Notes and loans receivable, net	_		7	
Assets	8	Inventories for sale or use .	_		8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	4,605. 4,536.			
	b	Less: accumulated depreciation . 10b	226.	10c	69.	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 11		12		
	13	Investments - program-related See Part IV, line 11	ļ		13	
	14	Intangible assets	-		14	
	15	Other assets. See Part IV, line 11	-		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		401,949.	16	441,695.
	17	Accounts payable and accrued expenses	_		17	329.
	18	Grants payable		18		
	19	Deferred revenue	-	· · ·	19	
	20	Tax-exempt bond liabilities	-		20	
es	21	Escrow or custodial account liability. Complete Part IV of Sc			21	
Liabilities	22	Payables to current and former officers, directors, trustees,				
<u>ia</u>		highest compensated employees, and disqualified persons.	Complete Part II			
_		of Schedule L	_		22	
	23	Secured mortgages and notes payable to unrelated third pa	ľ		23	
	24	Unsecured notes and loans payable to unrelated third partie			24	
	25	Other liabilities (including federal income tax, payables to re				
		parties, and other liabilities not included on lines 17-24). Con	inplete Part X Of		0.5	
	06	Schedule D	-	0.	25 26	329.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □	Z and complete		20	349.
"		lines 27 through 29, and lines 33 and 34.	and complete			
<u>ë</u>	27	Unrestricted net assets		401,949.	27	441,366.
alar	28	Temporarily restricted net assets	-	401/040	28	141,5000
Ä	29	Permanently restricted net assets	-		29	
Š	= 0	Organizations that do not follow SFAS 117, check here	▶ ☐ and		20	
F		complete lines 30 through 34.				
ţş	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fur	nd.		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or ot			32	
Ş	33	Total net assets or fund balances		401,949.	33	441,366.
	34	Total liabilities and net assets/fund balances	·	401,949.	34	441,695.
						Form 990 (2011)

Form **990** (2011)

_	AMERICAN DEVERACE INCOMMINE	E2 '	1730954	Do	~~ 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>			
		1	1,75					
1	Total revenue (must equal Part VIII, column (A), line 12)							
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,71					
3	Revenue less expenses. Subtract line 2 from line 1	3	3	<u>9,4</u>	<u> 17.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40	1,9	<u>49.</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.			
6	6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a			2a	X	ļ			
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
c		e audit.						
Ū	review, or compilation of its financial statements and selection of an independent accountant?	,	2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schi	edule O		-				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue							
ŭ	separate basis, consolidated basis, or both:	3 011 a			Ì			
	X Separate basis Consolidated basis Both consolidated and separate basis				•			
22	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ale Audi						
Ja	Act and OMB Circular A-133?	igie Addi	" 3a		x			
_	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	rad audi	 					
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ireu audi	36					

Form **990** (2011)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organization	ations: Complete Part III.	••		,,
	ne of organization			Empl	oyer identification number
	AMERICA	AN BEVERAGE INSTI	TUTE		52-1730954
Pa	art I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organ Political expenditures Volunteer hours	ization's direct and indirect political	al campaign activities		
Pa	art I-B Complete if the or	ganization is exempt und	er section 501(c)	(3).	·
1	Enter the amount of any excise tax	**		▶\$	
2	Enter the amount of any excise tax	x incurred by organization manage	ers under section 495	_	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
48	a Was a correction made?				Yes No
	If "Yes," describe in Part IV.	 			
Pa	art I-C Complete if the or	ganization is exempt und	er section 501(c)		
	Enter the amount directly expende	, , ,	•	•	
2	Enter the amount of the filing orga	nization's funds contributed to oth	ner organizations for s	ection 527	
_	exempt function activities			. •\$	
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here a	nd on Form 1120-POL	- -	
4	line 17b	a 1100 BOL for this year?		> \$	Ty Th-
5	Did the filing organization file Form Enter the names, addresses and e	_	N) of all section 527 pe	olitical organizations to who	tes No
J	made payments. For each organize				
	contributions received that were p	•			•
	political action committee (PAC). If		-	•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
_					

