Form 990 (Rev January 2020) Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2019
Open to Public Inspection

Intern.	tment	of the Treasury			security numbers on		-	•			Open to Pi	
A E		enue Service	ar year, or tax year be		v/Form990 for instru		d the lates dending	t informatio	<u>n</u>		Inspection	on
	heck if		f organization	<u> </u>		and	enuning	D Emplo	ver ident	ificatio	on number	
ar	plicab	le Critains S	5.ga.,,22.011						yer lacin		,	
	Addre		S ASSOCIATION, IN	NC.								
X	]Name chang	pe Doing bi	usiness as					84	-080291	.8		
!	Initial return	Number	and street (or P.O. box	if mail is not d	elivered to street address	s)	Room/suit	e E Teleph	one num	ber		
	Final return		PRUCE STREET					(303	3) 447-	0816		
TOO I MANUELLE	ated	City or t	own, state or province,	, country, and	d ZIP or foreign postal	code		G Gross rec	eipts \$		28,436	, 395
Ĕ,	Amen return Appli	BOOLDE	R, CO 80302					H(a) Is the			<del>-</del>	
2	tion	ng   F Name a	nd address of principal	officer ROBI	ERT PEASE		:1 /	a l	ubordinat			∐ No
<u> </u>			501(c)(3) X 50	)1(c) ( 6	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4047/0\/1	or 0 52	H(b) Are all				No
		empt status te: ► SEE SC	<del> </del>	)1(c) ( 6	) 🚅 (insert no.)	4947(a)(1)	01	7			(see instruction	ns)
				Trust A	Association Othe	r <b>&gt;</b>	I Vea	H(c) Grou ir of formation:			ate of legal domi	ula: CO
Pa	rt I	Summary	Corporation				LICA	ii oi ioiinanon.		I IAI OIG	ite of legal domi	, <del>116,</del>
	1		e the organization's mi	ission or mos	t significant activities	TO PRO	MOTE SMA	ALL & INDE	PENDENT	3		
ည္မ	•		REWERS, THEIR BEE			VING EN	THUSIAST	S				
Ę.	2	Check this bo	x If the orga	nization disc	ontinued its operation	s of dispo	SED OT MO	e MarE25% o	of its net a	assets		
	3	Number of vot	ing members of the go	verning body	(Part VI, line 1a)	1 _	KLU			3		1
≨ું			ependent voting memb			line 11		m 2020	121	4		1
_~ర			of individuals employed	_	• • •	1201	JUL I	7 2020	\sigma_0	5		7
	6		of volunteers (estimate			10			<b>→</b> ([]	6		440
鵄			d business revenue froi	• •			CO	EN, UT	1/2	a	1,936	380
<b>2</b>			business taxable incon		• •	達	060	Laiv, W.		ъ		,839
SCANIMEN MAK I		THE UNITED	Daoineso taxabie incom	110 11011111 0111	. 000 1, 11110 00	-		Prior Y		~	Current Yea	•
	8	Contributions	and grants (Part VIII, Iir	ne 1h)			<u> </u>		771,040		<u> </u>	0
Revenue			ce revenue (Part VIII, III	-					794,308	-	26,520	034
Ķ		•	come (Part VIII, column		1 and 7d)				565,080	-	•	,654
윤			(Part VIII, column (A), I		="			•	115,529		1,038	
			add lines 8 through 1		•	line 12)	-	•	245,957	<del></del>	28,113	
$\dashv$			nilar amounts paid (Par					<u>·</u>	<del>,</del> 597,394		1,089	
			o or for members (Part							<del>.</del>	· · · · · ·	0
اير		•	compensation, employ	-		nes 5·10)	-	7,	583,245		7,727	,005
Se			indraising fees (Part IX	•	• • • • • • • • • • • • • • • • • • • •	,			0		•	0
Expense			ng expenses (Part IX, o		•	36	088.			1		
찗			es (Part IX, column (A),	• •				22	091,933		18,100	930
ļ		-	s Add lines 13-17 (mus		· ·	١	-		272,572		26,917	•
		•	expenses Subtract line	•		,			-26,615	_	1,196	•
28							В	eginning of Cu			End of Year	
age Bes	20	Total assets (F	art X, line 16)				F		084,763		36,570	
Assets or d Balances			(Part X, line 26)						772,944		12,366	
碧	22		und balances Subtrac	t line 21 from	line 20			21,	311,819	$\cdot$	24,203	,974.
	rt II	Signature										
	r pena	lities of perjury 1	declare that I have exami	ncd this return	including accompanyin	g schedule	s and staten	nents, and to th	ne best of r	ny knov	wledge and belief	, it is
Unde			Declaration of preparer (c								-	
	_	-	=						7-9	7-21	D	
			of officer					Da	te			
true,		Signature		IRECTOR								
true, Sign			CLARK, FINANCE D									
true,		THOMAS	CLARK, FINANCE D									
true, Sign		THOMAS	rint name and title		Preparer's signature			Date	Check		PTIN	-
Sign Here		THOMAS Type or p	rint name and title arer's name		Preparer's signature RYAN C. HARRIS			Date 07/08/20	Check if self-emp	loyed	PTIN P00614618	
Sign Here	-	THOMAS Type or p Print/Type prep	rint name and title arer's name		1 '		(	07/08/20	ıf self-emp			
Sign Here Paid Prepa	ner.	THOMAS Type or p Print/Type prep RYAN C. HAF Firm's name	rint name and title arer's name RRIS PLANTE & MORAN	I, PLLC	RYAN C. HARRIS			07/08/20	ď		00614618	
Sign Here	ner.	THOMAS Type or p Print/Type prep RYAN C. HAR	rint name and title arer's name RRIS PLANTE & MORAN	I, PLLC AVE, SUITE	RYAN C. HARRIS			07/08/20 Fir	ıf self-emp m's EIN ▶	38	-1357951	
Sign Here Paid Prepa Use C	arer Only	THOMAS Type or p Print/Type prep RYAN C, HAF Firm's name Firm's address	rint name and title arer's name aris PLANTE & MORAN 8181 E TUFTS A	I, PLLC LVE, SUITE	RYAN C. HARRIS			07/08/20 Fir	ıf self-emp	38	-1357951	No



Forn	1 990 (2019) BREWERS ASSOCIATION, INC.	84-0802918 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	TO PROMOTE AND PROTECT SMALL AND INDEPENDENT AMERICAN BREWERS, THEIR	
	CRAFT BEERS AND THE COMMUNITY OF BREWING ENTHUSIASTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, and
	revenue, if any, for each program service reported	
4a		\$
	THEIR CRAFT BEERS AND THE COMMUNITY OF BREWING ENTHUSIASTS.	
		<del></del>
		<del></del>
4b	(Code) (Expenses \$	
40	/Code ) (Expenses a ) (Mevenue	•
4c	(Code) (Expenses \$ including grants of \$) (Revenue :	s)
	<u> </u>	
_		
4d	Other program services (Describe on Schedule O )	,
	(Expenses \$\frac{\text{(Revenue \$}}{\text{(Revenue \$}}\) (Revenue \$\text{(Revenue \$}}\)	
40	Total program service expenses 22,314,808.	

