'Form 990~

Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Inter	nal R	Reveni	ue Service		► Informati	on about Form	990 and its inst	ruction	ns is at wu	w.irs.gov/i	form990) <u>. </u>		Inspe	ection
A	For	r the	2016 calend	lar year, or	tax year begin	ning			, 201	6, and end	ing			, 20	
В	Che	ck if a	ipplicable	C Name of or	ganization Main	e Beer & Wi	ine Wholesa	alers	Assoc.	, Inc.			□□□	Employer ider	itification no.
	Add	lress c	change	Doing busii	ness as									1-602118	30
	Nam	ne cha	ange	Number an	d street (or P O bo	x if mail is not delivere	ed to street address)			F	Room/suite		E	Telephone nun	nber
	Initia	al retu	ırn	POB	ox 615								207)623-	-3800	
	Fina	al retu	rn/terminated	City or town	n, state or province	, country, and ZIP or fo	oreign postal code							283,	943
	Ame	ended	retum	Augus	ta, ME 04	332-0615							G	Gross receipts	\$
	App	licatio	n pending	F Name and	address of principa	officer Nick	Alberding				H(a) is the	nis a group r	eturn for s	subordinates?	Yes X No
				Same	as C abov	е					H(b) Are	all subord	linates ii	ncluded?	Yes No
ı	Tax	-exem	npt status	501(c)(3)	501(c) () (insert no)	4947(a)(1) or		527		7	If "No," at	tach a li	st (see instruction	ons)
J	Web	bsite	► N/A								H(c) G	roup exem	ption nu	mber ►	
ĸ	Forr	m of o	rganization 🛚 🗓	Corporation	Trust Ass	ociation Other	>		L Year of for	rmation 193	33	VI State o	f legal o	lomicile ME	
P	art	I	Summar	ry											
		1	Briefly descr	ribe the orga	nızatıon's mıss	on or most signif	icant activities	The	purpos	ses are	to in	corpo	rate	as a re	lief
41	-		or benef	it assoc	ciati for	mutual ass:	istance, a	nd fo	r the p	protecti	on an	d bet	term	ent of 1	ts.
ĕ			interest	in gene	eral; to r	aise and ma	aintain the	e sta	ndard o	of the b	evera	ge in	dust	ry, and	to
r ag	-		cultivat	e friend	dship, goo	d-will and	business of	co-op	eration	n.	_				
Activities & Governance		2	Check this b	oox ▶ 🔲 ıf ti	he organization	discontinued its	operations or di	sposed	of more th	an 25% of it	ts net as	sets			
ত	}	3	Number of v	oting membe	ers of the gove	rning body (Part)	VI, line 1a)		-			[3		10
Ses		4	Number of in	ndependent v	voting member	s of the governing	body (Part VI,	line 1b)					4		10
ξį	1	5	Total number	er of individua	als employed ir	n calendar year 20	016 (Part V, line	2a)				. L	5		0
Ę		6	Total numbe	er of voluntee	ers (estimate if	necessary) .			•				6		
_		7a	Total unrelat	ted business	revenue from	Part VIII, column	(C), line 12					L	7a		0
	_	b	Net unrelate	d business t	axable income	from Form 990-T	, line 34						7b		0
	Ì										Prior	Year		Current	Year
41		8		•	(Part VIII, line					·		253,	186		283,891
ZŽ		9	•		e (Part VIII, line	•		•							0
Revend	- 1	10				A), lines 3, 4, and				·			46		52
XO.		11				nes 5, 6d, 8c, 9c,				<u> </u>					0
	-+	12				must equal Part		line 12	<u> </u>			253,			283,943
SAEVEED MAK U	- L	13				X, column (A), lin			•			33,	004		34,469
M		14	•			(, column (A), line e benefits (Part I)		200 F 1		├—			-+		0
Cas Se	- 1	15	•	•			•	165 3-11	U)	.					0
鴠				_		column (A), line 1 lumn (D), line 25)				0					0
50	٠	47	Other evenes	ooo (Dort IV	column (A) le	000 110 11d 11f	240			-	······································	228,	604	***************************************	246 162
Ä		18	Total expens	ece Addlin	e 13-17 (muet	equal Part IX, co	Juma REG	511/5	-D	7		261,			246,162
S		19				18 from line 12		J/1 V L	· • •	l'			376)		280,631 3,312
	_	-13	Tievenue les	ээ схропосо	Cabilactiiiic					Bei	ginning of		\neg	End of Y	
Net Assets or	auc	20	Total assets	(Part X line	16)	16	FEB 1	3 20	117 50-51		girining Or	34,	\rightarrow	E110 01 1	38,279
Asse	Ba	21	Total liabilitie				L	·	S	·					00,275
Se t	Ĕ.	22				line 21 from line 2		N. I	IT T			34,	967		38,279
P	art			ıre Block								·			
Un	der p	enalti	es of periury. I de	eclare hat I have	e examined this reti	ırn, including accomp	anying schedules an	d stateme	ents, and to the	e best of my kn	owledge a	nd belief, i	tıs		
true	e coi	rrect,	and complete De	eclaration of pre	parer tother than of	ficer) is based on all in	ntormation of which p	reparer n	as any knowle						
				(M	lan -	.C.1.~								2/6/1	<u>7</u> 7,
Si	gn		Signatu	ire of office	11	1011							Date	_	
He	re			\mathcal{U}	1111Am	12h		easu	ver					·	
			Type or	r print name and	title					- <u></u>					
				reparer's name		Premater's signature	0-	h	Date		Che	eck 🗌	If PT		
Pa				r Gilber		1 Teti	Teller	\mathcal{Z}	01-30-	-2017	self	-employed		P0121618	16
	•	arei		<u> </u>		GILBERT, CI	PA				irm's EIN	<u> </u>			
Us	e (Only	Firm's addres	ss 🕨		ver Street	_			Į P	Phone no				
_						le ME 0490						20	7-35	6-6025	
						nown above? (see					<u></u>	<u> </u>		. 🛚 Yes	_ No
For	- Pa	perv	vork Reducti	ion Act Noti	ice, see the se	parate instruction	ons.						_	Form 9	990 (2016)