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

Schedule C (Form 990 or 990-EZ) 2011

132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011 Al	MERICAN B	EVERAGE INST	TUTE	52-	1730954 Page 2
Part II-A Complete if the organ		empt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under section A Check if the filing organization)		filiated group (and list in	Part IV each affiliated	group member's na	me address FIN
expenses, and share	-		Trait Tradit annatos	group mombor o na	, 444,000, 2,
		and "limited control" pro	ovisions apply.		
Limits	on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
		(
1a Total lobbying expenditures to influen			}		
b Total lobbying expenditures to influen		oay (airect lobbying)	}		
c Total lobbying expenditures (add line	s la and lb)				
d Other exempt purpose expenditures		1 - 1\			
e Total exempt purpose expenditures (•	the east reasons		
f Lobbying nontaxable amount. Enter] [
If the amount on line 1e, column (a) or (- 1	bbying nontaxable am			
Not over \$500,000		f the amount on line 1e	· · · · · · · · · · · · · · · · · · ·		
Over \$500,000 but not over \$1,000,0		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		000 plus 10% of the exc	11		
Over \$1,500,000 but not over \$17,00		000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000),000.			
g Grassroots nontaxable amount (enter	r 25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	-				
i Subtract line 1f from line 1c. If zero o					
j If there is an amount other than zero	•	r line 1i. did the organiz	ation file Form 4720		1.
reporting section 4911 tax for this ye		,			Yes No
·	4-Year Av	veraging Period Under		data all of the five	
, ,		section 501(h) election he instructions for line	•		
		enditures During 4-Ye		<u></u>	· · ·
0-1					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
(er noon your beginning in)					
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
Tatallahaman					
c Total lobbying expenditures		+			
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 AMERICAN BEVERAGE INSTITUTE 52-1730954 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ion F01/oV	<u>5\ </u>	l .	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	1011 30 1 (C)(o), or se	ection	
	<u> </u>	· · ·		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	х	
1	answered "Yes." Dues, assessments and similar amounts from members		1	1,708	3,554
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	145	5,388
	Carryover from last year		2b		3,638
С	Total		2c	106	750
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	5(0,072
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political		1	
	expenditure next year?		4	56	678
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Paı	t IV Supplemental Information	· <u>-</u>	•		
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	Part II-A, and F	Part II-B, III	ne 1 Also, d	complete
this j	part for any additional information.				
					
					

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised Funds or Other organization answered "Yes" to Form 990, Part IV, line 6	
	sed funds (h) Funds and other accounts
(a) Donor advis	sed funds (b) Funds and other accounts
(a) bolioi advis	(b) and and the determine
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets t	held in donor advised funds
are the organization's property, subject to the organization's exclusive legal control?	? Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that g	grant funds can be used only
for charitable purposes and not for the benefit of the donor or donor advisor, or for	any other purpose conferring
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Y	
1 Purpose(s) of conservation easements held by the organization (check all that apply	
	eservation of an historically important land area
	eservation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contri	ibution in the form of a conservation easement on the last
day of the tax year.	
	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not c listed in the National Register	2d
Number of conservation easements modified, transferred, released, extinguished, or	<u> </u>
year	terminated by the organization during the tax
4 Number of states where property subject to conservation easement is located >	
5 Does the organization have a written policy regarding the periodic monitoring, insper	ection, handling of
violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conserva	ation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation	
8 Does each conservation easement reported on line 2(d) above satisfy the requireme	ents of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIV, describe how the organization reports conservation easements in its rev	venue and expense statement, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statement	nts that describes the organization's accounting for
conservation easements	
Part III Organizations Maintaining Collections of Art, Historical Tr	reasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in	
historical treasures, or other similar assets held for public exhibition, education, or re	esearch in furtherance of public service, provide, in Part XIV,
the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	•
treasures, or other similar assets held for public exhibition, education, or research in	furtherance of public service, provide the following amounts
relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ ► \$
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to	
a Revenues included in Form 990, Part VIII, line 1	► \$ ► \$
b Assets included in Form 990, Part X	•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

