

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

benefit trust or private foundation)

Inten		ue Service			have to use a	copy of th	is return to s	atisfy s	tate re	porting	requirements		Inspection	on
<u>A</u>			endar year, or tax		nning			, ;	and e	nding				
<u>B</u> (Check If a	applicable	C Name of organiza	ition MA	AINE BEER &	WINE V	VHOLESAL	ERS A	SSO	C., INC	D Employer	identificatio	n number	
	Address	change	Doing Business A	\s							01-6021180			
	Name ch	ange	Number and street	et (or PO bo	x if mail is not deli	vered to str	eet address)	Room/s	suite		E Telephone	number		
	Initial retu	ım	P O BOX 615								207-623-380	00		
\square	Terminat	ed	City or town, state	or country, a	and ZIP + 4									
\Box	Amended	return	AUGUSTA				ME	04	332-0	615	G Gross rece	ipts \$		210,084
Ħ,	Application	on pending	F Name and address	ss of principal	officer					H(a) is	this a group retui	n for affiliate		X No
_											e all affiliates inc		Yes	s No
	Tay_evem	pt status	X 501(c)(3)	501(c) () ◀ (ıns	ert no.)	4947(a)(1)	or [527	l if	"No," attach a lis	t (see instru	ictions)	_
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<u> </u>	+-						,	<u> </u>		T ⁱ	Prior Year		Current Ye	
SCAINMED APR Revenue	8	Contribu	utions and grants	(Part VIII	, line 1h) . .						205	,100		209,799
ANIM Revenue	9		n service revenu									0		0
S S	10	Investm	ent income (Par	t VIII, colu	mn (A), lines 3	3, 4, and	7d)		· . **			147		85
<u> </u>	11	Other re	venue (Part VIII	, column (A), lines 5, 6d	, 8c,¦9c,	10只要便	Te)/E	D			0		200
) 	12_	Total rev	enue—add lines 8	through 11	1 (must equal P	art VIII, c	olumn (A); li	ne-12)-		Ŏ	205	,247		210,084
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es	15		other compensati							<u>Ř</u>		0		0
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	17		kpenses (Part IX penses Add line					no 35\	•	<u> </u>		,123		218,117
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ets c	20	Total as	sets (Part X, line	e 16) .								,109		50,075
Ass	21		bilities (Part X, Ii	•								0	•	0
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	art II	Sig	nature Block			,								
Und	er penalt	es of perjur	y, I declare that I have	e amined th	nis return includin	g accompa	nying schedule	es and st	ateme	nts, and	to the best of my	knowledge		
and	belief, it	is true, com	ect, and complete De	eglatation of p	reparer other mai	n officer) is	based on all II	nformatio	on of w	nich prep	parer has any kno	wledge		
Sig	gn			11	1 100	/						1		-
Here			Signature of officer	11 mm	AH	,					Date 3	כולשא		
			Type or print name a	and title	. ,,,,,,	<u> </u>						/ · / · C		
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	e Onl	1	n's name ► J. PE	ETER GILE	BERT, CPA						Firm's EIN ▶	01-03723	313	
_		Firm	n's address ▶ P O	BOX 598,	SEARSPORT	, ME 04	974				Phone no	(207) 356	6-6025	
Ма	y the II	RS discu	ss this return wit	h the prepa	arer shown at	ove? (se	ee instruction	ons)					Yes	X No
			uction Act Notice			<u>`</u> _						·		90 (2011)

	90 (2011)	MAINE BEER & WINE WHOLESALERS ASSOC, INC	01-6021180	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
	Briefly de	escribe the organization's mission	<u>·</u>	
•		oses are to incorporate as a relief or benefit association for mutual assistance,		
	and for th	ne protection and betterment of tits interest in general, to raise and maintain		
	the stand	lard of the beverage industry, and to cultivate friendship, good-will and		
		co-operation.		
2		rganization undertake any significant program services during the year which were not listed on		_
		Form 990 or 990-EZ?	· · L Yes	X No
3		describe these new services on Schedule O		
3	services?	rganization cease conducting, or make significant changes in how it conducts, any program	. Yes	X No
		describe these changes on Schedule O.	res	[V] MO
4		the organization's program service accomplishments for each of its three largest program service	ces, as measured	l by
	expenses	s Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re	port the amount o	
	grants ar	nd allocations to others, the total expenses, and revenue, if any, for each program service report	ed	
	<u> </u>			
4a) (Expenses \$ 0 including grants of \$ 0) (Revenue		
4b	(Code ⁻) (Expenses \$ 0 including grants of \$ 0) (Revenu	e \$	0)
4c	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenu	e \$	0)
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	04	Openitors (Paraditors Caladata A.)		
4d	-	ogram services. (Describe in Schedule O.)	0.\	
<u> 4e</u>	(Expense	es \$ 0 including grants of \$ 0) (Revenue \$	0)	

