SCANNED DEC 0 7 2010

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)

Open to Public Inspection

OMB No 1545-0047

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

A For the 2009 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number use IRS Address change label or AMERICAN BEVERAGE INSTITUTE print or Name change type 52-1730954 Doing Business As Initial See Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-ated 1090 VERMONT AVENUE, NW 800 202-463-7110 Instruc Amended return 1,479,144. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-WASHINGTON, DC 20005 H(a) Is this a group return pending F Name and address of principal officer: RICHARD BERMAN Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c) (6) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► SEE SCHEDULE H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 1991 M State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities: ABI IS BECOMING A TOP SOURCE FOR Activities & Governance INFORMATION ON IGNITION INTERLOCKS AND RESPONSIBLE DRINKING. $oldsymbol{\mathbb{L}}$ if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7Ь **Prior Year Current Year** Contributions and grants (Part-VIII) EL 46,573 50,153. Revenue Program service revenue (Partivill Line 2g) 1,669,256. 1,320,631. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 834. 460. Other revenue (Part VIII, Column (A), line 55, 60, 8c, 9c 10c, and 11e)

Total revenue · add lines & through 11 (must equal Part VIII, column (A), line 12) 11 <38,179. <5,783.> 1,678,484 1,365,461. 12 Grants and similar amounts paid (Part X; column (A), lines 1-3) Benefits paid to or for members (Part 13, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,750. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,510,092. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,664,286 1,664,286. 1,511,842. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,198. <146,381.> Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 424,425. 278,044. 21 Total liabilities (Part X, line 26) 424,425. Net assets or fund balances. Subtract line 21 from line 20 278,044. Signature Block Under penalties of perjury/1 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 1111116 Signature of officer Here RICHARD BERMAN, PRESIDENT, DIRECTOR, GEN. COUNSEL Type or print name and title Date Check if self-Preparer's identifying number (see instructions) Preparer's Paid (PA 11/11/10 signature employed Preparer's Firm's name (or RICHARD BERMAN AND COMPANY, EIN ▶ yours if self-employed). **Use Only** 1090 VERMONT AVENUE, NW, SUITE 800 address, and ZIP + 4 WASHINGTON, DC 20005 Phone no $\triangleright 202-463-7100$ May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

932002 02-04-10

_	330 (2003) AMERICAN BEVERAGE INSTITUTE	<u> </u>	. / 30	734	<u> </u>	age ა			
Pa	↑ (V Checklist of Required Schedules				Ι	1			
					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_	7.	X			
2	Is the organization required to complete Schedule B, Schedule of Contributors?			2	Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to cand	dates f	or						
	public office? If "Yes," complete Schedule C, Part I			3_		X			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule		! 	4		<u> </u>			
5	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1								
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			5_	Х				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the r	-							
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Scheen	lule D, I	⊃art I	6		<u>X</u>			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					١,,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			7		X			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," con	nplete				١			
	Schedule D, Part III		1	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								
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D,			9		X			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endown	ents?							
	If "Yes," complete Schedule D, Part V			10		X			
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VII	, IX, or	X						
_	as applicable	•		11	X				
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete So	hedule	D,						
_	Part VI.								
•	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.								
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its	total							
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.								
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report	rted in							
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.								
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X								
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address	sses							
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		,						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comple	e				.,			
124	Schedule D, Parts XI, XII, and XIII.	<u></u>		12		X			
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes							
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<u>\ </u>	X			v			
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	-		13_		X			
	Did the organization maintain an office, employees, or agents outside of the United States?			14a					
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	busines	is,			v			
15	and program service activities outside the United States? If "Yes," complete Schedule F, Part I			14b		X			
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organiz or entity located outside the United States? If "Yes," complete Schedule F, Part II	alion		4-		Х			
16	•			15		_			
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to I located outside the linear States? If "Ves." complete Schoolule F. Part III.	iaiviau	ais	40		v			
17	located outside the United States? If "Yes," complete Schedule F, Part III	ıv		16	-	X			
• /	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Parcolumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	ıλ,				v			
18		/III 1		17		X			
.5	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part 1c and 8a? If "Yes," complete Schedule G, Part II	viii, line	S	40	y				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes	a		18	Х				
	18 and organization report more than \$15,000 or gross income from gaming activities on Fart VIII, line 92? If "Yes	,	,			Ī			