	till Statement of Program Service Acco				01-602118	U Page 2
Pa	Check if Schedule O contains a response or note	•	III			П
1	Briefly describe the organization's mission:	to any line in this r art i		· · · · · ·	_ 	
'	The purposes are to incorporate as a	relief or hene	fit associati	for mutual	aggigtance	and
	for the protection and betterment of					
	standard of the beverage industry, an					
	co-operation.	u to curtivate	TI Tendonip,	900 <u>u</u> w111 u1	ia basiness	
2	Did the organization undertake any significant program sen	vices during the year w	hich were not listed (n the		
_	E 000 000 E30	-			. Yes	₩ No
	If "Yes," describe these new services on Schedule O			•		K) NO
3	Did the organization cease conducting, or make significant	changes in how it cond	luote any program			
3		changes in now it cond			□ Vaa	₩ No
	services? If "Yes," describe these changes on Schedule O		•		L res	V MO
		anto for anob of its three	largest stagram sou		ad by	
4	Describe the organization's program service accomplishmen					
	expenses Section 501(c)(3) and 501(c)(4) organizations at		e amount of grants ar	iu allocations to ot	ners,	
	the total expenses, and revenue, if any, for each program s	service reported				
4-	(Code) (Expenses \$	including grants of	<u> </u>	\ /Davanua	<u> </u>	
4a	(Code) (Expenses \$	_ including grants or	Ф) (Revenue	\$	
						
						
						
						
4b	(Code) (Expenses \$	including grants of	\$) (Revenue	\$)
						
						
						· -
		<u>-</u>				
						
4c	(Code) (Expenses \$	_ including grants of	\$) (Revenue	\$)
						
						
4d	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of	* \$) (Revenue \$	<u> </u>)	
4e	Total program service expenses ▶					
						000 (2010)

					162	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		•	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		•	<u>-</u>		
•	candidates for public office? If "Yes," complete Schedule C, Part I			3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<u> </u>		1
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II			4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	•	•		-11	
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1		}
	Part III			5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		•	 		<u> </u>
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If					
	"Yes," complete Schedule D, Part I			6		\ _V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-		X
•				 		3.7
	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,"					
_	complete Schedule D, Part III			8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a					
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or				,	
_	debt negotiation services? If "Yes," complete Schedule D, Part IV			9		_X_
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted					
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	•		10]	X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,					
	VII, VIII, IX, or X as applicable					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"					
	complete Schedule D, Part VI			11a		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			11b		X
C	• • •					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			11c		_X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets					
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	•		11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			11f		_X_
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI and XII			12a		_X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If					
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			12b		_X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .			13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?			14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,					
	fundraising, business, investment, and program service activities outside the United States, or aggregate					
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or					
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			15	- 1	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other					
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on					
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on					
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?					
	If "Vas " complete Schedule G. Part III			10		v

