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Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2007**Open to Public
Inspection**

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

A For the 2007 calendar year, or tax year beginning**, and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization

MAINE BEER & WINE WHOLESALERS ASSOC, INC

Number and street (or P O box if mail is not delivered to street address)

P O BOX 615

City or town

AUGUSTA

State or country

ME

Room/suite

ZIP + 4

04332-0615

D Employer identification number

01-6021180

E Telephone number

207-623-3800

F Accounting method: ☒ Cash ☐ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization
covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G** Website: ▶ N/A**J** Organization type (check only one)☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization chooses
to file a return, be sure to file a complete return.M Check ☒ if the organization is not required
to attach Sch B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

149,948

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Contributions, gifts, grants, and similar amounts received

a Contributions to donor advised funds

1a

b Direct public support (not included on line 1a)

1b

c Indirect public support (not included on line 1a)

1c

d Government contributions (grants) (not included on line 1a)

1d

e Total (add lines 1a through 1d) (cash \$ noncash \$)

1e

Program service revenue including government fees and contracts (from Part VII, line 93)

2

Membership dues and assessments

3

118,986

Interest on savings and temporary cash investments

4

512

Dividends and interest from securities

5

6 a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss). Subtract line 6b from line 6a

6c

7 Other investment income (describe ▶)

7

8 a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss). Combine line 8c, columns (A) and (B)

8d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐a Gross revenue (not including \$ of
contributions reported on line 1b)

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events. Subtract line 9b from line 9a

9c

10 a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

10c

11 Other revenue (from Part VII, line 103)

11

30,450

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12

149,948

13 Program services (from line 44, column (B))

13

14 Management and general (from line 44, column (C))

14

119,562

15 Fundraising (from line 44, column (D))

15

20,115

16 Payments to affiliates (attach schedule)

16

17 Total expenses. Add lines 16 and 44, column (A)

17

139,677

18 Excess or (deficit) for the year. Subtract line 17 from line 12

18

10,271

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

27,624

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21

37,895

Part II **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|--|------------|----------------------|----------------------------|-----------------|
| 22 a | Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22a | | | |
| 22 b | Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22b | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | |
| 25 a | Compensation of current officers, directors, key employees, etc. listed in Part V-A | 25a | 68,250 | 68,250 | |
| b | Compensation of former officers, directors, key employees, etc. listed in Part V-B | 25b | | | |
| c | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 25c | | | |
| 26 | Salaries and wages of employees not included on lines 25a, b, and c | 26 | | | |
| 27 | Pension plan contributions not included on lines 25a, b, and c | 27 | | | |
| 28 | Employee benefits not included on lines 25a – 27 | 28 | | | |
| 29 | Payroll taxes | 29 | | | |
| 30 | Professional fundraising fees | 30 | | | |
| 31 | Accounting fees | 31 | 500 | 500 | |
| 32 | Legal fees | 32 | 20,788 | 20,788 | |
| 33 | Supplies | 33 | 349 | 349 | |
| 34 | Telephone | 34 | 901 | 901 | |
| 35 | Postage and shipping | 35 | 240 | 240 | |
| 36 | Occupancy | 36 | | | |
| 37 | Equipment rental and maintenance | 37 | | | |
| 38 | Printing and publications | 38 | | | |
| 39 | Travel | 39 | 9,061 | 9,061 | |
| 40 | Conferences, conventions, and meetings | 40 | 32,923 | 12,808 | 20,115 |
| 41 | Interest | 41 | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 | | | |
| 43 | Other expenses not covered above (itemize) | | | | |
| a | Bank fees | 43a | 73 | 73 | |
| b | Registration fees | 43b | 200 | 200 | |
| c | Subscriptions | 43c | 3,025 | 3,025 | |
| d | Website maintenance | 43d | 344 | 344 | |
| e | Miscellaneous | 43e | 1,179 | 1,179 | |
| f | Copies | 43f | 1,844 | 1,844 | |
| g | | 43g | | | |
| 44 | Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)–(D), carry these totals to lines 13–15) | 44 | 139,677 | 119,562 | 20,115 |

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose? ► SEE ATTACHED SCHEDULE

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

a SEE ATTACHED SCHEDULE

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

b

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

c

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

d

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

e Other program services (attach schedule)