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complete Schedule G, Part III

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

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		<u>X</u>
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	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	İ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
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		Х
ь	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 of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
J J	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		<u> </u>
55	If "Yes," complete Schedule R, Part V, line 2	20		
37		36		
J/	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
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	990 (2000
		-orm	99U /	20 H 101

Form 990 (2009) AMERICAN BEVERAGE INSTITUTE

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
ìa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a	5		
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 r	reportable gaming	- 1		
	(gambling) winnings to prize winners?		1c	<u> </u>	
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		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	ļ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a	<u> </u>	Х
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь		
4a	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)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country:		_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
_	Financial Accounts.				.,
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 transfer.		5b	1	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders Company	arding Prohibited			}
8.	Tax Shelter Transaction?	ha araanization adjust	5c	+	-
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t any contributions that were not tax deductible?	ne organization solicit	6a	x	
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or aifts	Va	 ^	<u> </u>
	were not tax deductible?	tions or gires	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).		- 55	1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	ľ		1
	provided to the payor?	3	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7с		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	personal			
	benefit contract?		7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f	↓	ـــــ
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?	7g	ļ	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	•	7h	 	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	-			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed a supporting organization or a donor advised fund maintained by a sponsoring organization, have exceed a supporting organization.	ess business holdings			1
^	at any time during the year?		8	 	ļ
9	Sponsoring organizations maintaining donor advised funds.				1
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b	+	
10	Section 501(c)(7) organizations. Enter:		80	·	ļ
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	\dashv		
11	Section 501(c)(12) organizations. Enter:		\neg		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			Forn	n 990	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

sec	tion A. Governing body and Management		T.,	
1.	Enter the number of voting members of the governing body	5	Yes	No
b	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b	4		ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ĺ
_	officer, director, trustee, or key employee?	2	X	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
•	of officers, directors or trustees, or key employees to a management company or other person?	3	Х	ĺ
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	<u> </u>	X
	Does the organization have members of stockholders, or other persons who may elect one or more members of the	-		
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			<u> </u>
•	by the following:		•	
а	The governing body?	8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	100		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		·	
	, and the second		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,,,,,,,		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	l	
	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 (501(c)(3)s only) available researched ladies to be a security to the second to the	lable for		
	public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest poli	cy, and fina	incial	
20	statements available to the public.		_	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organic RICHARD BERMAN - 202-463-7110	anization:	-	
	1090 VERMONT AVENUE, NW #800, WASHINGTON, DC 20005			
	1000 (Little III III WOOD) WADIIINGTON, DC 20003		000	(2009)
		rurm	コサリ	(2009)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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 (8ox 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours	(cl	(C) Position (check all that apply)				ıly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Кеу епріоуве	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RICHARD BERMAN PRESIDENT/GEN. COUNS/DIR	9.20	х		х				0.	0.	0.
KRISTEN EASTLICK SECRETARY/TREASURER, DIR	0.10	х		x				0.	0.	0.
B.J. STONE DIRECTOR	0.10	х						250.	0.	0.
PETE MADLAND DIRECTOR SCOTT STENGER	0.10	х				_		500.	0.	0 .
DIRECTOR STAN NOVACK	0.10	х						500.	0.	0
DIRECTOR	0.10	х						500.	0.	0
							-			

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Form 990 (2009)

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; (C)	com fi org	(F) stimate nount other spensa rom th sanizat d relat	of ation e ion ed
		_	
0.			0.
			0
		Yes	No
	3		X
	4		X
	5		Х
ens	ation 1	rom	
C		C) nsatio	n