Part IV Checklist of Required Schedules (continued)

	•			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II	i	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	,			
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K If "No," go to line 25a		24a		Х
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х
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?				İ
	If "Yes," complete Schedule L, Part I		25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any				
	current or former officers, directors, trustees, key employees, highest compensated employees, or				ĺ
	disqualified persons? 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,	Ī			
	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		Χ
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)		ĺ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .		28a	1	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	Ì			
	Schedule L, Part IV		28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	Ī			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	.	28c		Χ
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	Ī			
	conservation contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				
	Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	Ī			
	complete Schedule N, Part II		32)	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Ī			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33	1	Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b	}	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	Ī			
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		Χ
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,		İ		
	Part VI	.	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	Ī		_	
	19? Note. All Form 990 filers are required to complete Schedule O		38	Χ	
				000 (2	~~~

	· Check if Schedule O contains a response or note to any line in this Part V		<u> </u>				
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		10	<u>d</u>		
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	_1b		(₫		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and]	
	reportable gaming (gambling) winnings to prize winners?	•			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	I				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	l		₫		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	•	•	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	rity					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al					
	account)?				4a		X
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accou	ınts					
	(FBAR)				_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party party the organization that it was are a party to a prohibited tax shelter transaction.				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	,			5b		X
C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			• •	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				_	3.7	
_	organization solicit any contributions that were not tax deductible as charitable contributions?	•	•		6a	_X_	-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions o	r			ا م	17	
7	gifts were not tax deductible?		•	•	6b	X	<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
a	and services provided to the payor?	•			7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	•	•	7b		$\stackrel{\wedge}{\vdash}$
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	•		<u> </u>		
•	required to file Form 8282?				7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d		• •	10		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contrain		<u> </u>		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		•		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	99 as	reaured?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10th		roquirou	•	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		•		· · · · ·		
-	sponsoring organization have excess business holdings at any time during the year? .				8	Ì	
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?				9a	Ì	ı
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					i
11	Section 501(c)(12) organizations. Enter						
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 104	1?			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.						
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.					1	
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	13b					
c	Enter the amount of reserves on hand	13c			 		
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		X
_ <u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 10 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? . . 6 Х 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Each committee with authority to act on behalf of the governing body? Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? \overline{X} 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Maine Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 Capital Insights (207)623-3800, P O Box 615, Augusta, ME 04332-0615

Form	Ode	(201	6)
-01111	990	1/0/	O.

Maine Beer & Wine Wholesalers Assoc., Inc.

01-6021180

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

,				((C)					
(A)	(B)	٠			sition			(D)	(E)	(F)
Name and Title	Average	I .				han one s both a		Reportable	Reportable	Estimated
	hours per					r/trustee		compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	Individual trustee or director	Ins	Officer	<u>~</u>	em Hig	Fo	organization	(W-2/1099-MISC)	from the
	organizations	lvidu	ŧ	Ē	Key employee	ploy	Former	(W-2/1099-MISC)		organization
	below dotted line)	ਰੰਬ	on a		탕	ee				and related organizations
	,,,,,,	uste	Institutional trustee		8	nper				organizations
		"	tee			Highest compensated employee				
						ă				
(1) Peter Briggs										
		x						C	o	0
(2) Dennis Barriault										
		$\mid x \mid$						c	o	0
(3) Ron Barriault										
(0) 1011 2011 1001		x						ď	ol	0
(4) John Cronin		11							Ū	
(4) bom otomin		X						ď	o	0
(5) Chris Black		11								
(0) 01111 11401		X						c	ol	0
(6) Tim Longstaff										
(4) 11 20		X			1			c	ol	0
(7) Mike Runser								<u> </u>		
(1) hine hands		$\mid x \mid$						c	ol	0
(8) Mike Barriault										<u>-</u>
(o) Mixe 201110011				X				c	o	0
(9) Nick Alberding										
(0) 11201 11201 113				X				c	o	0
(10)Bill Fitch						ļ				
(10/2222 12000				X				c	ol	0
(11)										
<u></u>										
(12)		\vdash							-	
(13)					<u> </u>					
(10)										
(4.0)				 	\vdash	ļ				
<u>(14)</u>										
	1	j l		I	I	ı	i		i l	

