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SCANNED JUN O'L LUN

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning and ending	ıg				
В	Check if applicable	C Name of organization		D Employer ide	ntificatio	on number	
X	Addres	* KENTUCKY DISTILLERS' ASSOCIATION					
	Name change			61	<b>-603</b>	3690	
	Initial return Termin	Number and street (or P 0 box if mail is not delivered to street address) Room 612A SHELBY STREET	/surte	E Telephone nui		5-9351	
F	— ated ☐Amend _ return			G Gross receipts \$		1,000,	929.
	Applica			H(a) Is this a grou	up retum		
	pendin	F Name and address of principal officer:ERIC GREGORY		for affiliates'	•	Yes	X No
		612A SHELBY STREET, FRANKFORT, KY 40601		H(b) Are all affiliate	s included	ქ? <mark>∐Yes</mark> [	No
		mpt status: 501(c)(3) _ X 501(c) ( 6 ) ◀ (Insert no ) 4947(a)(1) or	527	i		(see instructio	ns)
		e: ▶ WWW.KYBOURBON.COM		H(c) Group exem			
			<u>Year</u>	of formation 194	U M Sta	te of legal domi	cile KY
		Summary TO TROM	Omr	שבה הבכש	OPV	ANIO	
ခ္ခ		Briefly describe the organization's mission or most significant activities: TO PROM GROWTH OF THE BOURBON INDUSTRY AND ITS MEMB			OKI A	HIND	
Activities & Governance		Check this box I if the organization discontinued its operations or disposed of			et accete	,	
Ve	1	Number of voting members of the governing body (Part VI, line 1a)	111016	1 man 2570 OF 115 II	3	) <b>.</b>	6
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)			4		6
SS		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5		2
Ě		Total number of volunteers (estimate if necessary)			6		0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	314,	633.
_	ь	Net unrelated business taxable income from Form 990-T, line 34			7b		0.
		RECEIVED		Prior Year		Current Yea	
ē		Contributions and grants (Part VIII, line 1h)		370,73		420,	
Revenue	9	Program service revenue (Part VIII, line 2g)  (Investment income (Part VIII, column (A), lines 3, 4, and 7d)  (Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	241,41		264,	
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3 2011	ļ	1,56			062.
	] '' '		<u> </u>		0.	314,	
	-1	Total revenue · add lines 8 through 11 (must equal(Part VIII) Schumn (A), line 12)	-	613,71	0.	1,000,	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1:3)	-		0.	·	$-\frac{0.}{0.}$
"	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		188,24		256,	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-		0.	230,	0.
ber	b.	Total fundraising expenses (Part IX, column (D), line 25)		<del></del>	-	<del></del>	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	· [	481,72	4.	926,	619.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		669,96		1,182,	
	19	Revenue less expenses Subtract line 18 from line 12		-56,25		-182,	
0.00 0.00			Be	ginning of Current Y		End of Yea	
Set	20	Total assets (Part X, line 16)		363,87	9.	182,	
Net Assets or	21	Total liabilities (Part X, line 26)	<u> </u>		0.		268.
봂	22	Net assets or fund balances. Subtract line 21 from line 20		363,87	9.	181,	<u>819.</u>
		Signature Block		<del>". '</del>		<del> </del>	
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the best	of my kno	wledge and beli	ef, it is
true	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which pr	reparer	nas any knowledge			
Sig		Signature of officer		Date	<u>'</u>		
He		ERIC GREGORY, PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Chec	k 📄	PTIN	
Pai	d	DAVID R. HARROD MY WAY CA		5/4/1, Self-e	mployed		
Pre	parer	Firm's name HARROD & ASSOCIATES, P&C		Firm's EIN			
Usi	Only	Firm's address #2 HMB CIRCLE - SUITE A	-				
		FRANKFORT , KY 40601		Phone no	502	<u>-695-73</u>	00
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)				X Yes	No No
032	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form <b>99</b> 0	(2010)