Par	I-VII	Section A.	Officers, Directors, Tr	ustees, Key E	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
		(A) Name ar)	(B) Average hours per	(0		(C Pos	C) Ition)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
			week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	()	ompens from the organization and relations organizations	ne tion ted		
	_															
	Total										1,750.		0.		0.	
2	Total	number of Ind	ividuals (including but the organization	not limited to th	nose	liste	ed al	oove	e) wh	no re	eceived more than \$100			Yes	0	
3	line 1	a? If "Yes," co	mplete Schedule J for	such individual							nighest compensated er			3	Х	
5	and re Did a	elated organiza ny person liste	ations greater than \$15 ed on line 1a receive or	50,000? If "Yes, accrue compe	," co nsat	mple ion f	ete S	Sche	edule	9 J 1	her compensation from for such individual ed organization for serv	•			X	
Sect 1	ion B	. Independent					ent c	ontr	racto	ors t	hat received more than	\$100,000 of comp		on from	<u> </u>	
		rganization.	(A) Name and busines								(B) Description of s	ervices	(C) Compensation			
			N & COMPANY JE NW, #800,					OC_	_		MGT FEES		1,2	296,1	.85.	
	•	.					•	-								
2			ependent contractors nsation from the organ		not li	mite	d to	_	se lis	stec	l above) who received m	nore than	., ,		······································	

932008 02-04-10

932009 02-04-10

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).

1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	
organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified	
the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . 1,750. 6 Compensation not included above, to disqualified	
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified	
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees	
See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees .	
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 1,750. 6 Compensation not included above, to disqualified	
5 Compensation of current officers, directors, trustees, and key employees 1,750. 6 Compensation not included above, to disqualified	
trustees, and key employees 1,750. 6 Compensation not included above, to disqualified	
6 Compensation not included above, to disqualified	
persons (as defined under section 4958(f)(1)) and	
persons described in section 4958(c)(3)(B)	
7 Other salaries and wages	
8 Pension plan contributions (include section 401(k)	
and section 403(b) employer contributions)	
9 Other employee benefits	
10 Payroll taxes	
11 Fees for services (non-employees):	
a Management 1,296,185. b Legal 341.	
c Accounting 2,950.	
d Lobbying	
e Professional fundraising services See Part IV, line 17	
f Investment management fees g Other 5,050.	
64 710	
12 Advertising and promotion 64,719. 13 Office expenses 57,649.	
14 Information technology 14,398.	
15 Royalties	
16 Occupancy	
17 Travel 35,230.	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings 20, 198.	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 306.	
23 Insurance 4,893.	
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled	
miscellaneous may not exceed 5% of total	
expenses shown on line 25 below)	
a SUBSCRIPTIONS & PUBLIC. 8,173.	
<u> </u>	
c	
d	
f All other expenses	
25 Total functional expenses. Add lines 1 through 24f 1,511,842.	
26 Joint costs. Check here Inf following	
SOP 98-2 Complete this line only if the organization	
reported in column (B) joint costs from a combined	
educational campaign and fundraising solicitation	

932010 02-04-10

Form 990 (2009)

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	129,638.	1	168,571.
	2	Savings and temporary cash investments	294,050.	2	108,021
	3	Pledges and grants receivable, net		3	1,021
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
:	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	-	8	
!	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
			05.		
	ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 4,6 10b 4,1	74. 737.	10c	431
.	11	Investments - publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11		12	
- 1	13	Investments - program-related. See Part IV, line 11		13	
- 1	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11		15	
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	424,425.	16	278,044
	17	Accounts payable and accrued expenses	12171231	17	270/011
- 1	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ι.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
!	22	Payables to current and former officers, directors, trustees, key employees		21	
		highest compensated employees, and disqualified persons. Complete Part			
i		of Schedule L	`"	22	
۱,	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities. Complete Part X of Schedule D		25	
- 1	-0 26	Total liabilities. Add lines 17 through 25	0.	26	0.
+		Organizations that follow SFAS 117, check here ► X and comple		20	
,		lines 27 through 29, and lines 33 and 34.			
۱,	27	Unrestricted net assets	424,425.	27	278,044
	28	Temporarily restricted net assets	121/123.	28	270,044
	29	Permanently restricted net assets		_	
'		Organizations that do not follow SFAS 117, check here		29	
		complete lines 30 through 34.	' <u> </u>		
	30	Capital stock or trust principal, or current funds		20	
.	30 31	Paid-in or capital surplus, or land, building, or equipment fund		30	-
	32			31	
• •		Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	424,425.	32 33	278,044.
	33				

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	ļ	ļ	
	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 Schedule O.	1		"
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	1		
	consolidated basis, separate basis, or both:	-		
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

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 VI, 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), then