# Form 990 (2019) BREWERS ASSOCIATION PROPERTY OF THE PROPERTY O

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	l		i
	If "Yes," complete Schedule A	1	<b>├</b> ──	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l <u></u>
	public office? If "Yes," complete Schedule C, Part I	3_	<b>├</b> ──	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		1
	during the tax year? If "Yes," complete Schedule C, Part II	4	<b></b>	├
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		ĺ
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	<u>x</u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	_	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete	١.		x
_	Schedule D, Part III	8	├	<u> </u>
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?		ĺ	x
	If "Yes," complete Schedule D, Part IV	9		<del>  ^</del>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1	)	x
	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		Ĥ
11		}		
_	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-		
а		11a	x	}
<b>h</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	112		<del>                                     </del>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
а	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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	Х	
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		Х
16	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		Х
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	17		х
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		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			v
_	complete Schedule G, Part III	19	$-\dashv$	x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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		, l	
	nomesus onveniment on Part IA. COUDIN IAL JIDS 17. If "Vec." complete Schedule I. Parts I and II.	ノコー	A 1	

Form 990 (2019) BREWERS ASSOCIATION, INC.

[PartilV Checklist of Required Schedules (continued)

-			Yes	No
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		х
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	1		١,
	Schedule J	23	х	
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>		_	
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
J.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
55	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_
<b>-</b>	Part V, line 1	34	х	
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
~	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par			1	
<u></u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 235	أحير		
	Enter the number of Forms W-2G included in line 1a Enter -0· if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		•	
·	(gambling) winnings to prize winners?	1c	х	
932004	01-20-20			2019)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1			
	filed for the calendar year ending with or within the year covered by this return	2a 77	, l	Ì	ł
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	2b	х	1
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	За	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	e O	3b	х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		х
b	If "Yes," enter the name of the foreign country				Ì
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	i	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		<u> </u>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	$\vdash$	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		7b	$\vdash\vdash$	
·	to file Form 8282?	as required			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c	$\vdash$	-
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?	·	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	l t		ı İ	
	Initiation fees and capital contributions included on Part VIII, line 12	10a		.	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter	11	i I		
	Gross income from members or shareholders	11a		.	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	441		.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10477 12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	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		-:	$\neg \uparrow$	
	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			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or	[	ſ	
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	$\longrightarrow$	х
	If "Yes," complete Form 4720, Schedule O	· ·		000	
			Form	990 (	2019)

BREWERS ASSOCIATION, INC. 84-0802918 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Х Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management						
			ı			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		19			
	If there are material differences in voting rights among members of the governing body, or if the governing			Ì			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other	_			
	officer, director, trustee, or key employee?			$\vdash$	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			$\vdash$	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99		filed?	<u> </u>	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assi	ets?			5		Х
6	Did the organization have members or stockholders?			<u> </u>	6	Х	
7a		point c	ne or				
_	more members of the governing body?		_	-7	7a	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
_	persons other than the governing body?			+	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following	-	_	<del>_</del>	
а	The governing body?				3a	X	
ь	Each committee with authority to act on behalf of the governing body?			_  -*	3b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached an extraction and trace?	ned at	tne		9		x
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Rej				9		
	TOTI DI TOTO (TINS Section & requests information about policies not required by the internal Rev	renue (	Joae.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			1	0a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	enters	affiliates	<u>                                   </u>	-	-	
Ī	and branches to ensure their operations are consistent with the organization's exempt purposes?	.p,	armatos,	1	оь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the form?		1a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		ŭ				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			1:	2a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl	icts?	1:	2b	х	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	scribe			Ī	
	ın Schedule O how this was done	·		1:	2c	х	
13	Did the organization have a written whistleblower policy?			1	3	х	
14	Did the organization have a written document retention and destruction policy?			1	4	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			1:	5a	х	
b	Other officers or key employees of the organization			15	5b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					l	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wit	h a	_	-	<u></u> [	
	taxable entity during the year?			10	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•		İ		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	zation	S	-			
200	exempt status with respect to such arrangements?				5b		
17 10	List the states with which a copy of the form of the f	4 000 .	C (Section E01/a)	3)c c-	.l./\ -	wada b	No.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply	u 330.	(C)(	ojs or	пу) а	ıvallaC	лe
		on Cat	nodulo O'				
19	Own website Another's website Yupon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		•	nd fin	anc	al	
.5	statements available to the public during the tax year	ot OI	interest policy, a	. 10 1111	a. ICI	u.	
	CONTRACTOR OF THE PROPERTY AND THE PROPERTY OF THE PARTY						

State the name, address, and telephone number of the person who possesses the organization's books and records 20 TOM CLARK - 303-447-0816 1327 SPRUCE STREET, BOULDER, CO 80302

<b>-</b>	

# 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

See instructions for the order in which to list the persons above

(A)	(B)			(C Pos	C)			(D)	(E) `	(F)
Name and title	Average hours per	(dd	not c	heck	more	than	one	Reportable compensation	Reportable compensation	Estimated amount of
	week	off	icer ar	nd a d	recto	x/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Linste	nstitutional trustee		yee	mpeu		(** 25 1000 141100)		and related
	below	ndual	tution	E	Key employee	est co loyee	늘			organizations
	line)	횰	IIS	Officer	Key	를 를	Гогтег	<u> </u>		
(1) ERIC WALLACE	1.00	4				ł			_	_
BOARD CHAIR		X	_	X_		<u> </u>		_0.	0.	0.
(2) DAN KLEBAN	1.00	4					t		_	_
VICE CHAIR		X	_	х	<u> </u>	↓_	<u> </u>	0.	0.	0.
(3) LARRY CHASE	1.00	4								
SECRETARY/TREASURER		х	_	х		<u> </u>	_	750.	0.	0.
(4) ROB TOD	1.00	4							_	_
PAST CHAIR		Х	-					0.	0.	0.
(5) LESLIE HENDERSON	1.00	┨								
DIRECTOR		Х	-	_	<u> </u>	⊢	├_	0.	0.	0.
(6) STEVE HINDY	1.00	4								
DIRECTOR		х	-					0.	0.	0.
(7) GARRETT MARRERO	1.00	┨						. 0.	0.	
DIRECTOR	1 00	х	├	_		$\vdash$	<u> </u>	· · · · · · · · · · · · · · · · · · ·	0.	0.
(8) CYRENA NOUZILLE	1.00	- x						0.	0.	,
DIRECTOR (9) WYNNE ODELL	1,00		-				<del> </del>	- 0.	0.	0.
(9) WYNNE ODELL DIRECTOR	1.00	- x						0.	0.	٥.
(10) SEAN CASEY	1.00	┿	$\vdash$	-			┢			
DIRECTOR	1.00	√x						0.	0.	٥.
(11) ROXANNE WESTENDORF	1,00	╬	┢╌	$\vdash$		┢		<del>                                     </del>		
DIRECTOR	1.00	⊢ <sub>x</sub>						2,500.	0.	٥.
(12) JOHN MALLETT	1.00	+-		┢	-	┢	┢			
DIRECTOR		\x						0.	0.	5,257.
(13) LARRY HORWITZ	1,00	+	<u> </u>				┢			<u> </u>
DIRECTOR		x						0.	0.	· 0.
(14) JOSE MALLEA	1.00		$\vdash$	_		┢	<u> </u>			
DIRECTOR	<del></del>	x						0.	0.	0.
(15) JULIE VERRATTI	1.00	T								
DIRECTOR		x						0.	0.	0.
(16) TIM BRADY	1.00	T								
DIRECTOR		x	1					21,250.	0.	0.
(17) KEVIN BLODGER	1.00	T								
DIRECTOR		x						0.	0.	0.
932007 01-20-20										Form <b>990</b> (2019