	990 (2010) KENTUCKY DISTILLERS, ASSOCIATION 61-6033690 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE THE HISTORY AND GROWTH OF THE BOURBON INDUSTRY AND ITS
	MEMBERS.
2	Did the averagetics undertake any profite at average and the district of the control of the cont
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 exempt purpose achievements for each of the organization's three largest program services by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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	(Code) (Expenses \$ including grants of \$) (Revenue \$
	THE KENTUCKY BOURBON TRAIL(R) TOUR IS A TOURIST ATTRACTION FEATURING
	SIX DISTILLERIES WHERE VISITORS CAN LEARN ABOUT THE ART, SCIENCE AND
	HISTORY BEHIND KENTUCKY'S SIGNATURE BOURBON INDUSTRY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	INDUSTRY MEETINGS, CONFERENCES, SPONSORSHIPS, PUBLIC RELATIONS,
	GOVERNMENT RELATIONS, AND OTHER ACTIVITIES ON BEHALF OF KENTUCKY
	DISTILLERIES REPRESENTING NEARLY 90% OF THE ENTIRE BOURBON MARKET.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$
	TEAM BOURBON IS A GROUP OF LOCAL TOURISM CONVENTION AND VISITOR BUREAUS
	WHO HAVE TEAMED UP TO CREATE A MARKETING TEAM TO PROMOTE BOURBON TO
	TOURISTS.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	Х	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Λ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		<del></del> -
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			_
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	<u> </u>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	}	<u> </u>	.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<del> </del> -	<u>X</u> _
q	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		1	х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate or consolidated infancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	}	X
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		]	
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<b> </b>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			,.
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<del> </del> -	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	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	47		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_17	<del>                                     </del>	-
	1c and 8a? If "Yes," complete Schedule G, Part II	18	}	х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	<del>                                     </del>	<u> </u>
. •	complete Schedule G, Part III	19	]	Х
20a		20a	<b> </b>	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		
		Form	990 (	2010)