Section 5	out(c)(4), (5), or (6) organiz	ations: Complete Part III.		Ema	loyer identification number
rtaine or orge		AN BEVERAGE INSTI	का कि	Emp	52-1730954
Part I-A		ganization is exempt und		c) or is a section 527 o	
iininiiinii		ization's direct and indirect politic		·	a garnzation.
	expenditures	reaction 3 direct and maneet point	a campaign activities	\$ iii i ait i¥. ▶\$	•
3 Voluntee	•			•	-
Part I-B	Complete if the or	ganization is exempt und	ler section 501(c	:)(3).	· ···
1 Enter th		x incurred by the organization und		▶ \$	· · · · · · · · · · · · · · · · · · ·
		x incurred by organization manag		5 5 ▶ \$	
3 If the or	ganization incurred a secti	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a c	orrection made?				Yes No
	describe in Part IV.	-		<u></u>	
Part I-C	Complete if the or	ganization is exempt und	ler section 501(c	c), except section 501((c)(3).
1 Enter th	e amount directly expende	ed by the filing organization for se	ction 527 exempt fun	oction activities	
2 Enter th	e amount of the filing orga	inization's funds contributed to ot	her organizations for	section 527	
•	function activities			▶\$	
		es. Add lines 1 and 2. Enter here a	and on Form 1120-PO		
line 17b			•	▶\$	
		n 1120-POL for this year?			└─ Yes └─ No
5 Enter th	e names, addresses and e	employer identification number (El	N) of all section 527 p	political organizations to which	ch payments were made.
		the amount paid from the filing o divered to a separate political org			
		ed, provide information in Part IV.		separate segregated fulld of t	a political action committee
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(a) Amount of political
	(u) Namo	(b) Address	(C) ENV	filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					
				-	
	···				
	· · · · · · · · · · · · · · · · · · ·				
					
<u></u> .	<u> </u>				
For Privacy	Act and Paperwork Redu	ction Act Notice, see the Instru	ctions for Form 990	or 990-EZ. Schedule C	(Form 990 or 990-EZ) 2009

932041 02-04-10

LHA

Schedule C (Form 990						730954 Pa	ge 2
	_		mpt under section	n 501(c)(3) and fil	ed Form 5768		
(elect	tion under section	n 501(h)).					
A Check ▶ 🛄 ri	f the filing organization	n belongs to an affi	liated group.				
B Check ▶ L r	f the filing organization	checked box A a	nd "limited control" pre	ovisions apply.			
•		on Lobbying Expe res" means amou	nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated gro totals	que
1 a Total lobbying e	xpenditures to influen	ce public opinion (grass roots lobbying)				
	xpenditures to influen						
c Total lobbying e	xpenditures (add lines	s 1a and 1b)					
d Other exempt pr	urpose expenditures						
e Total exempt pu	irpose expenditures (a	add lines 1c and 1c	t)		-		
f Lobbying nonta	xable amount. Enter t	ne amount from the	e following table in bot	h columns.			
If the amount on I	line 1e, column (a) or (b) is: The lob	bying nontaxable am	ount is:			
Not over \$500,0	000	20% of	the amount on line 1e	•			
Over \$500,000 t	but not over \$1,000,00	00 \$100,00	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000	0 but not over \$1,500,	000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000			
	0 but not over \$17,000	0,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,00	00	\$1,000,	000.				
						ļ	
_	taxable amount (enter	•					
-	from line 1a. If zero o	•					
	from line 1c. If zero or	,		4700		<u> </u>	
			line 11, did the organiz	ation file Form 4/20	ſ		1
reporting section	n 4911 tax for this yea		eraging Period Under	Coation E01(b)	. <u> </u>	Yes	No
	_	ons that made a s	ection 501(h) election	n do not have to comp es 2a through 2f on pa			
		Lobbying Exper	nditures During 4-Ye	ar Averaging Period			
Calendar (or fiscal year b		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a Lobbying nonta							
b Lobbying ceiling	•						
(150% of line 2a	ı, column(e))						
c Total lobbying e	xpenditures						
d Grassroots nont	axable amount						
e Grassroots cellin	-						
(150% of line 2d	i, column (e))	<u></u>					
f Grassroots lobb	ying expenditures						

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	AMERICAN	BEVERAGE	INSTITUTE	52-173095
Part II-B Complete if the org	anization is ex	cempt under s	ection 501(c)(3) an	d has NOT filed Form 5768
(election under sec	tion 501(h)).			