		N BEVERAGE							<u> 30954</u>	
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the	following that	at are a si	ignificant	use of its	collection it	.ems
	(check all that apply):									
а	Public exhibition	d	ו 🗀 ע	oan or exc	hange progra	ams				
b	Scholarly research	e	. 🗀 o	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further ti	he organizati	on's exe	mpt purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of	the organi	ization's co	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the o	organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.					==			
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	ns or other as	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able						
	. ,								Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?		·				Yes	□ No
	If "Yes," explain the arrangement in Part XIV.									
Pai	t V Endowment Funds. Complete it	f the organization ar	swered "	Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance			-						
b	Contributions	•								
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities					Ì				
	and programs		ĺ							
f	Administrative expenses	··								
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a	, column (a	a)) held as:	•			•	
а	Board designated or quasi-endowment	,	%	,	,					
b	Permanent endowment ▶	%	_							
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ild equal 100%.								
За	Are there endowment funds not in the posse	-	ation that	are held a	nd administe	ered for th	he organiz	zation		
	by.	•							Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	if "Yes" to 3a(ii), are the related organizations	s listed as required of	on Schedu	ule R?					3b	
4	Describe in Part XIV the intended uses of the									· · · · · · · · · · · · · · · · · · ·
Pai	t VI Land, Buildings, and Equipm				-					
	Description of property	(a) Cost or o			or other (other)		ccumulate preciation		(d) Book v	alue
4 -	Land	54313 (11146311		54515	(00.101)		p. ooiation			
	Land		+							
	Buildings		+			· -			 	
	Leasehold improvements		+		4,605.		4,5	36		69.
	Equipment		+		=,000.		4,5	70.		<u> </u>
	Other I. Add lines 1a through 1e (Column (d) must e	aual Form 000 Po≠	Y cohim	n (R) //no 1	10(c))	I				69.
<u>ı vld</u>	i. Add intes ta uniquyir te (Columni ju) Must e	quai i Uiiii 330, Pall	A, Willin	ו שוווו ,נטן, ווופ	U(U)./					<u> </u>

Schedule D (Form 990) 2011

Part VII Investments - Other Securities.	See Form 990, Part X, Ir	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valu	
(1) Financial derivatives				
Closely-held equity interests				
3) Other				
(A)			·····	
(B)				·
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)		_ - -		·
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	Soo Form 900 Part V li	ino 13		
		ine is.	(c) Method of valu	ation:
(a) Description of investment type	(b) Book value	c	ost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			. –	
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)	-			
(9)				
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶				
Part IX Other Assets. See Form 990, Part X, Ir				
	a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 15)		•	
Part X Other Liabilities. See Form 990, Part 3		· · · · · · · · · · · · · · · · · · ·		·
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			_	
(2)			_	
(3)			_	
(4)			-	
(5)		•	-	
<u>(6)</u> (7)			-	
(8)			-	
(9)			7	
(10)			7	
(11)				
Total, (Column (b) must equal Form 990, Part X, col (B) In	ne 25)			
 FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote FIN 48 (ASC 740) 	e to the organization's financial s	statements that reports the orga	anization's liability for uncerta	ain tax positions under
132053 01-23-12				nedule D (Form 990) 2011

_	dule D (Form 990) 2011 AMERICAN BEVERAGE INSTITUTE		52-1730954	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Final	icial S	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue p	per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		 	
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)		 	
6	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
٠,	Donated services and use of facilities 23.			
h		.		
0	- · · · · · · · · · · · · · · · · · · ·		 	
ان	·			
u			─ │ <u> </u>	
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	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			
	Other (Describe in Part XIV)		 _	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P			e 4; Part
X, line	2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to pro	ovide ar	ny additional information.	
			···	
		_		
			Schedule D /Form	200) 2011

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 Open To Public

Inspection

Name of th	e organization אאר	מאר) דם <i>ד</i>	BEVED:	ACE TI	NSTITUT	모			=mployer 52-17			umber
Part I						n 501(c)(4) organization	ons only).		<u> </u>	3073	<u> </u>	
			-		-	line 25a or 25b, or Fo			V, line 40	b.		
1	(a) Name of die	audified per				(c) Corr	rected?					
	(a) Name of dis					(b) Description	UI II alisa	CUON			Yes	No
 											<u> </u>	
	 										 	
											 	
											 	