Part '	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd I	High	est	Comp	ens	ated Employees	continuea)			
`	(A) Name and title	(B) Average hours per week (list any	box, t	unless r and	s pers	tion ore the	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) Stimated mount o	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	mpensati from the ganization nd relate	e on ed
<u>(15)</u> _		-											-
(16)													
<u>(17)</u>													
(18)													
(19)													
(20)													
(21)									-				
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total	 on A					•	>			 -		
d	Total (add lines 1b and 1c)							-	(0	ļ ·		0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those list	ed abo	ve)	who	rece	eived m	nore	than \$100,000 of	0			
	Toportable compensation from the organization	_								<u></u>		Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If "Yes," complete Schedule Sche</i>				ee,	or hi	ghest o	com	pensated		3		Х
4	For any individual listed on line 1a, is the sum of rep	oortable com	pensat	ion a									
	organization and related organizations greater than individual	\$150,000? <i>Ii</i>	f "Yes, 				chedul	le J	for such		4		X
5	Did any person listed on line 1a receive or accrue of	compensation					 d orgar	nızat	tion or individual		1	†	1
	for services rendered to the organization? If "Yes,"	complete Sci	hedule	J fo	r su	ch p	erson				5		X
Section 1	on B. Independent Contractors Complete this table for your five highest compensations.	ted independ	ent co	ntrac	ctors	that	receiv	/ed r	more than \$100,00	0 of			
	compensation from the organization Report compenser												
	(A)						_		(B) Description of		Com	(C) pensatio	
Capit	Name and business address al Insights, P O Box 615, August		332-	061	5					Director	COIT	·	3,15
							<u>. </u>						
2	Total number of independent contractors (including			ose	liste	ed ab	oove) w	vho					
	received more than \$100,000 of compensation from	n the organiza	ation	▶						1			

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Maine Beer & Wine Wholesalers Assoc., Inc.

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2	1a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b	283,116]			
Αm	С	Fundraising events	1c		_			
ilar	d	Related organizations .	1d]			
Sim	е	Government grants (contributions) .	1e] [[
Je.	f	All other contributions, gifts, grants,]		
ŏ		and similar amounts not included above		775	1			
auc	g	Noncash contributions included in lines	1a-1f \$		_			
	<u>h</u>	Total. Add lines 1a-1f	•	. <u>.</u> .	283,891			
.				Business Code	_			
Program Service Revenue	2a	<u> </u>						
Re.	b							
5	С					-		
Ser	d							
lam	е							
Prog		All other program service revenue .	•					
_	g	Total. Add lines 2a-2f		· · <u>*</u>	-			
		Investment income (including dividends,		_	-			
		and other similar amounts)			52	52		
		Income from investment of tax-exempt b	ond proce					
	5	Royalties .		<u>. ▶</u>	 			
	_		Real	(II) Personal	-			
		Gross rents			-			
		Less rental expenses		<u> </u>	-			
		Rental income or (loss)		L	-			
	d	Net rental income or (loss)		· •			······································	
		GIOSS amount nom saids of	curities	(ii) Other	-			
		assets other than inventory			-			
		Less cost or other basis						
	l	and sales expenses .			-			
	l .	Gain or (loss)		. ▶	-			1
ω		Net gain or (loss)	•	· •				
ue		Gross income from fundraising events (not including \$						
ě	1	events (not including \$ of contributions reported on line 1c)						
F.		See Part IV, line 18	a					
Other Reven		Less direct expenses .	b		7 1			
•		Net income or (loss) from fundraising ev		•	1 1			Ì
	ł .	Gross income from gaming activities						
	ı	See Part IV, line 19	a					
	1	Less direct expenses	b	-	7			
		Net income or (loss) from gaming activity	ties .	. ▶	7			
		Gross sales of inventory, less						
		returns and allowances	a		j			
		Less cost of goods sold	. b		1			
		Net income or (loss) from sales of inver	ntory	. •	7 1	_		
	Ť	Miscellaneous Revenue		Business Code				
	11a				7			
	b							
	C							
	1	All other revenue .						
					· · · · · · · · · · · · · · · · · · ·		····	