Form 990 (2010) KENTUCKY DISTILLERS' ASSOCIATION

Part IV Checklist of Required Schedules (continued) 61-6033690 Page **4** 

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, organization may be united States on Part IX, organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, organization analyses organization anal				res	NO
22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2  23 Dut the organization newer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isst day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  24a Dut the organization mental an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b Dut the organization mental an escrow account other than a refunding escrow at any time during the year?  25c Section 691(c)(3) and 691(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II b is the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZT If "Yes," complete Schedule L, Part II  25chedule L, Part II  27c Dut the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV and the organization related to any tax-exempt or t	21	· · · · · · · · · · · · · · · · · · ·			v
column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 X  Did the organization answer "Yes" to Part VIII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, tustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, "Part, that was issued after December 31, 2002? If "Yes," arrawer lines 24b through 24d and complete Schedule II. "Part, that was issued after December 31, 2002? If "Yes," arrawer lines 24b through 24d and complete Schedule II. "Part, that was issued after December 31, 2002? If "Yes," arrawer lines 24b through 24d and complete Schedule II. "Part, that was issued after December 31, 2002? If "Yes," arrawer lines 24b through 24d and complete Schedule II. "Part, that was issued after December 31, 2002? If "Yes," arrawer lines 24b through 24d and complete Schedule II. "Part, that was issued after December 31, 2002? If "Yes," arrawer lines 24b through 24d and complete Schedule II. "Part, that was issued after December 31, 2002? If "Yes," arrawer lines 24b through 24d and complete Schedule II. "Part, that was issued after December 31, 2002? If "Yes," arrawer lines 24b through 24d and complete Schedule II. Part II I is the organization aware that if angaged in an excess benefit transaction engage in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's price Forms 990 or 990-E27 If "Yes," complete Schedule II. Part II Was a ken to or by a current or former officer, director, trustee, key employee, highly compensated employee, or diaqualified person outstanding as of the end of the organization's price Forms 990 or 990-E27 If "Yes," complete Schedule II. Part III Was the organization party to a business transaction with one of the following parties (see Schedule II. Part IIV Was the organization former officer, director, trustee, or key employee (ir a family member thereof) was an officer, and the transaction or the organization or contribution of its was p			21		Α_
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Part IV is possible to 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 25  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(a)(3) and 501(a)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person on a prompt year? If "Ne", complete Schedule L, Part I is the organization waver 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 IV is the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution, or a grant selection committee embers, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee, substantial contribution, or a grant selection committee embers, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key	22		22		Y
and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list 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 the 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mentain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(e)(3) and 501(e)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I b is the organization 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 I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part IV was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV A an entity of which a current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee for a family member thereof) was an officer, if rector, trustee, or key employee for a family member thereof) was an officer, if rector, trustee, or key employee for a family member thereof) was an officer, if r	22	· · · · · · · · · · · · · · · · · · ·	22		
Schedule I.  24 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 25  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  27 Did the organization attains the year? If "Yes," complete Schedule L. Part II to the organization with a disqualified person during the year? If "Yes," complete Schedule L. Part II the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L. Part II to the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part IV the A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV the A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV to be the organization receive more than 250 000 in non-cash contributions? If "Yes," complete Schedule L. Part IV to the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I. Part II Uses Complete Schedule III ("Yes,"	23	,			
249 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 246 through 24d and complete Schedule K. If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b Z4b Z4b Z4b Z4b Z4b Z4b Z4b Z4b Z4b Z			23	x	
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  Did the organization minest any proceeds of tax-exempt bonds beyond a temporary penod exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  did by the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?  24d  Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?  24d  Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II as the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee of a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  b A family member of a current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions or indirect owner? If "Yes," complete Schedule L, Part IV instructions or indirect owner? If "Yes," complete Schedule L, Part IV instructions or indirect owner? If "Yes," complete Schedule L, Part IV in	24a	·			
Schedule K. If *No**, go to line 25 bill the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? cited the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? cited by the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? cited by the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? did of the organization and cas an *ino behalf of *issuer for bonds outstanding at any time during the year?  24d	- 10	· · · · · · · · · · · · · · · · · · ·			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an on behalf of issuer for bonds outstanding at any time during the year?  24d   25a Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 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 I., Part II is the organization base in the organization of the organization's tax year? If "Yes," complete Schedule I., Part II is the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule I., Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, if "Yes," complete Schedule I., Part IV in the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV in the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II. Part IV in Part II "Yes," complete Schedule II. Part IV in Part II "Yes," complete Schedule II. Part IV in Part I			24a		Х
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Part II, III, IV, and V, line 1  34 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Jif "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?					
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31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  34 X  35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Jif "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	30		-00	Ì	v
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Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a x b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes." to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? X 8 Sponsoring organizations maintaining donor advised funds. X a Did the organization make any taxable distributions under section 4966? 9a X **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done X 12c Does the organization have a written whistleblower policy? Х 13 X Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. \_\_\_ Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. OFFICE - 502-875-9351 SAME, FRANKFORT, KY 40601

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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(A) Name and title		(B) Average	Average Pos						( <b>D)</b> Reportable	(E) Reportable compensation			(F) timate	
		hours per week (describe hours for related organizations in Schedule O)	ek cribe s for ted cations edule		Officer		Highest compansated employee		compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		com fro	nount other pensa om th anizat d relat anizati	ation e tion ted
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c	Sub-total Total from continuation sheets to Par	VII, Section A					<b>&gt;</b>		223,408.		0.		4,6	0
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3	Did the organization list any former officine 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the	or such individual	١.						•			3	Yes	No X
5	and related organizations greater than \$ Did any person listed on line 1a receive	150,000? If "Yes	," c	omp	lete	Sch	edul	9 J 1	for such individual			4	Х	<del> </del>
Sec	rendered to the organization? If "Yes," or tion B. Independent Contractors	omplete Schedu	le J	for s	uch	per.	son					5	L	X
1	Complete this table for your five highest the organization. NONE	compensated in	dep	end	ent (	cont	racte	ors t	that received more than	\$100,000 of com	ipens	ation 1	from	
	(A) Name and busing	ess address					_		(B) Description of	services	С	ompe	C) ensatio	on
2	Total number of independent contracto	rs (including but	not	lımıt	ed to	o the	ose l	stec	d above) who received r	nore than	<del></del>			
	\$100,000 in compensation from the org	anization >					0					Form	990	(2010