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B, Schedule C Centributors (see instructions)? 2 Is the organization enguare di complete Schedule B, Schedule of Contributors (see instructions)? 3 Is bit the organization enguare di complete Schedule C, Part I 4 Section 501(c)(3) organizations. Dit the organization enguare in obbying activities, or have a section 501(t) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5),				Yes	No
2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 in the organization engage in direct or indirect political Campaing activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 1 Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part 1 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I "Yes," complete Sc	1		1		x
3 Did the organization engage in direct or indirect political campaing activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts" If "Yes," complete Schedule D, Part III 5 Did the organization maintain collections of works of art, historical treatures, or other similar assetts? If "Yes," complete Schedule D, Part III 5 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IVI 5 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other assets 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 VVII. 11 Did the organization report an amount for other assets 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 VVII. 12 Did the organization report an amount for other assets in Part X, line 13 that is 5%	2	·			
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5 is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "res," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part III. 10 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 10 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 12 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 13 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 14 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part XII. 15 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets and the organization's labeliant and some sparate, independent aud	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		Х	-
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V I. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II. 13 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 V II. 14 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 V III. 15 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part V III. 16 Did the organization is separate or consolidated financial statements for the tax year include a foothole that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X, II. 17 Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional is the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional is the organization and program service activities outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargesate strats or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report and tot			9		x
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?				<u> </u>	
				<u> </u>	<u>X</u>
	b	if "Yes" to line ∠ua, did the organization attach a copy of its audited financial statements to this return?	20b		Щ.

Form	990 (2011) MAINE BEER & WINE WHOLESALERS ASSOC , INC.	01-6021180	Г	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	ı		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	Х
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	Ì	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J .	. 23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		 	<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	. 24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	+	X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1240	 	 ^`
_	to defease any tax-exempt bonds?	. 24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	. 2-70	 	 ^
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	· <u>25a</u>	 	 ^- -
_	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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee,		┼	 ^-
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Par			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	. 20	 	Х
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		l
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	. 21	 	X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	*,	* *****	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		ž vi	
a	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	. 28a	 	X
D	Schedule L, Part IV			١.,
_		. <u>28b</u>	₩-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.			
20		28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M			١.,
24		30_	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		1	١.,
22		31	 	_ X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			١.,
22		. 32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١
24	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			١
05-	III, IV, and V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>	ļ	X
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within			
00	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1		
	organization? If "Yes," complete Schedule R, Part V, line 2	. 36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	. 37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	192 Note, All Form 990 filers are required to complete Schedule O	1 20	ΙV	l

orm 9	990 (2011) MAINE BEER & WINE WHOLESALERS ASSOC., INC	01-6021	180	P	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				<u> </u>
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	12	٠,		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able		1	
	gaming (gambling) winnings to prize winners?	[1c	x X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			, *	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u> </u>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth				
	over, a financial account in a foreign country (such as a bank account, securities account, or other finance	í			
	account)?		4a		_X
b	If "Yes," enter the name of the foreign country: See instructions for files requirement for Foreign TD 5 00 00 4 D. 4 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<u>-</u>		34	* 3
5 0	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Acc			**``	`
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5a		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_	5b		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	· · · ·	5c		
va	organization solicit any contributions that were not tax deductible?		6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of		0a		
_	gifts were not tax deductible?		6b	х	
7	Organizations that may receive deductible contributions under section 170(c).	13	<u> </u>		. 2
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	at s		*	
	and services provided to the payor?		7a	Sim subt or	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u> </u>	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	. [7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	,	TO THE	A	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec	. –	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	-	7h	111	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	Į×	77,	š	400
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	d.		Š . Z.	**
9	Sponsoring organizations maintaining donor advised funds.		8		117
а	Did the organization make any taxable distributions under section 4966?		 9а	*	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	· ·	<i>></i>		****
а	Initiation fees and capital contributions included on Part VIII, line 12		7.		3 4 %
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .		5 5		
11	Section 501(c)(12) organizations. Enter:				e 5
а	Gross income from members or shareholders	ļ			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)		2		
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10-	41? .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	,			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	.,~		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
•	Note. See the instructions for additional information the organization must report on Schedule O		<i>′</i> .		
b	Enter the amount of reserves the organization is required to maintain by the states in which				
_	the organization is licensed to issue qualified health plans		ļ		
C 142	Enter the amount of reserves on hand		44		
l4a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14a 14b		<u> </u>
	1 100, 1100 to 1100 to 10 10 10 10 10 10 10 10 10 10 10 10 10		140		Ī

Part VI

MAINE BEER & WINE WHOLESALERS ASSOC., INC.