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) Check if Schedule O contains a response or note to any line in this Part IX (C) (B) (D) Do not include amounts reported on lines 6b, 7b, Fundraising expenses Total expenses Management and general expenses Program service 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 34,469 34,469 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 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 Я Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Pavroll taxes 11 Fees for services (non-employees) Management 198,671 198,671 Legal Accounting 650 650 16,132 16,132 Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 583 583 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 18,905 18,905 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,889 4,889 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates . 22 Depreciation, depletion, and amortization 23 2,335 2,335 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 731 731 Telephone 516 516 Printing and supplies 2,750 2,750 Miscellaneous All other expenses 280,631 280,631 0 Total functional expenses. Add lines 1 through 24e 0 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	34,967	1	38,279
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
i	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees		1	
		Complete Part II of Schedule L		5	
ļ	6	Loans and other 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		1	
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
šets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment cost or			
	.00	other basis Complete Part VI of Schedule D . 10a			
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities	 -	11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	l	·	34,967	16	20 270
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	34,907	17	38,279
	18			18	
	19	Grants payable		19	
				20	
	20	Tax-exempt bond liabilities			
"	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
iii		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
'		parties, and other liabilities not included on lines 17-24) Complete Part X	ľ		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here			
Ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
ם	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and			·
ō		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds .		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	34,967	32	38,279
-	33	Total net assets or fund balances .	34,967	33	38,279
	34	Total liabilities and net assets/fund balances .	34,967	34	38,279

Form	990 (2016) Maine Beer & Wine Wholesalers Assoc., Inc.	01-6021	180	Р	age 1
Pai	t XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		283,	943
2	Total expenses (must equal Part IX, column (A), line 25)	2		280,	631
3	Revenue less expenses Subtract line 2 from line 1	3		3,	312
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34,	967
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_		
	33, column (B))	10		38.	279
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🗌 Accrual 🗍 Other				-
	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	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	•			
	Schedule O.				
32	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		Х
h	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the	•	· Ja		

Form 990 (2016)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

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

2016

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

- 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," on 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.

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

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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations:	: Complete Part III			
	e of organization			Employer	identification number
Ma	ine Beer & Wine Wholesalers	Assoc., Inc.		01-602	1180
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or i	s a section 527 org	anization.
1	Provide a description of the organization's	s direct and indirect political campaign a	ctivities in Part IV	(see instructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (s	see instructions) .		▶ \$	
3	Volunteer hours for political campaign act		·	<u> </u>	
Pa		ization is exempt under secti			
1	Enter the amount of any excise tax incurre	ed by the organization under section 495	55	▶ \$	
2	Enter the amount of any excise tax incurre	ed by organization managers under sect	tion 4955	. • \$	
3	If the organization incurred a section 4955	5 tax, did it file Form 4720 for this year?			$oxdot$ Yes $oxdot{ exttt{X}}$ No
4a	Was a correction made? .				. 🗌 Yes 🔯 No
b	If "Yes," describe in Part IV				
Pa	······································	ization is exempt under secti		cept section 501(c)(3).
1	Enter the amount directly expended by the	e filing organization for section 527 exen	npt function		
	activities			. ▶ \$	
2	Enter the amount of the filing organization	's funds contributed to other organizatio	ns for section		
	•		•	▶ \$	
3	Total exempt function expenditures Add	lines 1 and 2. Enter here and on Form 1	120-POL,		
	line 17b .		•	. ▶ \$	
4	Did the filing organization file Form 1120-	POL for this year?			Yes No
5	Enter the names, addresses and employe	er identification number (EIN) of all section	on 527 political org	anızatıons to which the filin	g
	organization made payments For each or	rganization listed, enter the amount paid	from the filing orga	anization's funds. Also ente	er
	the amount of political contributions receive	ved that were promptly and directly deliv	ered to a separate	political organization, such	1
	as a separate segregated fund or a politic	al action committee (PAC) If additional	space is needed, p	provide information in Part I	V
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