											 	
2 Enter	the amount of tax impo	osed on the o	organization	manager	s or disqualifi	ed persons during the	e year un	der				
	n 4958		•				•		▶ \$			
3 Enter	the amount of tax, if ar	ny, on line 2,	above, rein	bursed by	y the organiza	ition			▶ \$			
David III	1 to d/s	F I		Dawa								
Part II	Loans to and/o								_			
(a) N	Complete if the orga ame of interested		vered "Yes to or from	1	990, Part IV, nal principal	line 26, or Form 990-E	1			proved	(g) W	ritten
	son and purpose		nization?	(c) Original	nount	(d) Balance due	(e) In default?		by board or committee?		agreer	
		То	From	7			Yes	No	Yes	No	Yes	No
								_				<u> </u>
							ļ -				ļ	-
				 			 		+			
		1					 				 	
				 								
	-						<u> </u>					
Total					▶ \$							
Part III	Grants or Assis	tance Ber	nefiting I	ntereste	ed Persons	s.						
	Complete if the orga	-	vered "Yes					_				
(a) Name of interested	person		(b) Helati		een interested person ganization	and			ount an assistar	id type of ice	İ
								+				
					•			1				
							•					
												
								+		-		
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							·····					
LHA For F	Paperwork Reduction	Act Notice.	see the Ins	tructions	for Form 99	0 or 990-EZ.		chedu	le L (For	n 990 c	r 990-Ei	 Z) 2011

Schedule L (Form 990 or 990-EZ) 2011 AMERI	CAN BEVERAGE INSTITU	TE	52-17 <u>3</u> 0	954	Page 2	
Part IV Business Transactions Invo	lving Interested Persons.		-			
Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 28a, 2	28b, or 28c.		I (a) Ch	arina of	
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of		aring of zation's	
	person and the organization	transaction	transaction	reve	nues?	
			dule L (see instructions). DRING/ANALYSIS ON ATION, ADVERTISING PROMOTION OF COPERATIONS, MEETING PLANNING, ACIVE OF AMERICAN		No X	
ICHARD BERMAN AND COMPANYMANAGEMENT COMPANY 1,353,364. SEE PART V						
				ļ		
					<u> </u>	
					<u>l</u>	
Part V Supplemental Information		<u> </u>				
Complete this part to provide addition	nal information for responses to question	ns on Schedule L (see	instructions).			
PART IV - DESCRIPTION OF	SERVICES:					
SERVICES PROVIDED INCLUDE	RESEARCH AND DAILY	MONITORING/	ANALYSIS ON	I A		
DELITATION PROPERTY AND ALTOHOUSE						
WORLDWIDE BASIS ON ISSUES	TMPORTANT TO THE OR	GANIZATION.	ADVERTISIN	IG.		
MOREDWIDE DIDIE ON IDDOES	2111 01111111 10 1112 011	.01111111111	110 11111111111			
PUBLIC AND MEDIA RELATION	S. PROGRAM MANAGEMEN	T AND PROMO	TION OF			
2 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, , , , , , , , , , , , , , , , , , , ,					
INFORMATION TO THE PUBLIC	. ACCOUNTING AND FIN	ANCIAL OPER	ATIONS.			
THE CHARLES OF THE POPULATION	7 110000112110 1215 121					
LOBBYING, MANAGEMENT, GEN	ERAL AND ADMINISTRAT	IVE. MEETIN	G PLANNING.	AND)	
			, , , , , , , , , , , , , , , , , , , ,		-	
ADDITIONAL SERVICES AS NE	EDED IN MEETING THE	OBJECTIVE C	F AMERICAN			
		<u> </u>				
BEVERAGE INSTITUTE IN THE	FULFILLMENT OF ITS	MISSION AND	ЕХЕМРТ			
22/23/0/2 23/0/23/0/23 23/ 1112						
PURPOSES.						
TORE ODDO						
	 		 			