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

Saat	ion A. Coversing Backward Management	• • •	• •	•	<u> </u>
Seci	ion A. Governing Body and Management				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	2	Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or	ıa ı	2		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.		,		
h		46. 4	ا ۲۰		'
b	Enter the number of voting members included in line 1a, above, who are independent		<u>2</u> , , ,		'
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onsnip with			
_	any other officer, director, trustee, or key employee?		2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or und		1.		
	supervision of officers, directors, or trustees, or key employees to a management company or o		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?.	5		X
6	Did the organization have members or stockholders?		6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?		7a	Х	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,			
	stockholders, or persons other than the governing body?		7b	Х	<u></u>
8	Did the organization contemporaneously document the meetings held or written actions undertain	ıken durıng	- Ag	A.	14.
	the year by the following:		**		ate a
а	The governing body?	•	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reached	-		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue (Code)		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of sur	ch chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•		* *	m Z
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a	٠.	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		Х
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"			
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and ap-	proval by	1. 1883	77.500	
	independent persons, comparability data, and contemporaneous substantiation of the deliberati		* 2000	() K.	**; * *\
а	The organization's CEO, Executive Director, or top management official		15a	::::::::::::::::::::::::::::::::::::::	X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		* * * * * * * * * * * * * * * * * * * *		۲.
16a		angement	7.4	**	
	with a taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev	aluate its	, N. 1/2.		
	participation in joint venture arrangements under applicable federal tax law, and take steps to si		() () () () () () () ()		1
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure		1.4-		
17	List the states with which a copy of this Form 990 is required to be filed ► ME				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501	(c)(3)s	only)	
-	available for public inspection. Indicate how you made these available. Check all that apply.	(230011.001	,5,,0,0	J. 11 y)	•
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing document	ts, conflict of intere	st		
	policy, and financial statements available to the public	,	- (
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and records of the	ne		
	organization CAPITAL INSIGHTS				
	P.O. BOX 615 AUGUSTA ME 04332		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Form 990 (2011)	MAINE BEER & WINE WHOLES	ALERS ASSOC	, INC							01-60211	80 Page 7
Part VII	Compensation of Officers, Dire	ctors, Trustee	es, K	еу	Em	plo	yees	, H	ighest Comp	ensated	
	Employees, and Independent C										
	Check if Schedule O contains a re		<u> </u>			_				· · · · ·	<u>. </u>
Section A.	Officers, Directors, Trustees, Key I	Employees, an	d Hig	hes	t C	omp	ens	atec	Employees		
	this table for all persons required to be	e listed. Report	comp	ens	atio	n fo	r the	cale	endar year endı	ng with or within	the
organization's	s tax year										
of compensa List all List the who received organization	of the organization's current officers, of tion. Enter -0- in columns (D), (E), and of the organization's current key emple organization's five current highest coll reportable compensation (Box 5 of Formand any related organizations of the organization's former officers, key to the organization's former officers, key the o	(F) if no comper loyees, if any. Sompensated emperm W-2 and/or	ensations ee ins ploye Box 7	on v stru es (7 of	vas ctio othe For	paid ns f er th m 1	d or de nan a 099-l	finit n of MIS	ion of "key emp ficer, director, tr C) of more than	loyee " ustee, or key en \$100,000 from	nployee) the
	reportable compensation from the orga								a cripicyces w	io received mon	o triari
• List all	of the organization's former directors more than \$10,000 of reportable comp	or trustees th	at rec	eive	ed, i	n th	e cap	aci			e of the
-	in the following order individual trustee			-				-	-		
	d employees, and former such persons		iiistitu	ition	iai ti	ust	ccs, (J111C	ers, key employ	rees, mgnest	
	us box if neither the organization nor a		nizatıc	nn c	٥mr	ens	sated	any	v current officer	director or true	tee
N Oncok an	NO DOX II NORMO THE OF GRANE CAROLINE CO	Try related ergal) (2)	Jaica	un;		Tancolor, or true	icc.
	(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	more rson	e than o	an	(D) Reportable	(E) Reportable	(F) Estimated
		week (describe hours for related organizations in Schedule O)	or director	T	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Peter I	Briggs	A								_	
(2) Donnis	Barriault	As needed	X	\vdash		-			0	0	0
(2) Dennis	5 Dairiauit	As needed	X	ł					0	₀ ا	_ ر
(3) Ron Ba	arriault					-					0
(4) John C		As needed	X	⊢	<u> </u>		_		0	0	0
(4) John C	701111	As needed	х						0	0	0
(5) Scott S	Solman								-		
		As needed	X						0	0	0
(6) Elmer	Alcott										
	· · · · · · · · · · · · · · · · · · ·	As needed	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ļ	0	0	0
(7) Jim Bo	ourque		١				ļ				
1 55 15		As needed	<u> </u>	 	├	<u> </u>	<u> </u>	<u> </u>	0	0	0
(8) Jeff Ka											
(O) Mike E		As needed	X	├	╢	├─		 	0	0	0
(9) Mike R	unsei	As needed	x			ı			0	0	0
(10) Mike B	arriault	, to nocucu	 ``			1					
Vice Preside		As needed			x				О	l o	О О
(11) Nick A										1	
President		As needed			X				0	0	0
(12) Bill Fite	ch										
Treasurer	· · · · · · · · · · · · · · · · · · ·	As needed			X	L	<u> </u>	<u></u>	0	0	0