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

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

Part IV Balance Sheets (See the instructions)

| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 45 Cash—non-interest-bearing | 24,854 | 45 | 14,887 |
| | 46 Savings and temporary cash investments | 2,770 | 46 | 23,008 |
| | 47 a Accounts receivable | 47a | | |
| | b Less allowance for doubtful accounts | 47b | 47c | |
| | 48 a Pledges receivable | 48a | | |
| | b Less allowance for doubtful accounts | 48b | 48c | |
| | 49 Grants receivable | | 49 | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51 a Other notes and loans receivable (attach schedule) | 51a | | |
| | b Less allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54 a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54a | |
| | b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54b | |
| | 55 a Investments—land, buildings, and equipment basis | 55a | | |
| | b Less accumulated depreciation (attach schedule) | 55b | 55c | |
| | 56 Investments—other (attach schedule) | | 56 | |
| | 57 a Land, buildings, and equipment, basis | 57a | | |
| b Less accumulated depreciation (attach schedule) | 57b | 57c | | |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/>) | | 58 | | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | 27,624 | 59 | 37,895 | |
| Liabilities | 60 Accounts payable and accrued expenses | | 60 | |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64 a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 Other liabilities (describe <input type="checkbox"/>) | | 65 | |
| 66 Total liabilities. Add lines 60 through 65 | | 66 | | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | | 67 | |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74 | | | |
| | 70 Capital stock, trust principal, or current funds | 27,624 | 70 | 37,895 |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 27,624 | 73 | 37,895 | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 27,624 | 74 | 37,895 | |

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

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

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

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

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

[illegible]

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)**75b** X**c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶**75c** X

If "Yes," attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy?**75d** X**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|-----------------------------|------------------------|---|---|--|
| Name N/A Str City ST ZIP | | | | |
| Name N/A Str City ST ZIP | | | | |
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| Name N/A Str City ST ZIP | | | | |
| Name N/A Str City ST ZIP | | | | |

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change**76** X**77** Were any changes made in the organizing or governing documents but not reported to the IRS?**77** X

If "Yes," attach a conformed copy of the changes

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?**78a** X**b** If "Yes," has it filed a tax return on Form 990-T for this year?**78b** N/A**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement**79** X**80 a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?**80a** X**b** If "Yes," enter the name of the organization ▶and check whether it is ☐ exempt or ☐ nonexempt**81 a** Enter direct and indirect political expenditures. (See line 81 instructions.)**81a****b** Did the organization file Form 1120-POL for this year?**81b** X

Part VI Other Information (continued)

| | | Yes | No |
|-------------|---|------------|---------|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) | | |
| | 82b N/A | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | |
| 85 | 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? | X | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | X |
| c | Dues, assessments, and similar amounts from members | 85c | 118,986 |
| d | Section 162(e) lobbying and political expenditures | 85d | 26,651 |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | 26,651 |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/A |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 | 86a | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | |
| 87 | 501(c)(12) orgs Enter a Gross income from members or shareholders | 87a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 87b | |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | X |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | 88b | X |
| 89 a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____ | | |
| b | 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____ | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | X |
| f | All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | X |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | X |
| 90 a | List the states with which a copy of this return is filed ▶ _____ | | |
| b | Number of employees employed in the pay period that includes March 12, 2007 (See instructions) | 90b | |
| 91 a | The books are in care of ▶ Name CAPITAL INSIGHTS Telephone no ▶ 207-623-3800 Located at ▶ P O BOX 615 City AUGUSTA ST ME ZIP + 4 ▶ 04332 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | 91b | X |

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No
 If "Yes," enter the name of the foreign country **▶** _____

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

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

Note: Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | Related or exempt function income |
| 93 Program service revenue | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 118,986 |
| 95 Interest on savings and temporary cash investments | | | | | 512 |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a _____ | | | | | |
| b Miscellaneous Income - corporate sponsors | | | | | 30,450 |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | | 149,948 |
| 105 Total (add line 104, columns (B), (D), and (E)) ▶ | | | | | 149,948 |

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

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

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

| | |
|---|--|
| ▼ | |
| | |
| | |
| | |
| | |

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

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

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

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

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

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

Part XI

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

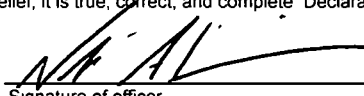
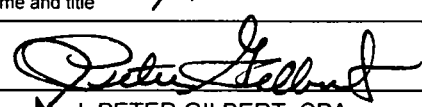
| | | | | Yes | No | |
|-----|--|--|--|-----|----|---|
| 106 | Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity | | | | | X |

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

| | | | | Yes | No | |
|-----|---|--|--|-----|----|---|
| 107 | Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity | | | | | X |

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

| | | | | Yes | No | |
|-----|--|--|--|-----|----|---|
| 108 | Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? | | | | | X |

| | | | | | |
|---------------------------------|---|--|---|--|---|
| Please Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | | |
| |  Signature of officer | | Date 2.25.08 | | |
| Paid Preparer's Use Only |  Preparer's signature | | Date 2/10/2008 | | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 J PETER GILBERT, CPA P O BOX 598, SEARSPORT, ME 04974-0598 | | Preparer's SSN or PTIN (See Gen Inst X) P00391489 | | EIN 01-0372313 |
| | | | Phone no 207-356-6025 | | |

Part VII, Line 103 (990) - Other Revenue

| | | Unrelated business income | | Excluded by section 512, 513, or 514 | | |
|---------------------------|-------------------------------------|---------------------------|--------|--------------------------------------|--------|-----------------------------------|
| | | (A) | (B) | (C) | (D) | (E) |
| Other Revenue Description | | Business code | Amount | Exclusion code | Amount | Related or exempt function income |
| a | | | | | | |
| b | Miscellaneous Income - corporate sp | | | | | 30,450 |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f | | | | | | |
| g | | | | | | |
| h | | | | | | |
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| v | | | | | | |
| w | | | | | | |
| x | | | | | | |
| y | | | | | | |
| z | | | | | | |