		(a)		(1	b)
		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)?				
C	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? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	X	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."	rt III-A, li	ne 3 is a	nswered	
1	Dues, assessments and similar amounts from members	<u> </u>	1	1,31	3,631.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	98	8,530.
b	Carryover from last year		2b	<80	5,868.>
С			2c		1,662.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		3,136.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5_	Taxable amount of lobbying and political expenditures (see instructions)		5	'	$\overline{1,474.}>$
Pa	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar ny additional information.	d Part II-B,	line 11. Also	o, complete	e this part

Schedule C (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public inspection

Name of the organization

Employer identification number

	AMERICAN BEVERAGE		52-1730954
Pa	★ I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
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 held in donor advi	leed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	· ·	
•			•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Par	Impermissible private benefit?		Yes No
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or i	· —	istorically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		m
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti	ructure included ın (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		-
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		•
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.	mon o manda statements that describes	the organization's accounting for
Par	† 脚 Organizations Maintaining Collections o	f Art. Historical Treasures, or C	Other Similar Assets
<u> </u>	Complete if the organization answered "Yes" to Form		7.1.0.1 O.1.1.1.1.1 7.000.0.1
1a	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and b	halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these		bolic service, provide, in Fait XIV, the text of
h	If the organization elected, as permitted under SFAS 116, to		non about works of out brotomed tweesures
_			
	or other similar assets held for public exhibition, education, of these items:	or research in furtherance of public service	e, provide the following amounts relating to
			. .
	(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 tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053 02-01-10

Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

	edule D (Form 990) 2009 AMERICAN BEVERAGE INSTIT			52-1/30	954 Page 4
	rt XI Reconciliation of Change in Net Assets from Form 99	0 to Audited Fi	nancial Stat	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1 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		10		
	t XII Reconciliation of Revenue per Audited Financial State	ements with Re	evenue per	T	
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:	1 - 1			
a	Net unrealized gains on investments	2a	- ·	-	
b	Donated services and use of facilities	2b		-	
c	Recoveries of prior year grants	2c	·	-	
d	Other (Describe in Part XIV.)	2d		- 	
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:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		-	
b	Other (Describe in Part XIV.)	4b		-	
_C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	rt XIII Reconciliation of Expenses per Audited Financial Stat	ements with E	xpenses pe	<u> </u>	
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:	11			
a	Donated services and use of facilities	2a		-	
D	Prior year adjustments	2b		4	
c	Other losses	2c		-	
a	Other (Describe in Part XIV.)	2d		-	
e	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:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV.)	4b		-	
_ C	Add lines 4a and 4b			4c	
Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·		5	
			4.5		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also o				
			<u>.</u>		
		.			
93205 02-01-	4 10			Schedule D (F	form 990) 2009

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Open Ta Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection **Employer identification number**

	AMERICA	N BEVERAGE	INSTITU	ΤE			52-1730	954
Part I	Fundraising Activities. required to complete this part	Complete if the orga	ınızatıon answe	ered "\	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
a	e whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations e organization have a written o inployees listed in Form 990, Pa s," list the ten highest paid indicensated at least \$5,000 by the	r oral agreement with art VII) or entity in cor viduals or entities (fur	Solicitat Solicitat Solicitat Special any individual	ion of ion of fundra (includ	non-g gover using ding o ional t	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or Yes	
	Name of Individual r entity (fundraiser)	(ii) Actıvı	ty	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
					-			
fotal 3 List all	states in which the organizatio	n is registered or lice	nsed to solicit f	unds (or has	been notified it is ex	empt from registrati	on or licensing.
HA For Pr	rivacy Act and Paperwork Re	duction Act Notice.	see the Instru	ctions	for F	 orm 990 or 990-EZ.	Schedule G (Form	n 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 AMERICAN BEVERAGE INSTITUTE 52-1730954 Page 2 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE (add col. (a) through GOLF TOURN. col. (c)) (event type) (event type) (total number) 86,008. 86,008. Gross receipts 50,153 50,153. 2 Less: Charitable contributions 35,855 35,855. 3 Gross income (line 1 minus line 2) 0. Cash prizes 48,053. 48,053. Noncash prizes Expenses Rent/facility costs 3,412. 3,412. 41,987. 41,987. Food and beverages 6,844. 6,844. 8 Entertainment 13,387. 13,387. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 113,683, \triangleright <77,828.> 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No