(14)

P	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee			High	est	Compensated	Employees (co	ontinued)
	(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck ss pe	rson	e than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	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
(15)											
(16)					-						
(17)											
(18)		==							-		
(19)											
(20)											
(21)											
(22)						ļ					
(23)											
(24)											
(25)											
1b c d	Sub-total Total from continuation sheets to Part VII, 5 Total (add lines 1b and 1c)					l	<u>.</u>	> > >	0	(
2	Total number of individuals (including but not reportable compensation from the organization	limited to those		d ab			ho re	ceiv	ed more than \$		<u> </u>
3	Did the organization list any former officer, diremployee on line 1a? <i>If "Yes," complete Sche</i>	rector, or truste		y en	nplo	yee	e, or h	ngh	est compensate	ed .	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual	•							•		4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "									ndıvıdual	5 X
Sec	tion B. Independent Contractors	res, complete	00110	duic	, , ,	0/ 3	uon	7010		· · ·	1 3 1 1 1 1
1	Complete this table for your five highest comp compensation from the organization. Report c year.										
	(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
											(
									<u> </u>		(
								_	<u>-</u>		(
		· ·									(
2	Total number of independent contractors (inclimore than \$100,000 of compensation from the		nited	to t	hos	e lis	sted a		ve) who receive	d Y	

8a	Gross income from fundraising				٠, ،	٨.	
	events (not including \$ 0			, , ,	**	*	,
	of contributions reported on line 1c).			,	, in .		
	See Part IV, line 18	a	ol	× *		<i>"</i> ,	, , ,
b	Less direct expenses b	o [0	,	* *	*	
C	Net income or (loss) from fundraising events .		•	0			
9a	Gross income from gaming activities.	ſ			٠		A W.E.S.
	See Part IV, line 19.	3	o	•		* *	
b	Less direct expenses b	o [0				
C	Net income or (loss) from gaming activities		•	0			
10a	Gross sales of inventory, less						,
	returns and allowances a	a	0				
b	Less cost of goods sold b	o [0				
C	Net income or (loss) from sales of inventory		•	0			

Business Code

200

85

210,084

Miscellaneous Revenue

All other revenue.

Total. Add lines 11a-11d.