Maine Beer & Wine Wholesalers Assoc., Inc.
P O Box 615, Augusta, ME 04332
01-6021180

Form 990

December 31, 2007

Page 2, Part III, Statement of Program Service Accomplishments

Page 5, Part VIII, Relationship of Activity to Accom of Exempt Purpose

Dues were used to accomplish exempt purposes as stated under Section 501 (c) (6). The purposes of said corporation are to incorporate as a relief or benefit association for mutual assistance, and for the protection and betterment of its interests in general; to raise and maintain the standard of the beverage industry, and to cultivate friendship, goodwill and business co-operation.

Page 4, Part V, List of Officers, Directors and Trustees

| Name & Address | Title | Time Devoted To Position | Comp | Benefits | Expense Account |
|---|--------|-----------------------------|----------|----------|--------------------|
| Dennis Barriault 15 Foss Road Lewiston, ME 04241 | Treas | As needed | None | None | None |
| Peter Briggs 52 Rice St Presque Isle, ME 04769 | Dir | As needed | None | None | None |
| Ronald Barriault 15 Foss Road Lewiston, Me 04241 | Dir | As needed | None | None | None |
| Elmer Alcott 615 Main St Gorham, ME 04038 | Pres | As needed | None | None | None |
| Scott Solman 5 Coffey St Bangor, ME 04401 | Dir | As needed | None | None | None |
| Mike Runser 534 Belgrade Road Oakland, ME 04963 | Dir | As needed | None | None | None |
| Cheryl Timberlake 45 Memorial Circle, Suite 301 Augusta, ME 04330 | Ex Dir | As needed | \$66,354 | None | None |
| Jim Bourque 615 Main St Gorham, ME 04038 | Dir | As needed | None | None | None |
| Jeffrey Kane 116 Wallace Ave So Portland, ME 04106 | Dir | As needed | None | None | None |

Maine Beer & Wine Wholesalers Assoc., Inc.
P O Box 615, Augusta, ME 04332
01-6021180

| | | | | | |
|---|------|-----------|------|------|------|
| Paul Spellman 2075 Lisbon Road Lewiston, ME 04241 | Dir | As needed | None | None | None |
| Nick Alberding 100 Enterprise Avenue Gardiner, ME 04345 | Pres | As needed | None | None | None |
| Bill Fitch 534 Belgrade Road Oakland, Me 04963 | Dir | As needed | None | None | None |
| Mike Barriault 15 Foss Road Lewiston, Me 04241 | Dir | As needed | None | None | None |

Page 6, Part V-A, Business Relationships

| | |
|--|---|
| Peter Briggs | Aroostook Beverage Company 52 Rice Street Presques Isle, ME 04769 01-0265483 |
| Dennis Barriault Ronald Barriault Mike Barriault | Central Distributors P O Box 1936 Lewiston, ME 04241-1936 01-0042570 |
| Paul Spellman | Federal Distributors P O Box 2007 Lewiston, ME 04241-2007 01-0199044 |
| Scott Solman | Maine Distributors 5 Coffey Street Bangor, ME 04401 01-0272342 |
| Elmer Alcott Jim Bourque | Nappi Distributors 615 Main Street Gorham, ME 04038 01-0261330 |

Maine Beer & Wine Wholesalers Assoc., Inc.
P O Box 615, Augusta, ME 04332
01-6021180

Jeffrey Kane

National Distributors
116 Wallace Avenue
South Portland, ME 04106
01-0261254

Nick Alberding

Pine State Trading Company
100 Enterprise Avenue
Gardiner, ME 04345
01-0140426

Mike Runser
Bill Fitch

Valley Distributors
P O Box 8
Oakland, ME 04963
01-0324344

STATE OF MAINE

DECLARATION OF ORGANIZATION OF A CORPORATION WITHOUT
CAPITAL STOCK UNDER THE GENERAL LAW
(R. S. Chapter 70, sections 1-11.)

The undersigned, officers of a corporation organized without capital stock, organized at Augusta, count of Kennebec and state of Maine, at a meeting of applicants duly called by a Justice of the Peace and held at Augusta aforesaid on the sixteenth day of November A. D. 1933, hereby certify as follows:

The name of the corporation is MAINE WHOLESALE DISTRIBUTORS OF MALT BEVERAGES, INC.

The purposes of said corporation are to incorporate as a relief or benefit association for mutual assistance, and for the protection and betterment of its interests in general; to raise and maintain the standard of the beverage industry, and to cultivate friendship, good-will and business co-operation.

The corporation is organized without capital stock, under the provisions of the Revised Statutes of Maine, Chapter 70, sections one to eleven inclusive.