9	a Is the organization licensed to operate gaming activities in each of these states?	9a	
ì	o If "No," explain:		
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? o If "Yes," explain:	10a	
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

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Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 AMERICAN BEVERAGE INSTITUTE 52-1730954 Yes 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a	
b An outside facility . 13b %	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	1
	1
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . 15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name N	
Name ▶	
Gaming manager compensation ▶ \$	
Gaining manager compensation > \$	
Description of services provided ▶	
Description of services provided	
Director/officer Employee Independent contractor	
Employee Employee	
17 Mandatory distributions:	1
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?]
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	1
organization's own exempt activities during the tax year \$	1

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.

2009
Open To Public

Name of the organization

Inspection

Employer identification number

AM	ERICAN	BEVER	AGE I	NSTITUT	E			- 1	11 – 17 – 17 – 17 – 17 – 17 – 17 – 17 –			umber
Part I Excess Benefit	t Transacti	ons (sec	tion 501(c)((3) and section	n 501(c)(4)	organizatıo	ns only)					
Complete if the org	anızatıon ansv	vered "Ye	s* on Form	990, Part IV,	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40	b.		
1 (a) Name of de	1 (a) Name of disqualified person (b) Description of transaction								(c) Correct			
(-,											Yes	No
		_									<u> </u>	
				.		. , .						
			_	-								
2 Enter the amount of tax imposection 49583 Enter the amount of tax, if a				•	,	s during the	year un	der	► \$ ► \$			
Part II Loans to and/o								····	- 			
Complete if the org										oroved	T	
(a) Name of Interested person and purpose	(b) Loan the organ	to or from		inal principal mount	(d) Bala	ance due		in ault?	by board or committee?		1	ritten ment?
	То	From					Yes	No			Yes No	
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	-		 						1		<u> </u>	
 Total		<u> </u>		▶ \$	<u> </u>			1		1		<u> </u>
Part III Grants or Assi	stance Ber	nefiting	Interest		s.				· 		·	••••
Complete if the org		wered "Ye	s" on Form	990, Part IV,	line 27.							
(a) Name of interested	person		(b) Relat	ionship betwe the or	een interes ganization		and			nount an assistar	d type o	f
					3							
					_		_	1				
												·
								-				
Part IV Business Tran	sactions In	volving	Interest	ed Person	ıs.							
		_				8b. or 28c.						
Complete if the organization answered "Yes" on Form (a) Name of interested person (b) Relationsh person an				nterested	(c) Amo transa			Descript transact		(e) Sharing o organization's revenues?		
											Yes	No
RICHARD BERMAN &	CO, IN	C. MG	T CO			1,296	,185	.MGT	FEE	S		X
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LHA For Privacy Act and Page	rwork Reduc	tion Act I	Notice see	the				Schedu	le I (For	m 990 c	- 000-E	7) 2000

Instructions for Form 990 or 990-EZ.

SCHEDULE M (Form 990)

Noncash Contributions

2009

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public Inspection

Name of the organization

Attach to Form 990.

Employer identification number

AMERICAN BEVERAGE INSTITUTE 52-1730954 Part I Types of Property (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1g revenues Art - Works of art 2 Art · Historical treasures 3 Art · Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property Q Securities - Publicly traded 10 Securities - Closely held stock 11 Securities · Partnership, LLC, or trust interests 12 Securities · Miscellaneous 13 Qualified conservation contribution · Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 20 (GOLF GIFT BAG 42,593. FAIR MARKET 25 VALUE GOLF 5,460. PRIZES X 5 FAIR MARKET VALUE 26 Other GOLF X 2 2,100. Other > FAIR MARKET 27 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2009

describe in Part II.