Total revenue. See instructions

11a

Form 990 (2011)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response to any question in this Part IX .									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and				**					
	organizations in the United States. See Part IV, line 21		,	* *	,					
2	Grants and other assistance to individuals in the			, , , ,	* * *					
	United States. See Part IV, line 22		 -	, sêz.	*					
3	Grants and other assistance to governments,			, 5,	* *					
	organizations, and individuals outside the			*	*					
	United States. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0			*					
5	Compensation of current officers, directors,									
_	trustees, and key employees	0		···						
6	Compensation not included above, to disqualified				•					
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B) .	0								
7 8	Other salaries and wages Pension plan accruals and contributions (include	0								
0										
۵	section 401(k) and 403(b) employer contributions) .	0								
9 10	Other employee benefits Payroll taxes	0								
11	Fees for services (non-employees)		· · · · · · · · · · · · · · · · · · ·							
''a	Management	141,811		141 041						
b	Legal	5,000		141,811						
C	Accounting	650		5,000 650						
d	Lobbying	31,626	·-·-	31,626						
e	Professional fundraising services. See Part IV, line 17	0		31,020						
f	Investment management fees	0								
g	Other	21,702		21,702						
12	Advertising and promotion	0	"-	21,102						
13	Office expenses	529		529						
14	Information technology	0								
15	Royalties	0								
16	Occupancy	0								
17	Travel	6,314		6,314						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	6,355		6,355						
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	0	0	0	0					
23	Insurance	0			· · · · · · · · · · · · · · · · · · ·					
24	Other expenses Itemize expenses not covered		* * *							
	above (List miscellaneous expenses in line 24e. If	*		and the state of the state of						
	line 24e amount exceeds 10% of line 25, column	, , ,	. ,, ,,	· - 34	, ,					
_	(A) amount, list line 24e expenses on Schedule O.) Subscriptions	400		100	·					
a b	Talanhana	160 1,254		160 1,254						
6		1,276		1,234						
d	Printing & Supplies Sponsorship	1,000		1,276						
e	All other expenses Miscellaneous	440		1,000						
25	Total functional expenses. Add lines 1 through 24e	218,117	0							
26	Joint costs. Complete this line only if the	210,117		210,117	<u> </u>					
	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation Check here									
	following SOP 98-2 (ASC 958-720)									

Balance Sheet

(A) (B) Beginning of year End of year Cash—non-interest-bearing 58,109 1 50.075 2 Savings and temporary cash investments . . . 2 3 Pledges and grants receivable, net . . 0 3 4 Accounts receivable, net 0 4 n 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 6 7 Notes and loans receivable, net ol 7 8 Inventories for sale or use . . . 8 9 Prepaid expenses and deferred charges. 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . . . 0 11 0 12 Investments—other securities. See Part IV, line 11. 0 12 0 13 Investments—program-related See Part IV, line 11. ol 13 0 14 Intangible assets ol 14 0 15 Other assets See Part IV, line 11. ol 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 58.109 16 50.075 17 Accounts payable and accrued expenses 17 18 Grants payable. 18 19 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties . 0 23 24 Unsecured notes and loans payable to unrelated third parties. 0 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 0 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117, check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . 27 28 Temporarily restricted net assets. 28 or Fund 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117, check here ▶ X and complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds . 32 Net 58,109 32 50.075 33 Total net assets or fund balances 58,109 33 50,075 Total liabilities and net assets/fund balances 58,109 50.075

Form 9	990 (2041) MAINE BEER & WINE WHOLESALERS ASSOC , INC.	01	-6021180	Pa	ge 12
Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· ·	_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21	0,084
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,117
3	Revenue less expenses. Subtract line 2 from line 1	3			3,033
4					8,109
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-1
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		-	-	
	column (B))	6		5	0,075
Part	• • •				_
	Check if Schedule O contains a response to any question in this Part XII		· · · · · · · · · · · · · · · · · · ·		Ц_
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
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
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		0-		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	╁	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O.	1	14 1	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 separate basis, consolidated basis, or both 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		-		-
va	the Single Audit Act and OMB Circular A-133?		. 3a		l x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
-			Form	990	(2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Open to Public Inspection

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

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

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

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

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such					
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Was a correction made? If "Yes," describe in Part IV. Int I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b. Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- (e) Amount of political contributions received a promptly and directly delivered to a separate political organization's funds if none, enter -0- (e) Amount of political contributions received a promptly and directly delivered to a separate political organization's funds if none, enter -0- (f) Amount paid from filing organization's funds if none, enter -0- (e) Amount of political contributions received a separate political organization's funds if none, enter -0-					