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Employer identification number Name of the organization AMERICAN BEVERAGE INSTITUTE 52-1730954 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF IN-CAR ALCOHOL DETECTION DEVICES. FORM 990, PAGE 1, ITEM J: WEBSITES INCLUDE THE FOLLOWING: ABIONLINE.ORG, INTERLOCKFACTS.COM, NODRINKTAX.COM. NEGLIGENTDRIVING.COM, THENEWPROHIBITION.COM FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CONTINUED A CAMPAIGN TO EDUCATE THE PUBLIC ABOUT IGNITION INTERLOCKS THROUGH THE WEBSITE INTERLOCKFACTS.COM. RESEARCHED AND PRODUCED A BOOKLET EDUCATING THE PUBLIC ON THE EFFORT TO MANDATE THE USE OF IGNITION INTERLOCK DEVICES IN ALL CARS. RESEARCHED, COMPILED AND DISTRIBUTED MONTHLY ISSUE UPDATE EMAILS TO BUSINESS LEADERS IN THE HOSPITALITY INDUSTRY. COMPILED AND DISTRIBUTED ANNUAL DIRECTORY TO THE MEMBERSHIP. HELD TWO LARGE SCALE MEMBER CONFERENCES, EACH WITH 100+ ATTENDEES. STAFF SPOKE AT MULTIPLE INDUSTRY EVENTS. MAINTAINED THE ORGANIZATION'S WEBSITE, ABIONLINE.ORG. CONTINUED EDUCATING THE PUBLIC ON NEGLIGENT DRIVING THROUGH NEGLIGENTDRIVING.COM.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Page 2 Schedule O (Form 990 or 990-EZ) (2011) **Employer identification number** Name of the organization AMERICAN BEVERAGE INSTITUTE 52-1730954 FORM 990, PART VI, SECTION A, LINE 2: KRISTEN EASTLICK IS EMPLOYED BY RICHARD BERMAN AND COMPANY, INC. FORM 990, PART VI, SECTION A, LINE 3: RICHARD BERMAN AND COMPANY, INC. IS THE MANAGEMENT COMPANY FOR AMERICAN BEVERAGE INSTITUTE. FORM 990, PART VI, SECTION A, LINE 8B: THE AMERICAN BEVERAGE INSTITUTE HAS NO COMMITTEE WITH AUTHORITY TO ACT BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: AMERICAN BEVERAGE INSTITUTE'S FORM 990 WAS REVIEWED BY THE MANAGEMENT COMPANY'S CPAS AND BY MANAGEMENT. MEMBERS OF THE GOVERNING BODY AND OUTSIDE LEGAL COUNSEL BOTH RECEIVED AND REVIEWED COPIES OF THIS FORM 990 REDACTED FOR DONOR INFORMATION PRIOR TO ITS FILING. ALL COMMENTS WERE ADDRESSED BEFORE THE RETURN WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C: AMERICAN BEVERAGE INSTITUTE ANNUALLY REQUIRES THE OFFICERS AND DIRECTORS TO READ AND SIGN THE POLICY AND TO DISCLOSE ANY CONFLICT OF INTEREST THEY MAY HAVE TO THE ENTIRE BOARD. THE BOARD THEN DECIDES WHETHER OR NOT THERE EXISTS A CONFLICT. ANY OFFICERS OR BOARD MEMBERS WITH CONFLICTS ARE RECUSED FROM VOTING UPON ISSUES INVOLVING THEIR PARTICULAR CONFLICT.

FORM 990, PART VI, SECTION C, LINE 19: AMERICAN BEVERAGE INSTITUTE DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION EXCEPT THROUGH THOSE DOCUMENTS FILED WITH ITS FORM 1024 EXEMPTION APPLICATION (COPY AVAILABLE UPON REQUEST AT THE ORGANIZATION'S HEADQUARTERS IN WASHINGTON, DC) AS REQUIRED BY LAW.

Form. 8868

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2012)