932007 01-20-20

(A)	(B)			-(0	2)			(D)	(E)	(F)
Name and title	Average hours per week	hours per (do not check n				than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) LEAH CHESTON	1.00									
DIRECTOR		х						0.	0.	0
(19) JILL MARILLEY DIRECTOR	1.00	x						938.	0.	0
(20) BOB PEASE	50,00	_					_	330.	٠.	
CEO	30.00			х				, 365,518.	0.	46,352
(21) TOM CLARK	50.00									
FINANCE DIRECTOR				x				142,824.	0.	12,922
(22) STEPHANIE JOHNSON-MARTIN SENIOR VP OF OPERATIONS	50.00			х				184,746.	0.	19,075
(23) PAUL GATZA SENIOR VP OF PROPESSIONAL BREWING DI	50.00			х				184,990.	0.	29,144
(24) NANCY JOHNSON	50,00			-			_		•	,
SENIOR VP OF MEETINGS AND EVENTS				х				163,687.	0.	29,037
(25) RYAN FARRELL	50.00							· · · · · ·		•
VP OF STAFF DEVELOPMENT				х				143,179.	0.	18,993
(26) TOM MCCRORY	50.00									
BUSINESS DEVELOPMENT MANAGER						x		161,096.	0.	14,933
1b Subtotal							<b>•</b>	1,371,478.	0.	175,713
c Total from continuation sheets to Part VII	, Section A						▶ ;	599,936.	0.	58,826
d Total (add lines 1b and 1c)								1,971,414.	0.	234,539

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

-		Yes	No
	3		x
	4	х	
	5		X

20

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(C) Name and business address Description of services Compensation STERLING RICE GROUP 1801 13TH ST, STE 400, BOULDER, CO 80302 MARKETING/PUBLIC RELATIONS 1,705,942. CENTERPLATE EVENT CATERING 700 14TH ST, DENVER, CO 80202 1,221,342. FREEMAN DECORATING EVENT DECORATOR 1,027,682. PO BOX 650036, DALLAS, TX 75265 PRODUCTION RESOURCE GROUP PO BOX 731516, DALLAS, TX 75373 EVENT AUDIO/VISUAL 548,335. WALSWORTH PUBLISHING COMPANY 546,271. PO BOX 310287, DES MOINES, IA 50331 PRINTING Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 33

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 BREWERS ASSO	CIATION, IN	c.				_			84-08029	18
Part VII   Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours	(c	heck	all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					loyee		the	organizations	compensation
	(list any hours for	lrect(				em l		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related	0.0	stee			sated		(44-2/1099-141130)		organization and related
	organizations	truste	al tru:		a	m Bei				organizations
	below	individual trustee or director	Institutional trustee	E E	Key employee	Highest compensated employee	Ē			J
	line)	Ę	tst.	Officer	Key	휼	Former			
(27) KARI HARRINGTON	50.00				1					
BUSINESS DEVELOPMENT MANAGER		1				х		160,903.	0.	15,878.
(28) KATIE MARISIC	50.00									
DIRECTOR OF FEDERAL AFFAIRS						х		160,355.	0.	15,711.
(29) KEVIN DOIDGE	50.00									
SALES DIRECTOR	ļ		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	L		х		146,927.	0.	14,072.
(30) ANN OBENCHAIN	50.00									
MARKETING DIRECTOR		L.	<u> </u>	_	_	Х	_	131,751.	0.	13,165.
		l								
<del></del>	ļ			-			-			
							ĺ			
					$\vdash$					<del></del>
						_	_			
			+							

58,826.

599,936.

Total to Part VII, Section A, line 1c

Form 990 (2019) BREWERS ASS Part VIII Statement of Revenue

		Check if Schedule O	onta	ains a resp	onse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								lanction revenue	business revenue	sections 512 - 514
8 W	1 a	Federated campaigns		1a						
a di	Ŀ	Membership dues		1b	î .					
2 8		Fundraising events		1c						
E E	,	Related organizations		1d						
S		Government grants (contr	buti							
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,								-
ξÄ	•	similar amounts not included	-					•		
흡점	9				\$					
్ద్రేజ్ఞ	 F	Total. Add lines 1a-1f		<u></u>	14	<b>•</b>	<del></del>			
<u> </u>		Total Trade III of Tarr				Business Code	· · · · · · · · · · · · · · · · · · ·			
	2 a	PROJECTS AND SERVIC	ES			541800	16,259,953.	16,259,953.		
Š		MEMBERGUID DURC				900099	5,061,887.	5,061,887.		
Se a		SPONSORSHIPS				541800	2,644,503.	2,644,503.		
Program Service Revenue	_	ADVERTISING				541800	2,003,769.	67,389.	1,936,380.	
ğΨ	•	MISCELLANEOUS				900099	549,922.	549,922.		
٦ <u>.                                     </u>	f	All other program service	reve	nue						
		Total. Add lines 2a-2f				<b></b>	26,520,034.			1
	3	Investment income (includ	ling	dıvıdends.	ıntere	st, and				
	•	other similar amounts)				•	553,829.			553,829.
	4	Income from investment of	f tax	exempt b	ond p	roceeds				
	5	Royalties				•	31,368.			31,368.
	_			(ı) Re	al	(ii) Personal				
	6 a	Gross rents	6a							
	t		6b					]		
	c	: Rental income or (loss)	6c					ļ		
	c	Net rental income or (loss)				<b>&gt;</b>				
	7 a	Gross amount from sales of		(ı) Secu	rities	(iı) Other				
		assets other than inventory	7a			825.				
	Ł	Less cost or other basis								
e l		and sales expenses	7b			0.				
Ē	c	: Gain or (loss)	7с			825.				
<u></u>	c	Net gain or (loss)				<b>&gt;</b>	825.			825.
Other Revenue	8 a	Gross income from fundraisi	ng ev	ents (not	-					
₹		including \$		of		i				
		contributions reported on	lıne	1c) See						` .
		Part IV, line 18			8a					. 1
	t	Less direct expenses			8b					1,1
	c	Net income or (loss) from	fund	raising ev	ent <u>s</u>	<b>•</b>		,		
	9 a	Gross income from gamin	g ac	tivities Se	e					
		Part IV, line 19			9a	ļ				
		Less direct expenses			9b					
	c	: Net income or (loss) from	gam	ing activiti	es	<u> </u>				
	10 a	Gross sales of inventory, I	ess ı	returns						
		and allowances			10a					
	t	Less cost of goods sold			10L	322,985.				
		Net income or (loss) from	sales	of invent	ory		1,007,354.	1,007,354.		
"						Business Code		-		
Miscellaneous Revenue	11 a	·								
an epm	t	) <u> </u>								<u> </u>
E ce	C									-
Ę.		All other revenue								<del></del>
		Total. Add lines 11a-11d					20 442 446	25 501 222	1 026 300	506 000
	12	Total revenue. See instruction	ns_				28,113,410.	25,591,008.	1,936,380.	586,022.