P	art II-A Complete if the organization under section 501(h)).	ion is exempt	under section 5	01(c)(3) and filed	Form 5768 (elect	ion
A	Check ▶☐ If the filing organization I name, address, EIN, ex					member's
В	Check ▶ ☐ If the filing organization				•	
	Limits on Lo (The term "expenditures"	bbying Expend		1	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence					0
b	Total lobbying expenditures to influence			"		0
С	Total lobbying expenditures (add lines 1a	-			0	0
d	Other exempt purpose expenditures					0
е	Total exempt purpose expenditures (add	lines 1c and 1d)		0	0
f	f Lobbying nontaxable amount. Enter the amount from the following table in both columns				0	0
	If the amount on line 1e, column (a) or (b) is	: The lobbyir	ng nontaxable amou	nt is:	·	- 1
	Not over \$500,000	20% of the a	amount on line 1e		**	
	Over \$500,000 but not over \$1,000,000		us 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			,
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess	over \$1,500,000		;
_	Over \$17,000,000 Grassroots nontaxable amount (enter 25	\$1,000,000	·			
g h		•	•		0	0
'' i	Subtract line 15 from line 1c if zero or les		•	· ·	0	0
i	If there is an amount other than zero on a	•	line 1i, did the orda	ا		0
,	section 4911 tax for this year?				720 reporting	Yes No
	(Some organizations that	made a section	g Period Under Se 501(h) election d uctions for lines 2		plete all of the five age 4.)	
_	Lobby	ing Expenditure	es During 4-Year	Averaging Period		
	Calendar year (or fiscal year	4				
	beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	beginning in) Lobbying nontaxable amount	(a) 2008	(b) 2009	(c) 2010 0	(d) 2011	(e) Total
2a b	Lobbying nontaxable amount	(a) 2008	(b) 2009			
2a b	Lobbying nontaxable amount Lobbying ceiling amount	(a) 2008	(b) 2009		0	0
b c d	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount	(a) 2008	(b) 2009	0	0	0
b	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount	(a) 2008	(b) 2009	0	0	0 0 0

Schedule C (Form 990 or 990-EZ) 2011

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forr	n 5768
Fore	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a) (b)		(b)
	e lobbying activity.		No	Amount
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?		X	*
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х		*
C	Media advertisements?		Х	
đ	Mailings to members, legislators, or the public?	X		
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		X	
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	 _	31,626
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		X	
· .	Other activities?			24 020
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		77 + AT-A	31,626
	If "Yes," enter the amount of any tax incurred under section 4912		X	-
	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?	: -: .	×	
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)/5)	Or S	ection
	501(c)(6).	C)(O),	01 3	sction
	CRT.			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Doddha annochata a color color to to a color to the color			2
3		٠	-	3
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O	c)(5), R (b)	or so Part	ection III-A, line 3, is
	answered "Yes."			<u>-</u>
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		todá, i	
	political expenses for which the section 527(f) tax was paid).		. غُدُ `	
a	Current year		2a	
D	Carryover from last year	•	2b	
C	Total		2c	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	•	3_	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		١.	
5	Taxable amount of lobbying and political expenditures (see instructions)		4_	
	IV Supplemental Information		5	0
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5;	D-# 11	١ ٨٠	od Dod II D. boo 4
	complete this part for any additional information	Pan n	ı-A; ar	id Paπ II-B, IIne 1.
	II-B Line 1b Staff advocate for member interests on alcohol, tax, business and other policy			
1.010	The cline to other advocate for member interests of alcohol, tax, business and other policy			
issue	s. Details on specific legislation is filed with the Maine Ethics Commission reports.			
Part	II-B Line 1d Maine Beer and Wine Wholesalers Association held a "Responsibility" event on April			
7th a	nd sent out invitations to elected officials. We also write comments on legislative bills as		• • • • •	
testin	nony.			•
Part	I-B Line 1g Maine Beer and Wine Wholesalers Association advocates / lobbies the Maine			

MAINE BEER & WINE WHOLESALERS ASSOC., INC

01-6021180

Schedule C (Form 990 or 990-EZ) 2011 Page 4						
Part IV	Supplemental Information (continued)					
legislature	a list of specific issues include: wine tastings, special festivals, bottle deposits,					
	ues, alcohol taxes and underage drinking					
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	•					
		· 				

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		•				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number Name of the organization MAINE BEER & WINE WHOLESALERS ASSOC, INC 01-6021180 Form 990 Part VI Section A Line 2 The board and officers are members of family owned businesses and as such may be related. Key employees are not related to any board members Form 990 Part VI Section A Line 6 The organization has 12 members (see part VII for a list of members) Form 990 Part VI Section A Line 7a The members of the organization elect the governing body Form 990 Part VI Section A Line 7b All decisions of the governing body are approved by the members of the organization Form 990 Part VI Section B Line 11b The form 990 is prepared by the staff of the organization in consultation with the tax accountant. A draft is reviewed by the executive committee officers - President / Vice President / Treasurer Form 990 Part VI Section C Line 18 All governing documents, conflict of interest policy and financial statements are available to the public upon request Form 990 Part VI Section C Line 19 All governing documents, conflict of interest policy and financial statements are available to the public upon request