If you a	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			ightharpoons X
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previou	sly filed Fo	rm 8868.	
Electroni	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of til	me to file (6	months for a c	corporation
required t	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically	file Form 88	368 to request a	an extension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated With	Certain
Personal 1	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing of t	his form,
visit www	.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	o. Only s	submit original (no copies ne	eded).		
A corpore	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I only	у			•		
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reque	st an exten	ision of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification r	number (EIN) or
File by the	AMERICAN BEVERAGE INSTITUTI			X	52-1730	954
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, s 1090 VERMONT AVENUE, NW, NO			Social se	curity number (SSN)
instructions	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20005	oreign add	lress, see instructions.			
Enter the	Return code for the return that this application is for (file	a senara	te application for each return			01
	Total occording to the recent that the appropriate for the		T			
Applicati	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 990)-EZ	01	Form 4720			09
Form <u>990</u>)-PF	04	Form 5227			10
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form <u>990</u>)-T (trust other than above)	06	Form 8870			12
	RICHARD BERMAN					
	books are in the care of \triangleright 1090 VERMONT AV	VENUE			DC 2000)5
Teleph	none No. ► 202-463-7110		FAX No. ► 202-420-78	362		
If the c	organization does not have an office or place of business	s in the Ur	ited States, check this box			
• If this i	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole grou	up, check this
box ▶ [. If it is for part of the group, check this box 🕨 🔙	and atta	ch a list with the names and EINs o	of all memb	ers the extension	on is for
1 I red	quest an automatic 3-month (6 months for a corporation	required 1	to file Form 990-T) extension of time	e until		
	AUGUST 15, 2012 , to file the exemp	t organiza	tion return for the organization nam	ed above.	The extension	
is fo	or the organization's return for:					
▶[$\overline{\mathbf{X}}$ calendar year $\underline{2011}$ or					
▶[tax year beginning	, an	d ending			
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final return	n	
9- IS AL	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		_	
				3a	\$	
non	nrefundable credits. See instructions.		······································			0.
non b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,					
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069, imated tax payments made. Include any prior year overp	ayment a	lowed as a credit.	3b	\$	0.
b if th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	payment all yment wit	llowed as a credit. h this form, if required,			

LHA

Form.	3868 (Rev. 1-2012)					Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check this	s box		► X
	Only complete Part II if you have already been granted an a				8868.	
	ou are filing for an Automatic 3-Month Extension, comple					
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	copies needed)	<u> </u>
				 -	ng number, see in	
Туре	or Name of exempt organization or other filer, see instru	ctions			r identification nun	
print						
File by ti	. AMERICAN BEVERAGE INSTITUTE			X	52-17309	54
due date		ee instruc	tions		curity number (SS	
filing you return S	" 1000 tribuorm attendition and are				curry number (66	••,
instruction			tress see instructions			
	WASHINGTON, DC 20005	or orgin acc				
			·····			
Enter 1	the Return code for the return that this application is for (file	a senara	te application for each return)			0 1
	and the control of the following the control of the	o a copara	and application for Gaon returns	• •	•	
Applic	estion	Return	Application			Detur
Is For		Code	Is For			Return
Form 9		01	is rot			Code
	990-BL	02	Form 1041-A			
	990-EZ	01	Form 4720			08
						09
	990-PF	04	Form 5227 Form 6069			10
	990-T (sec. 401(a) or 408(a) trust)	05				11
	990-T (trust other than above)	06	Form 8870			12
SIUP	Do not complete Part II if you were not already granted	an autor	nauc 3-month extension on a prev	HOUSIY THE	90 FORM 8868.	
	RICHARD BERMAN		ATT #000 TIA CULTAN	OMON.	DG 2000E	
	books are in the care of \triangleright 1090 VERMONT AV	TONE			DC 20005	
	ephone No. ► 202-463-7110		FAX No. ► 202-420-78			
	ne organization does not have an office or place of business				.	
	nis is for a Group Return, enter the organization's four digit					
box 👤			ach a list with the names and EINs of	all memb	ers the extension	is for.
	•	MANON	BER 15, 2012.			
	For calendar year 2011, or other tax year beginning	 -	, and ending			
6	If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	return	
	Change in accounting period					
	State in detail why you need the extension					
	ADDITIONAL INFORMATION IS YET	REQU.	IRED IN ORDER TO P	RODUC	E A COMPL	ETE
:	AND ACCURATE TAX RETURN.					
					r	
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, (or 6069, e	nter the tentative tax, less any			•
	nonrefundable credits. See instructions.	 -		8a	\$	0.
	If this application is for Form 990-PF, 990-T, 4720, or 6069,					
1	tax payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid	ļ		
	previously with Form 8868.			8b	\$	0.
	Balance due. Subtract line 8b from line 8a. Include your pa	-	h this form, if required, by using			
	EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.
	Signature and Verification	ion mus	st be completed for Part II o	nly.		
Under p	penalties of perivity, declare that I have examined this form, includi	ing accomp	anying schedules and statements, and to	the best o	f my knowledge and	belief,
it is trui	e, correct, and complete, and that am authorized to prepare this fo					
Sionatu	ire Title	Pre	sident	Date	▶ 8/2/17	2

Certified mail # 7011 2000 0002 6284 1228

Form 8868 (Rev. 1-2012)