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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) X Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (**D**) Fundraising Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII <u>expenses</u> general expenses expenses Grants and other assistance to domestic organizations 1,089,211. 1,089,211. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,340,464. 453,538. 886,926 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,173,598. 4,317,163. 856,435. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 229,556. 168,120. 61,436 518,061. 379,412. 138,649 Other employee benefits 465,326. 340,791, 124 535. 10 Payroll taxes Fees for services (nonemployees) a Management 306,669 275,915, 30,754 Legal 41,741 41,741 c Accounting 145,000. 145,000. d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 4,288,550. 3,933,397. 321,031 34,122. column (A) amount, list line 11g expenses on Sch O.) 2,270,035. 1,995,204. 274,831. Advertising and promotion 12 985,778. 311,308. 501. 1,297,587. 13 Office expenses 265,500 488,667. 223,167. 14 Information technology 127,237. 127,237. Royalties 15 516,982, 250,244. 266,738. 16 Occupancy 1,053,635 936,388 117,247 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 61,086. 5,727,270. 5,666,184 19 Conferences, conventions, and meetings 9,383. 9,383. 20 Interest 21 Payments to affiliates 369,714 334,803 34,911 Depreciation, depletion, and amortization 22 144,220. 59,200. 85,020. 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 69,000 69,000, UBIT TAXES 13,473 1,409. PRINTING 522,061. 507,179 286,556. 180,060. 106,486, 10. GENERAL FEES 4,325. 117,516. 121,841. OTHER TAX EXPENSE 46,. 141,352. 314,782. 173,384. e All other expenses 26,917,146. 22,314,808. 4,566,250. 36,088. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,448.	1	697,138
	2	Savings and temporary cash investments			23,390,347.	2	27,348,022
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,162,683.	4	1,383,073
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst	antial d	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	ın sec	tion 4958(c)(3)(B)		6	
y,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			795,297.	8	758,112
As	9	Prepaid expenses and deferred charges			1,335,075.	9	1,220,788
	10a	Land, buildings, and equipment cost or other	1				
		basis Complete Part VI of Schedule D	10a	6,273,189.			
	b	Less accumulated depreciation	10b	1,405,425.	5,081,548.	10c	4,867,764
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1	1			12	
	13	Investments - program-related See Part IV, line 1				13	
	14	Intangible assets			179,168.	14	117,089
	15	Other assets See Part IV, line 11			132,197.	15	178,826
*	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	33,084,763.	16	36,570,812
	17	Accounts payable and accrued expenses			1,145,600.	17	1,427,836
	18	Grants payable				18	
	19	Deferred revenue			10,465,325.	19	10,655,015
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
G	22	Loans and other payables to any current or form	er offic	er, director,			
ij		trustee, key employee, creator or founder, subst	antial d	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes				22	_
ڐ	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24	Complete Part X			
		of Schedule D			162,019.	25	283,987
	26_	Total liabilities. Add lines 17 through 25			11,772,944.	26	12,366,838
		Organizations that follow FASB ASC 958, che	ck her	e ▶ □			
es		and complete lines 27, 28, 32, and 33.		<u> </u>			
auc	27	Net assets without donor restrictions				27	
Bal	28	Net assets with donor restrictions				28	
덜		Organizations that do not follow FASB ASC 95	58, ch	eck here 🕨 🗓	j	i	
₽		and complete lines 29 through 33.					
ŏ	29	Capital stock or trust principal, or current funds			0.	29	0
sets	30	Paid-in or capital surplus, or land, building, or eq	uıpme	nt fund	0.	30	0
Ass	31	Retained earnings, endowment, accumulated inc			21,311,819.	31	24,203,974
Net Assets or Fund Balances	32	Total net assets or fund balances	·		21,311,819.	32	24,203,974
~	33	Total liabilities and net assets/fund balances		Ţ	33,084,763.	33	36,570,812

Form	1990 (2019) BREWERS ASSOCIATION, INC.	84-08	02918	Pa	ge 12
Pa	rtiXI] Reconciliation of Net Assets				
	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		,113,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,917,	
3	Revenue less expenses Subtract line 2 from line 1	3		,196,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,311,	
5	Net unrealized gains (losses) on investments	5	1	,695,	891.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24	,203,	974.
<sub> </sub> Pa	rt·XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
			_	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		ŀ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ľ		
	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?	-	<u>2b</u>	<u> </u>	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				
С	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 on Scho	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			_
	Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b_		
			Earn	990	(201Q)

# SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Inspection

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 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
- 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

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions Complete Part III			
Name of organization			Emp	loyer identification number
	SOCIATION, INC.			84-0802918
Partil-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campa</li> </ol>	tures	cal campaign activities		3
Partil:B Complete if the org	anization is exempt und	der section 501(c)	(3).	
1 Enter the amount of any excise tax				8
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	5 ▶\$	S
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	) for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				1.6
<u> Partil=C </u> Complete if the org	janization is exempt und	ler section 501(c)	, except section 501(c	:)(3). 
1 Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities	S
2 Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
exempt function activities				S
3 Total exempt function expenditures	s Add lines 1 and 2 Enter here	and on Form 1120-POL	<b>-</b> ,	
line 17b			▶ \$	S No. No.
4 Did the filing organization file Form				res No
5 Enter the names, addresses and er made payments For each organiza	ition listed, enter the amount pa	id from the filing organi	ization's funds. Also enter the	e amount of political
contributions received that were pr				e segregated fund or a
political action committee (PAC) If	additional space is needed, pro	vide information in Pari	t IV	T
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	-			-
	-			
For Paperwork Reduction Act Notice,	see the Instructions for Form	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2019
				•

I HA

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019	BREWERS A	SSOCIAT	ION, INC.		84-6	0802918 Page 2
Part II-A Complete if the organization 501(h)).	anization	is exer	npt under section	1 501(c)(3) and file	ed Form 5768 (el	ection under
A Check ► If the filing organizate expenses, and share	-		= '	Part IV each affiliated	group member's nan	ne, address, EIN,
B Check > if the filing organizat	tion checke	d box A ar	nd "limited control" pro	visions apply		
	s on Lobb litures" me		nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence nubli	c opinion (	grassroots Johhving)			
b Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add lin	_		., (a		<del></del>	
d Other exempt purpose expenditure		,				
e Total exempt purpose expenditures		1c and 1d	١			
f Lobbying nontaxable amount Ente	•		•	o columne		
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500,000	(0) 13		the amount on line 1e	built is.		
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc	ass over \$500,000		<b>,</b>
Over \$1,000,000 but not over \$1,500			00 plus 10% of the exc			
			00 plus 5% of the exce			
Over \$1,500,000 but not over \$17,0 Over \$17,000,000	00,000	\$1,000,	•	ss over \$1,500,000		
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (ent						
i Subtract line 1f from line 1c If zero	•					<u> </u>
If there is an amount other than zer	•		line 1. did the organiza	ation file Form 4720		
reporting section 4911 tax for this y			inc n, did the organize	11011 1110 1 01111 47 20		Yes No
(Some organizations th	at made a	section 5	eraging Period Under 01(h) election do not ate instructions for lir	have to complete all c	of the five columns b	
	Lobb	ing Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	016	<b>(b)</b> 2017	( <b>c</b> ) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures			,		_	
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures			<u> </u>		Schedule C (For	n 990 or 990-EZ) 2019

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

To each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description  If the lobbying activity  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  a 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 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  a 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 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred under section 4912  c if "Yes," enter the amount of any tax incurred by organization managers under section 4912			
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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			
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			
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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?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5	), or sec	tion	
501(c)(6).			
		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1_1		х
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?	2		х
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	х	
answered "Yes."  1 Dues, assessments and similar amounts from members	1	3 , !	555,632
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).			
a Current year	2a	;	396,680
a Current year	2b		69,202
h. Carnover from last year			
b Carryover from last year	2c	•	165,882
c Total	2c 3		465,882 398,231
c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2c 3		165,882 398,231
c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>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</li> </ul>	3		398,231
c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

BREWERS ASSOCIATION INC

Employer identification number 84-0802918

OMB No 1545-0047

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Account	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			•
	3,	(a) Donor advised funds	(b) Fund	Is and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
•	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	<del>-</del>	used only	
_	for charitable purposes and not for the benefit of the donor o	<u> </u>	•	
	impermissible private benefit?		g	Yes No
Pai		ganization answered "Yes" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization			,
•	Preservation of land for public use (for example, recrea		a historically ii	mportant land area
	Protection of natural habitat	Preservation of	·-	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form	of a conservati	on easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	• •	re	
	listed in the National Register	·	2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization d	uring the tax
	year▶			•
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easen	nents during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements	during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(l	n)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that descr	bes the
	organization's accounting for conservation easements		<u> </u>	
Pa	t III Organizations Maintaining Collections of		ner Similar	Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pub			nplic
	service, provide in Part XIII the text of the footnote to its finar	icial statements that describes these item	S	
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of publ	ic service,
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treating	asures, or other similar assets for financial	gaın, provide	
	the following amounts required to be reported under FASB A	SC 958 relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	
b	Assets included in Form 990, Part X		▶ \$	