Statement of Revenue Part VIII (D) Revenue excluded from (B) (C) (A) Related or Unrelated Total revenue business tax under sections 512, 513, or 514 exempt function revenue revenue Federated campaigns 1a 420,998. 1b Membership dues Fundraising events 1c 1d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ 420,998 h Total. Add lines 1a-1f Business Code 264,236. 2 a BOURBON TRAIL, TOURISM 900099 264,236. Program Service f All other program service revenue 264,236. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,062. 1,062. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 314,633. 314,633. 11 a LEGAL DEFENSE FUND d All other revenue 314,633. e Total. Add lines 11a-11d 1,062. 1000929. 264,236. 314,633. Total revenue. See instructions Form 990 (2010) 032009

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			·	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,				
	trustees, and key employees	163,136.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	49,472.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	4,600.			
9	Other employee benefits	26,054.			
10	Payroll taxes	13,108.			
11	Fees for services (non-employees):				
а	Management				
ь	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees		······································		
g	Other				
12	Advertising and promotion	44,801.			
13	Office expenses	36,019.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	19,701.			
18	Payments of travel or entertainment expenses			Ī	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,064.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,755.			
23	Insurance	7,694.			
24	Other expenses Itemize expenses not covered	77			
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule O)				
а	LEGAL	385,867.			
b	KY BOURBON TRAIL/TEAM B	282,369.			
c	SPECIAL PROJECTS	73,307.			
d	GOVERNMENT AFFAIRS	64,217.			
e	MEALS	5,972.			
f	All other expenses	2,853.			
25	Total functional expenses. Add lines 1 through 24f	1,182,989.			
26	Joint costs. Check here ▶ ☐ If following SOP		<del> </del>	1	
	98-2 (ASC 958-720) Complete this line only if the			1	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation	<u></u>		1	

Par	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	332,251.	1	174,091.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	<del> </del>
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges .	22,226.	9	
	10a	Land, buildings, and equipment: cost or other			
	ļ	basis Complete Part VI of Schedule D 10a 12,	458. 462. 9,402.		
	ь	Less. accumulated depreciation 10b 4,	9,402.	10c	7,996.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	investments - program-related. See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	363,879.	16	182,087.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<del></del>
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employed	es,		
iab		highest compensated employees, and disqualified persons. Complete Pa	artil		
_	ļ	of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	0.	25	268.
	26_	Total liabilities. Add lines 17 through 25	0.	26	268.
		Organizations that follow SFAS 117, check here X and comp	lete		
Š	1	lines 27 through 29, and lines 33 and 34.	014 057		101 001
an	27	Unrestricted net assets	214,257.		181,091.
Bal	28	Temporarily restricted net assets	149,622.	28	728.
P	29	Permanently restricted net assets		29	
亞	i	Organizations that do not follow SFAS 117, check here	nd		
ō		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	262 070	32	101 010
_	33	Total net assets or fund balances	363,879.		181,819.
	34	Total liabilities and net assets/fund balances	363,879.	34	182,087. Form <b>990</b> (2010)

orm	990 (2010) KENTUCKY DISTILLERS' ASSOCIATION	_61 <u>-60</u>	33690	Pag	je 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,000		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,182		
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-182</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_ <u>363</u>	3,8	79.
5	Other changes in net assets or fund balances (explain in Schedule 0)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18:	L,8	19.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

### **SCHEDULE C** (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** For Organizations Exempt From Income Tax Under section 501(c) and section 527 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.	, , , , , , , , , , , , , , , , , , , ,	,	•
Vam	ne of organization			Emp	loyer identification number
		Y DISTILLERS' AS			61-6033690
Pa	ert I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 of	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	eation's direct and indirect politic	al campaign activities	ın Part IV. ▶ \$	\$
Pa	ert I-B Complete if the org	ganization is exempt und	ler section 501(c)	(3)	
1					B
	Enter the amount of any excise tax	, ,		<u> </u>	
	If the organization incurred a section			. ,	Yes No
	Was a correction made?		,		Yes No
b	o If "Yes," describe in Part IV.				_
Pa	rt I-C Complete if the org	ganization is exempt und	ler section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt fund	ction activities	<b>.</b>
2	Enter the amount of the filing organ	nization's funds contributed to of	ther organizations for s	section 527	
	exempt function activities			▶ \$	<b>5</b>
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	<b>-</b> 1	
	line 17b			▶ \$	S
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	mployer identification number (E	IN) of all section 527 pe	olitical organizations to whi	ch the filing organization
	made payments. For each organiza				•
	contributions received that were pr				ate segregated fund or a
	political action committee (PAC). If		vide intormation in Pari	t IV.	
	(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) 2010