_	dule C (Form 990 or 990-EZ) 2016 Maine Beer &				01-60211	
Pa	rt II-A Complete if the organization	n is exempt ur	ider section 50°	1(c)(3) and file	d Form 5768 (elec	tion under
	section 501(h)).			 		
A	Check ► ☐ if the filing organization belongs to	-		-	ember's	
	name, address, EIN, expenses, an					
<u>B</u>	Check ► ☐ if the filing organization checked bo			y		
		ying Expenditures			(a) Filing	(b) Affiliated
_	(The term "expenditures" m				organization's totals	group totals
1a	Total lobbying expenditures to influence public op	-	· •			
b	Total lobbying expenditures to influence a legislati	-	bying)			
C	Total lobbying expenditures (add lines 1a and 1b)				<u> </u>	
d	Other exempt purpose expenditures	 				— ———
e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying portaxable amount. Enter the amount from the following table in both						
Ebbying nonanable amount Enter the amount north the tellowing about						
	columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			io		
	Not over \$500,000	20% of the am		15.	1	
	Over \$500,000 but not over \$1,000,000		15% of the excess of	ver \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess over			
	Over \$17,000,000	\$1,000,000	ON OF THE CACCOO OV	<u>σι ψ1,000,000</u>		
g	Grassroots nontaxable amount (enter 25% of line					
	h Subtract line 1g from line 1a If zero or less, enter -0-					
i	Subtract line 1f from line 1c If zero or less, enter	-0-				
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720						
	reporting section 4911 tax for this year?					Yes 🗌 No
	(Some organizations that made a se	ection 501(h) ele	ng Period Under ection do not hav structions for lin	e to complete a		ns below.
Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)	. ,		, =	(1,1)	(0)
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures			<u> </u>		

	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(4	a)	(b)
	cription of the lobbying activity.	Yes	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?			
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?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1			
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			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5),	or se	ection
	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O	R (b)	Par	t III-A, line 3, is
	answered "Yes."			
1	Dues, assessments and similar amounts from members	.	_1 _	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).		}	
а	Current year		2a	
b	Carryover from last year	,	2b	
C	Total		2c	
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		ĺ	
	and political expenditure next year?	.]	4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	rt IV Supplemental Information			
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line	es 1 a	nd	
2 (se	e instructions), and Part II-B, line 1. Also, complete this part for any additional information			
				-
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SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Gowernments, and Individuals in the United States	r Assistance to	Organization the United Sta	s, tes		OMB No 1545-0047
Department of the Treasury Internal Revenue Service	► Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Attach to Form 990. 990) and its instructic	ns is at www.irs.gov//	form990.	<u> </u>	Open to Public - Inspection
Name of the organization Maine Reer & Wine Wholesalers	Assoc. In		:		Employer identification number	number
General Information on	Grants and Assistance					
1 Does the organization maintain records to substantiate the an the selection criteria used to award the grants or assistance?	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	stance, the grantees' el	gibility for the grants or	assistance, and		. 🛚 Yes 🗌 No
2 Describe in Part IV the organization's procedures for monitoring the use of Part II Grants and Other Assistance to Domestic Organization	e in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	grant funds in the United States ons and Domestic Governme	nts. Complete if the	organization answere	d "Yes" on Form	
	t received m	00. Part II can be du	olicated if additional	space is needed.	7- 201-2020	
(a) Name and address of organization or government	(b) EIN (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
(1)						
(8)						
(6)						
(10)						
2 Enter total number of section 501(c)(3) and government organiza3 Enter total number of other organizations listed in the line 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	table			A A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ne Instructions for Form 990.					Schedule I (Form 990) (2016)

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 980) (2016) Maine Beer & Wine Wholesalers Assoc., Inc.

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 34,469 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 10lympic Support to Julia Clukey (a) Type of grant or assistance Schedule I (Form 990) (2016) Part IV Part III 8 က 4 ស 9 EE

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Maine Beer & Wine Wholesalers Assoc., Inc.	01-6021180
01. Officer, directors, etc. family relationship (Part VI, line 2)	
The board and officers are members of family owned businesses and as s	such may be related.
Key employees are not related to any board members.	
02. Members or stockholder classes and rights (Part VI, line 6)	
The organization has 10 members (see part VII for a list of members).	
03. Member election for additional members (Part VI, line 7a)	
The members of the organization elect the governing body.	
04. Governing body decisions (Part VI, line 7b)	
All decisions of the governing body are approved by the members of the	e organization.
05. Form 990 governing body review (Part VI, line 11)	
The Form 990 is prepared by the staff of the organization in consultat	tion with the tax
accountant. A draft is reviewed by the executive committee officers -	- President / Vice
President / Treasurer.	
06. Form 990 availability to public (Part VI, line 18)	
All governing documents, conflict of interest policy and financial sta	atements are avilable
to the public upon request.	
07. Governing documents, etc, available to public (Part VI, line 19)	
All governing documents, conflict of interest policy and financial sta	atements are
available to the public upon request.	