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

932051 10-02-19

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 BREWERS ASS	SOCIATION, INC.						84-080	2918	Pag	ge <b>2</b>
Pa	TILL Organizations Maintaining C	ollections of Art	t, Hist	torical Tre	asures, or	Other S	imilar <i>i</i>	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, chec	k any of the f	following that	make sıgnı	ficant us	e of its			
	collection items (check all that apply)										
а	Public exhibition	d		Loan or exc	hange prograi	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how t	hey further th	ne organization	n's exempt	purpose	ın Part	XIII		
5	During the year, did the organization solicit of	or receive donations of	of art, h	istorical treas	sures, or other	sımılar ası	sets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orga	ınızatıon's co	llection?				Yes		No
Pai	TIVI Escrow and Custodial Arran	gements. Comple	ete if th	e organizatio	n answered "	Yes" on Fo	rm 990, l	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for	contribution	s or other asse	ets not incl	uded				
	on Form 990, Part X?								Yes		No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	istodial accou	nt liability?			Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planati	on has been	provided on P	art XIII					
Pa	TiV Endowment Funds. Complete	if the organization an	swered	l "Yes" on Fo	rm 990, Part I	V, line 10					
		(a) Current year	(b)	Prior year	(c) Two years	back (d)	Three yea	ars back	(e) Four	years ba	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a)	) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment	.%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	at are held ar	nd administere	d for the o	rganızatı	on	_	—	
•	by									Yes I	<u>No</u>
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)	$\rightarrow$	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as require	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds							
Rai	t¡VI∎ Land, Buildings, and Equipm					•					
	Complete if the organization answere	I		1				<del>- 1</del>			
	Description of property	(a) Cost or o		1 ''	or other		mulated		(d) Book	value	
		basis (investr	nent)	+	(other)	depre	ciation	_			
	Land			+	,035,258.					035,2	
	Buildings			<sup>2</sup>	,981,382.		554,86	-		426,5	
С	Leasehold improvements			-	249,850.		129,95			119,89	
d	Equipment			1	,006,699.		720,60	11.		286,09	98.
<u> </u>	Other			<u> </u>				+		0.65. =	
Total	l. Add lines 1a through 1e (Column (d) must e	aual Form 990, Part	X. colui	mn (B). line 1	Oc.)				4,	867,70	<u>04.</u>

Schedule D (Form 990) 2019

DDDWDDG AGGGGTAMI	ION TWO		34-0802918 Page <b>3</b>
Schedule D (Form 990) 2019 BREWERS ASSOCIATION Part VIII Investments - Other Securities.	.ON, INC.		34-0802918 Page <b>3</b>
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b See Form 990. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
			<del></del>
(G)			··
(H)			
Total (Col. (b) must equal Form 990, Part X, col (B) line 12.)	_	<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			ad of year market value
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or er	id-or-year market value
(1)		-	
(2)			
(3)			
(4)			
(5)		<del>                                     </del>	
(6)	<u> </u>	<del></del>	
(7) (8)			
(9)		-	
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )		-	
Part IX Other Assets.			·
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	15.)		1
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11e or 11f See Form 990. Part X. line 2	5
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEPOSITS			938.
(3) EMPLOYEE PARKING FUND			14.
(4) EMPLOYEE BENEFITS PAYABLE			104,209.
(5) DEFERRED COMPENSATION - 457(F) PLANS			178,826.
(6)			
(7)			ļ
(8)			<u> </u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

283,987.

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

Sche	edule D (Form 990) 2019 BREWERS ASSOCIATION, INC.		84-0802918	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	e 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	<b> </b>	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
-	Add lines 2a through 2d	20		
e	Subtract line 2e from line 1		3	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
4		امدا		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a   4b	<del></del>	
b	Other (Describe in Part XIII )	40	40	
c	Add lines 4a and 4b		4c   5	
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12, rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Eynen		
ra			ses per rictum.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	e 12a	1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 _ 1		
а	Donated services and use of facilities	2a	<del></del>	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 1) rt XIII Supplemental Information.	3.)	5	
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		art V, line 4, Part X, line 2, Part X	(I, 
	<del></del>			
	•			
			r	
	•			

# SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization					Employer identi	fication number
BREWERS ASSOCIATION, I	NC.				84-0802918	
		ctivities Out	side the United States. Compl	ete if the organ	ızatıon answered "	Yes" on
Form 990, Part IV			·			
1 For grantmakers. Does	the organization	maintain recor	ds to substantiate the amount of its gra	ints and other a	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis	tance?	Yes No
<u>-</u>	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and oti	her assistance out	side the
United States	h - f-ll D					
3 Activities per Region (III (a) Region	(b) Number of		an be duplicated if additional space is r (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) Negion	offices	l employees.	(by type) (such as, fundraising, pro-	1 '	gram service,	expenditures
	ın the region	agents, and independent	gram services, investments, grants to	describe	specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
RUSSIA AND						
NEIGHBORING STATES	, 0	0	PROGRAM SERVICES	GENERAL PRO	GRAM EXP	830.
					~	
EUROPE (INCLUDING	0	1	PROGRAM SERVICES	GENERAL PRO	CDAM EVD	280,447.
NORTH AMERICA -	-		FROGRAM SERVICES	GENERAL FRO	GKAN EAR	200,447.
CANADA AND MEXICO,						
BUT NOT THE UNITED						İ
STATES	1	2	PROGRAM SERVICES	GENERAL PRO	GRAM EXP	267,916.
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,						
CAMBODIA,	0	1	PROGRAM SERVICES	GENERAL PRO	GRAM EXP	243,608.
SOUTH AMERICA	۱ .	0	PROGRAM SERVICES	GENERAL PRO	GRAM EXP	60,557.
DOOTH TRIBECTOR			1		`	
					<del></del>	<del> </del>
3 a Subtotal	1	4				853,358.
b Total from continuation	_	<u> </u>				T
sheets to Part I	0	0				0.
c Totals (add lines 3a					, , , , , , , , , , , , , , , , , , ,	
and 3b)	_1	4				853,358.
LHA For Paperwork Reduct	ion Act Notice,	see the Instruct	tions for Form 990.		Schedule F	(Form 990) 2019

932071 10-12-19

Schedule F (Form 990) 2019 BREWERS ASSOCIATION, INC. 84-0802918

Part II Grants and Other Assistance to Organizations or Entities Outside the United States Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					:			
		-						
					-			
				-			-	
								_

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3	Enter	total	number	of	other	organizations	or	entities

Schedule F (Form 990) 2019

Page 2

| Part III | Grants and Other Assistance to Individuals Cutated the United States | Complete of the organization answered "Yes" on Formation | Part III | Grants and Other Assistance to Individuals Cutated the United States | Complete of the organization answered "Yes" on Formation | Part III | Individuals Cutated the United States | Complete of the organization answered "Yes" on Formation | (g) Description of more afficient or assistance | (e) Properties | (e) Namer of cash discursement | (e) Namer of cash discursement | (g) Description of more afficient or assistance | (h) Region | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e) Namer of cash discursement | (e)