Schedule iv						PE INSTIT		ე,	2-1/30934	Page 2
Part II	Supple Also con	emental nplete this	Infor part fo	mation. Cor r any additions	nplete this al informat	part to provide the	e information requ	ired by Part I, lines 3	30b, 32b, and 33.	
SCHEDU	LE M,	PART	I,	COLUMN	(B):	AMERICAN	BEVERAGE	INSTITUTE	IS	
				R OF COI						
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932142 02-08-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AMERICAN BEVERAGE INSTITUTE	52-1730954						
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:							
CONTINUED A CAMPAIGN TO EDUCATE THE PUBLIC ABOUT IGNITION INTERLOCK							
TECHNOLOGY THROUGH THE WEBSITE WWW.INTERLOCKFACTS.COM. COI	NTINUED						
EDUCATING THE PUBLIC ON THE ISSUE OF NEGLIGENT DRIVING TH	ROUGH THE						
WEBSITE WWW.NEGLIGENTDRIVING.COM.							
COMPILED AND DISTRIBUTED ANNUAL DIRECTORY TO THE MEMBERSH	IP.						
RESEARCHED, COMPILED AND DISTRIBUTED MONTHLY ISSUE UPDATE	EMAILS TO						
BUSINESS LEADERS IN THE HOSPITALITY INDUSTRY. HELD TWO MEN	MBER						
CONFERENCES. STAFF SPOKE AT MULTIPLE INDUSTRY EVENTS. MAIN	NTAINED THE						
ORGANIZATION'S WEBSITE, WWW.ABIONLINE.ORG.							
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, AN	ND IT STAFFS AND						
OPERATES THE DAY-TO-DAY ACTIVITIES OF THE ORGANIZATION.							
FORM 990, PART VI, SECTION B, LINE 11: AMERICAN BEVERAGE	INSTITUTE'S FORM						
990 WAS REVIEWED BY THE MANAGEMENT COMPANY'S CPAS AND BY	BOTH MANAGEMENT						
AND OUTSIDE LEGAL COUNSEL. ALL COMMENTS WERE ADDRESSED BY	EFORE THE RETURN						
WAS FILED.							
FORM 990, PART VI, SECTION B, LINE 12C: AMERICAN BEVERAGE	INSTITUTE						
ANNUALLY REQUIRES THE OFFICERS AND DIRECTORS TO READ AND S							
HA For Privacy Act and Paperwork Reduction Act Notice see the Instructions for Form 990	Cabadula O (Earm 000) 0000						

932211 02-03-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

AMERICAN BEVERAGE INSTITUTE

Employer identification number 52-1730954

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 1023 EXEMPTION APPLICATION (COPY AVAILABLE UPON REQUEST
AT THE ORGANIZATION'S HEADQUARTERS IN WASHINGTON, DC) AS REQUIRED BY LAW.
FORM 990, PAGE 1, ITEM J
WEBSITES INCLUDE THE FOLLOWING:
ABIONLINE.ORG, NEGLIGENTORIVING.COM, NODRINKTAX.COM, INTERLOCKFACTS.COM

Form 8868 (Rev. 4-2009)		Page 2						
• 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)								
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)								
Type or Name of Exempt Organization	- Emp	loyer identification number						
neint	_ ا	0 1730054						
File by the		2-1730954						
extended Number, street, and room or suite no. If a PO box, see instructions due date for filing the Number, street, and room or suite no. If a PO box, see instructions 0.00000000000000000000000000000000000	For II	RS use only						
return See 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	Fo	orm 5227 Form 8870						
Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	F(orm 6069						
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ously file	ed Form 8868.						
RICHARD BERMAN								
• The books are in the care of > 1090 VERMONT AVENUE, NW #800 - WASHING	TON.	DC 20005						
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)	this is fo	r 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 memb	ers the extension is for.						
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010								
5 For calendar year 2009, 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	001	DI ROPE						
ADDITIONAL TIME IS YET REQUIRED IN ORDER TO PRODUCE A AND ACCURATE TAX RETURN.	COM	PLETE						
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	s						
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 instruction	s 8c	s N/A						
Signature and Verification								
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to it is true, correct, and complete, and that I am authorized to prepare this form.	the best o	,						
Signature ► 10 . Z . R. L Title ► C . P . A .	Date	▶7/12/10						
		Form 8868 (Rev 4-2009)						