Schedule F (Form 990) 2019

Yes X No

Yes X No

Schedule F (Form 990) 2019

1

2

Part IV Foreign Forms

Corporation (see Instructions for Form 926)

(see Instructions for Form 8621)

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713, don't file with Form 990)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form990 for the latest information

Employer identification number Name of the organization 84-0802918 BREWERS ASSOCIATION INC. Part I General Information on Grants and 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 X Yes No criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of (b) EIN (c) IRC section (e) Amount of (g) Description of (h) Purpose of grant (d) Amount of 1 (a) Name and address of organization valuation (book, FMV, appraisal, other) (if applicable) or assistance cash grant non cash or government assistance FUNDING TO RESEARCH VEHICLE ALCOHOL AMERICAN BEVERAGE INSTITUTE 1090 VERMONT AVE NW, STE 800 CONSUMPTION LAW CHANGE 52-1730954 501(C)6 100,000 EFFECTS WASHINGTON, DC 20005 STATE GUILD GRANT TO HIRE DISTRICT OF COLUMBIA BREWERS GUILD PULL-TIME EMPLOYEE AND SUPPORT ONGOING 1307 NEW HAMPSHIRE AVE NW 46-4606665 501(C)6 ACTIVITIES WASHINGTON, DC 20036 27,697 0 STATE GUILD GRANT TO HIRE-FULL-TIME EMPLOYEE AND RHODE ISLAND BREWERS GUILD SUPPORT ONGOING 202 SAMUEL GORTON AVE 35-2571582 501(C)6 13,000 ACTIVITIES WARWICK, RI 02889 STATE GUILD GRANT TO HIRE WYOMING CRAFT BREWERS GUILD FULL-TIME EMPLOYEE AND SUPPORT ONGOING 312 BROADWAY ST ACTIVITIES SHERIDAN, WY 82801 46-4829912 501(C)6 12,500 0 STATE GUILD GRANT TO HIRE FULL-TIME EMPLOYEE AND ARKANSAS BREWERS GUILD SUPPORT ONGOING 600 N BROADWAY ST NORTH LITTLE ROCK, AR 72114 72-1543983 501(C)6 10,000 ACTIVITIES STATE GUILD GRANT TO HIRE PULL-TIME EMPLOYEE AND IDAHO BREWERS UNITED SUPPORT ONGOING 3701 W ROSE HILL ST ACTIVITIES 46-0778553 501(C)6 BOISE, ID 83705 20,000 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

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21.

84-0802918

Schedule I (Form 990)

BREWERS ASSOCIATION INC.

Schedule I (Form 990) BREWERS ASSOC					*		84-0802918	Page
Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	urt II )	<del></del>	
(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 non-cash assistance	(h) Purpose of gran or assistance	nt
				_			STATE GUILD GRANT TO	O HIRI
NEW HAMPSHIRE BREWERS ASSOCIATION							FULL-TIME EMPLOYEE A	AND
47 WASHINGTON STREET							SUPPORT ONGOING	
DOVER, NH 03820	46-4164183	501(C)6	16,875.	0.			<b>ACTIVITIES</b>	
							STATE GUILD GRANT TO	O HIR
KENTUCKY GUILD OF BREWERS		ļ			]		FULL-TIME EMPLOYEE A	AND
501 W 6TH ST #100		ļ					SUPPORT ONGOING	
LEXINGTON, KY 40508	46-0648331	501(C)6	12,500.	0 <u>.</u>			ACTIVITIES	
							STATE GUILD GRANT TO	O HIR
UTAH BREWERS GUILD	i				ŀ		FULL-TIME EMPLOYEE A	AND
406 E 300TH ST, #187							SUPPORT ONGOING	
SALT LAKE CITY, UT 84111	36-4783885	501(C)6	18,500.	0,			ACTIVITIES	
							STATE GUILD GRANT TO	O HIR
TENNESSEE CRAFT BREWERS GUILD							FULL-TIME EMPLOYEE A	AND
701 8TH AVE S	l	,		,			SUPPORT ONGOING	
NASHVILLE, TN 37203	45-5173181	501(C)6	11,250.	0.			<b>ACTIVITIES</b>	
							STATE GUILD GRANT TO	O HIR
NEVADA CRAFT BREWERS ASSOCIATION							FULL-TIME EMPLOYEE /	AND
4547 N RANCHO DR, SUITE A			-				SUPPORT ONGOING	
LAS VEGAS, NV 89130	46-1617701	501(C)6	10,000.	0.			ACTIVITIES	
· -							STATE GUILD GRANT TO	O HIR
MISSOURI CRAFT BREWERS GUILD	İ						FULL-TIME EMPLOYEE /	AND
15194 WALNUT GROVE DR			İ				SUPPORT ONGOING	
BUCYRUS, MO 65444	82-1517515	501(C)6	20,500.	0.			ACTIVITIES	
· · · · · · · · · · · · · · · · · · ·							STATE GUILD GRANT TO	O HIR
HAWAIIAN CRAFT BREWERS GUILD							PULL-TIME EMPLOYEE A	AND
98-814 C KAONOHI ST							SUPPORT ONGOING	
AIEA, HI 96701	46-1201152	501(C)6	18,750.	0.			ACTIVITIES	
						<u>"</u>	STATE GUILD GRANT TO	) HIR
LOUISIANA CRAFT BREWERS GUILD							FULL-TIME EMPLOYEE #	AND
301 MAIN STREET							SUPPORT ONGOING	
BATON ROUGE, LA 70802	45-3172340	501(C)6	15,000.	0.			<b>ACTIVITIES</b>	
,							STATE GUILD GRANT TO	) HIR
NEBRASKA CRAFT BREWERS GUILD							FULL-TIME EMPLOYEE A	AND
1023 LINCOLN MALL STE 103							SUPPORT ONGOING	
LINCOLN, NE 68508	91-1838176	501(C)6	15,000,	0.			ACTIVITIES	

Schedule I (Form 990)

2011		_	

(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 non cash assistance	(h) Purpose of grant or assistance
CRAFT BREWERS ASSOCIATION OF							STATE GUILD GRANT TO HIR FULL-TIME EMPLOYEE AND
OKLAHOMA - 4745 COUNCIL HEIGHTS RD							SUPPORT ONGOING
OKLAHOMA CITY, OK 73179	46-5196039	501(C)6	18,000,	0.			ACTIVITIES
<u> </u>			,,				STATE GUILD GRANT TO HIR
BREWERS GUILD OF ALASKA							FULL-TIME EMPLOYEE AND
PO BOX 242411				•			SUPPORT ONGOING
NCHORAGE, AK 99524	47-4227197	501(C)6	18,500,	٥.			ACTIVITIES
2.00.01.002, 12.002			,				STATE GUILD GRANT TO HIR
DELAWARE BREWERS GUILD							FULL-TIME EMPLOYEE AND
LO9 DIVISION STREET							SUPPORT ONGOING
DOVER, DE 19901	75-3240639	501(C)6	10,000.	0.			ACTIVITIES
,			· · · · ·		-		STATE GUILD GRANT TO HIR
CONNECTICUT BREWERS GUILD							FULL-TIME EMPLOYEE AND
39 CENTER ST, STE 5005				1			SUPPORT ONGOING
BRISTOL CT 06010	45-5549494	501(C)6	15,000.	0.			ACTIVITIES
			· ·				STATE GUILD GRANT TO HIR
SOUTH CAROLINA BREWERS GUILD							FULL-TIME EMPLOYEE AND
PO BOX 1253							SUPPORT ONGOING
JOHNS ISLAND, SC 29457	47-3360169	501(C)6	20,000.	٥.			<b>ACTIVITIES</b>
•							STATE GUILD GRANT TO HIR
ISSISSIPPI BREWERS GUILD							FULL-TIME EMPLOYEE AND
309 AVONDALE ST							SUPPORT ONGOING
JACKSON, MS 39216	46-0819088	501(C)6	10,000.	0.			ACTIVITIES
SMITHSONIAN INSTITUTION							SUPPORT FOR CRAFT BEER
1000 JEFFERSON DR							HISTORY EXHIBIT FOR 3
WASHINGTON, DC 20560	53-0206027	501(C)3	585,000.	0.			YEARS

Schedule I (Form 990)

Schedule I (Form 990) (2019) BREWERS ASSOCIATION, I	NC.				84-0802918 Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		,			
		ı			
		,	<b>i</b>		
-					
Part IV Supplemental Information Provide the information req	uired in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2	`				- 1911
THE BREWERS ASSOCIATION REQUIRES GRANT PROPOSALS TO	INCLUDE SPE	CIPIC USE OF		- <del></del>	
THE FUNDS REQUESTED. THE BA OBTAINS FINANCIAL STATE	MENTS AND BA	NK			
STATEMENTS TO ENSURE THAT THE ORGANIZATION HAS SUFF	FICIENT PINAN	CIAL			
LIQUIDITY TO SUPPORT ITSELF AFTER THE GRANT MONEY H	LAS BEEN USED	. THE BA HAS			
A FULL TIME STAFF MEMBER DEDICATED TO STATE GUILDS	AND ANOTHER	STAFF			
DEDICATED TO TECHNICAL ACTIVITIES, WHOM REGULARLY W	ORK WITH THE	GRANTEES TO			
DETERMINE PROPER USE OF GRANT FUNDS.					

29

932102 10-26-19

Schedule I (Form 990) (2019)

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

BREWERS ASSOCIATION, INC.

Employer identification number

84-0802918

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			į
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	İ		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  X Compensation committee  Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
	Receive a severance payment or change-of-control payment?	4a	x	Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	^	x
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			<b> </b>
а	The organization?	6a_		<u> </u>
b	Any related organization?	6b		<u> </u>
	If "Yes" on line 6a or 6b, describe in Part III	- 1		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	<u>-</u>		
	not described on lines 5 and 67 lf "Yes," describe in Part III	7	ļ	<del></del>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		-
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<del></del>		
	Regulations section 53 4958-6(c)?	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	le J (Fori	n 990)	2019

932111 10-21-19

Schedule J (Form 990) 2019 BREWERS ASSOCIATION, INC. 84-0802918

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	W 2 and/or 1099 MI	SC compensation	(C) Retirement and (D) Nontaxable other deferred benefits		(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	Belletiks	(5)() (5)	reported as deferred on prior Form 990	
(1) BOB PEASE	(1)	315,000.	50,518.	0.	34,735.	11,617.	411,870.	0.	
CEO	(11)	0.	0.	0.	0.	0.	0.	0.	
(2) TOM CLARK	(1)	134,645.	8,179.	0.	7,577.	5,345.	155,746.	0.	
FINANCE DIRECTOR	(11)	0.	0.	0.	0.	0.	٠٥.	0.	
(3) STEPHANIE JOHNSON-MARTIN	(1)	176,567.	8,179.	Ö.	14,802.	4,273.	203,821.	0.	
SENIOR VP OF OPERATIONS	(11)	0.	0.	0.	0.	0.	0.	0.	
(4) PAUL GATZA	(1)	176,811.	8,179.	0.	17,196.	11,948.	214,134.	0.	
SENIOR VP OF PROFESSIONAL BREWING DI	(n)	0.	0.	0.	0.	0.	0.	0.	
(5) NANCY JOHNSON	(1)	155,508.	8,179.	0.	20,762.	8,275.	192,724.	0.	
SENIOR VP OF MEETINGS AND EVENTS	(n)	0.	0.	0.	0.	0.	0.	0.	
(6) RYAN FARRELL	(1)	135,000.	8,179.	0.	5,742.	13,251.	162,172.	0.	
VP OF STAFF DEVELOPMENT	(n)	0.	0.	0.	0.	0,	0.	0.	
(7) TOM MCCRORY	3	155,200.	5,896.	0.	9,293.	5,640.	176,029.	0.	
BUSINESS DEVELOPMENT MANAGER	(0)	0.	0.	0.	0.	0.	0.	0.	
(8) KARI HARRINGTON	(1)	154,875.	6,028.	0.	8,221.	7,657.	176,781.	0.	
BUSINESS DEVELOPMENT MANAGER	(0)	0.	0.	0.	0.	0.	0,	0.	
(9) KATIE MARISIC	(0)	154,495.	5,860.	0.	9,236.	6,475.	176,066.	0.	
DIRECTOR OF FEDERAL AFFAIRS	(0)	0.	0.	0.	0.	0.	0,	0.	
(10) KEVIN DOIDGE	(1)	139,216.	7,711.	0.	8,353.	5,719.	160,999.	0.	
SALES DIRECTOR	(u)	0.	0.	0.	0.	0.	0.	0.	
	(1)								
	(n)								
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Schedule J (Form 990) 2019

932112 10-21-19

Schedule J (Form 990) 2019	BREWERS ASSOCIATION, INC.	84-0802918	Page 3
Part III Supplemental Informat	don		
	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, an	d 8, and for Part II Also complete this part for any additional information	
PART 1, LINE 4B			
THE FOLLOWING INDIVIDUALS	PARTICIPATE IN A SECTION 457(P) PLAN, WITH		
THE AMOUNTS BELOW PAID IN	TO THE PLAN DURING THE YEAR.		
BOB PEASE	\$19,735	-	
TOM CLARK	\$4,697		
STEPHANIE JOHNSON-MARTIN	\$4,168		
PAUL GATZA	\$6,587		
NANCY JOHNSON	\$11,441		-
		<u> </u>	-
-			
	-		

932113 10-21 19

Schedule J (Form 990) 2019

#### **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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information Internal Revenue Service Employer identification number Name of the organization 84-0802918 BREWERS ASSOCIATION, INC. FORM 990, ITEM J: THE ORGANIZATION MAINTAINS THREE INTERRELATED WEBSITES: WWW.BREWERSASSOCIATION.ORG WWW.HOMEBREWERSASSOCIATION.ORG WWW.CRAFTBEER.COM FORM 990, PART VI, SECTION A, LINE 1. THE EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, THE VICE CHAIR, THE SECRETARY/TREASURER THE PAST BOARD CHAIR, AND THE PRESIDENT. THEY ARE ALSO MEMBERS OF THE GOVERNING BODY. THE BOARD OF DIRECTORS MAY, BY A MAJORITY VOTE OF ITS MEMBERS, DESIGNATE AN EXECUTIVE COMMITTEE CONSISTING OF THE OFFICERS OF THE CORPORATION AND MAY DELEGATE TO SUCH COMMITEE THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, TO THE EXTENT PERMITTED BY PROVISIONS OF THE LAW. BY MAJORITY VOTE OF ITS MEMBERS, THE BOARD MAY AT ANY TIME REVOKE OR MODIFY ANY OR ALL EXECUTIVE COMMITTEE AUTHORITY SO DELEGATED FORM 990, PART VI, SECTION A, LINE 6: THERE ARE THREE CLASSES OF MEMBERSHIP LISTED IN THE BREWER'S ASSOCIATION'S BY-LAWS: (1) PROFESSIONAL PACKAGING AND PUB BREWERS; (2) AMERICAN HOMEBREWERS ASSOCIATION MEMBERS; (3) ASSOCIATE MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE PROFESSIONAL PACKAGING BREWERS AND THE PUB BREWERS MAY ELECT MEMBERS OF THE BREWER'S ASSOCIATION GOVERNING BODY. MEMBERS OF THE AMERICAN

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

Schedule O (Form 990 or 990-EZ) (2019)

2019.04000 BREWERS ASSOCIATION, INC. 114848\_1

932212 09-06-19

Name of the organization		Employer identification numbe 84-0802918
BREWERS ASSOCIATION, INC.		04-0002718
FORM 990, PART VI, SECTION C, LINE 19:		
THE ASSOCIATION'S BY-LAWS ARE AVAILABLE TO THE	PUBLIC THROUGH ASSOCIATION'S	
WEBSITE (WWW.BREWERSASSOCIATION.ORG).		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
GENERAL SERVICES:		
PROGRAM SERVICE EXPENSES	2,364,726.	
MANAGEMENT AND GENERAL EXPENSES	193,001.	
PUNDRAISING EXPENSES	20,514.	
COTAL EXPENSES	2,578,241.	
RESEARCH:		
PROGRAM SERVICE EXPENSES	593,184.	
IANAGEMENT AND GENERAL EXPENSES	48,414.	
UNDRAISING EXPENSES	5,146.	
TOTAL EXPENSES	646,744.	
GRAPHICS:		
ROGRAM SERVICE EXPENSES	392,436.	
ANAGEMENT AND GENERAL EXPENSES	32,029.	
UNDRAISING EXPENSES	3,404.	
OTAL EXPENSES	427,869.	
ONTRACT LABOR:		
ROGRAM SERVICE EXPENSES	583,051.	
ANAGEMENT AND GENERAL EXPENSES	47,587.	
UNDRAISING EXPENSES	5,058.	

Schedule O (Form 990 or 990-EZ) (2019)	Pag
Name of the organization  BREWERS ASSOCIATION, INC.	Employer identification numb
TOTAL EXPENSES	635,696.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 4	,288,550.
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37

Attach to Form 990

2019

▶ Go to www irs gov/Form990 for instructions and the latest information

Open to Public Inspection

OMB No 1545-0047

Name of the organization BREWERS ASSOCIATION,	Name of the organization BREWERS ASSOCIATION, INC.										
Part I Identification of Disregarded Entities Complete	te if the organization answered "Ye	s" on Form 990, Part IV, line 3	3		_						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) me End-of yea		assets Direct cor		g			
						(					
Part II Identification of Related Tax-Exempt Organizations during the tax year	tions Complete if the organization	n answered "Yes" on Form 990	0, Part IV, Ime 34, I	ecause it had one	or mor	e related tax exer	npt				
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dir	(f) ect controlling entity	cont	g) 512(b)(13) rolled tity?			
			<u> </u>	501(c)(3))			Yes	No			
BREWERS ASSOCIATION POLITCAL ACTION COMITTEE  ••f s 83-2754728, 1327 SPRUCE ST, BOULDER	со			ı	BREWE						
80302	LOBBYING	COLORADO	527		ASSOC	IATION INC.	х				

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2019

932161 09-10-19 LHA

Page 2

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(1)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end of-year assets		ortionale itions?	Code V UBI amount in box 20 of Schedule	General or managin partner?	Percentage ownership
		country)		sections 512-514)		433613	Yes	No	K 1 (Form 1065)	Yes No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a)  Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end of-year assets	(h) Percentage ownership		tion b)(13) rolled bty?
							-	Yes	No
				,					

932162 09-10-19

Schedule R (Form 990) 2019

_ `	Yes	No
	1	I
1a_		х
1b	х	
1c		x
1d		х
1e		х
1f		х
1g		х
1h		x
11		х
1)		X
7.7		
_1k		х
11		х
1m		х
1n		x
10		х
1p		x
1q		x
1r		x
18		х

Page 3

84-0802918

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) Exchange of assets with related organization(s) J Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Schedule R (Form 990) 2019 BREWERS ASSOCIATION, INC.

r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)

932183 09-10-19

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

2 If the answer to any of the above is 148, see the instructions for information to	on who must complete th	ils line, including covered r	elationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved
(1) BREWERS ASSOCIATION POLITICAL ACTION COMMITTEE	В	42,842.	PMV
(2)			
(3)	_		
[4]			
(5)			
(6)			<u>                                     </u>

Schedule R (Form 990) 2019

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs 7 Yes No	(f) Share of total income	(g) Share of end-of year assets	(h) Disproportionate aBocations Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No	(k) Percentage ownership
								:		
		•								
		!								

Schedule R (Form 990) 2019

Schedule R	R (Form 990) 2019	BREWERS	ASSOCIATION,	INC.	84-0802918	Page 5
Part VII	(Form 990) 2019 Supplemental Infor	rmation				
			onees to allesti	ons on Schedule R See instructions		
	Provide additional inform	iation for resp	onises to questi	ons on Schedule h See instructions		
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Denver, CO 80202-5169
Paper documents must be typed or machine printed

Colorado Secretary of State

Date and Time: 01/11/2005 02:27 PM

Entity Id: 19871367208

Document number: 20051017178

ABOVE SPACE FOR OFFICE USE ONLY

#### **Articles of Amendment**

filed pursuant to \$7-90-301, et seg. and \$7-130-105 of the Colorado Revised Statutes (C.R.S.)

ID	num	ber •	19871367208				
1.	Entit	y name:					
			Brewers Association				
			(If changing the name of the corporation, indicate name BEFORE the name change)				
2		Entity name: oplicable)	Brewers Association, Inc.				
s	terms name	of Restricted Words (if any of these are contained in an entity name, true of an entity, trade name or trademaik in this document, make the applicable on)	""" "bank" or "trust" or any derivative thereof """ "credit union" """ "savings and loan" """ "insurance", "casualty", "mutual", or "surety"				
4	Othe	r amendments, if any, are attached.					
5		nmendment to the Articles of Incor ner indicated below (mark appropr					
	<b>7</b>	The amendment was adopted by t member action was not required	he board of directors or incorporators without member action and				
		OR					
			he members AND the number of votes cast for the amendment by separately on the amendment was sufficient for approval by that				
		OR					
		An approval of the amendment was obtained by some person or persons other than the members, the board of directors, or the incorporators required pursuant to § 7-130-301 C.R.S.					
		articles of amendment include amendments a d include an attachment stating the date and i	ndopted on a different date or in a different manner, mark this box nanner of adoption)				
1	of du perpe	nonprofit corporation's period ration as amended is less than tual, state the date on which the d of duration expires:	(mm/dd/yyyy)				

#### OR

If the nonprofit corporation's period of duration as amended is perpetual, mark this box	$\checkmark$
7. (Optional) Delayed effective date.  (mm/dd/yyyy)	

8. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If applicable, mark this box □ and include an attachment stating the additional information.

#### Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

9. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Greschler	Ira	E.	Esq.
(Last)	(First)	(Mıddle)	(Suffix)
3100 Arapahoe, S	Suite 503		
(Street name	and number or Post Of	fice Box information)	
Boulder	СО	80303	
(City)	(State) United	(Postal/Zip Co	ode)
(Province - if applicable	(Country - if	not US)	

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box □ and include an attachment stating the name and address of such individuals.)

#### Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

l, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Brewers Association, Inc.

#### is a

#### Nonprofit Corporation

formed or registered on 03/15/1979 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871367208.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/20/2019 that have been posted, and by documents delivered to this office electronically through 06/21/2019 @ 13:19:42.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/21/2019 @ 13:19:42 in accordance with applicable law. This certificate is assigned Confirmation Number 11644495



Secretary of State of the State of Colorado

Notice A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select 'Frequently Asked Questions"