Schedule C (Form 990 or 990-EZ) 2010 K	ENTUCKY D	STILLERS'	ASSOCIATION		5033690 Page 2
Part II-A Complete if the organ		npt under section	on 501(c)(3) and file	d Form 5768	
(election under section				· · · · · · · · · · · · · · · · · · ·	
A Check 🕨 💹 if the filing organization	-				
3 Check 🕨 🔛 if the filing organization	checked box A an	d "limited control" pr	ovisions apply.		T
Limits o (The term "expenditu	n Lobbying Expen		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion (g	rass roots lobbying)			
<b>b</b> Total lobbying expenditures to influen	ce a legislative bod	y (direct lobbying)			
c Total lobbying expenditures (add lines	: 1a and 1b)		<u>_</u>		
d Other exempt purpose expenditures			<u></u>		<u> </u>
<ul> <li>Total exempt purpose expenditures (a</li> </ul>	add lines 1c and 1d		<u></u>		
f Lobbying nontaxable amount. Enter ti	ne amount from the	following table in bo	th columns.		
If the amount on line 1e, column (a) or (b	) is: The lobb	ying nontaxable an	nount is:		
Not over \$500,000	20% of t	he amount on line 1e	<u>.                                    </u>		
Over \$500,000 but not over \$1,000,00	00 \$100,000	Oplus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	000 \$175,000	O plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000			ess over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00			
<del></del>					<u></u>
g Grassroots nontaxable amount (enter	•	•	-		
h Subtract line 1g from line 1a. If zero o	•		<u> </u>		
i Subtract line 1f from line 1c. If zero or					
j If there is an amount other than zero		ine 11, did the organi	zation file Form 4720		
reporting section 4911 tax for this yea					Yes No
	ons that made a s		r Section 501(n) on do not have to comp les 2a through 2f on pa		
	Lobbying Exper	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) Total
2a Lobbying nontaxable amount		, <del></del>			
b Lobbying ceiling amount					
(150% of line 2a, column(e))			<u> </u>		
c Total lobbying expenditures			<del> </del>		<del></del>
d Grassroots nontaxable amount	j		1		
e Grassroots celling amount		. 1100 13 131 1310	1		
(150% of line 2d, column (e))					
			1	<u></u>	
f Grassroots lobbying expenditures					<u> </u>

Schedule C (Form 990 or 990 EZ) 2010 KENTUCKY DISTILLERS' ASSOCIATION 61-603369

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)).

<ul> <li>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:</li> <li>Volunteers?</li> <li>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>Media advertisements?</li> <li>Mailings to members, legislators, or the public?</li> <li>Publications, or published or broadcast statements?</li> <li>Grants to other organizations for lobbying purposes?</li> <li>Direct contact with legislators, their staffs, government officials, or a legislative body?</li> </ul>	Yes	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?				
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?				~~~
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?				*************
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> </ul>				
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?				
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			·	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				· · ·
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), sectio 501(c)(6).	n 501(c)	(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2	-	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	X	
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."	III-A, lir			
1 Dues, assessments and similar amounts from members	-	1	420	,998
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	∌l			
expenses for which the section 527(f) tax was paid).			100	000
a Current year		_2a		,808 1,017
b Carryover from last year c Total		2b		
• 12.5		. 2c		176
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3	40	176
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical		70	640
expenditure next year?		4		649
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information		5_		

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

KENTUCKY DISTILLERS' ASSOCIATION

**Employer identification number** 61-6033690

Par	Organizations Maintaining Donor Advise organization answered 'Yes' to Form 990, Part IV, line		Is or Accounts. Complete if the
	- gameston anomorous 700 to 10m 500; 1 att 14; lille	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			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 str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by ti	he organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	- f
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements		
Pa	1 III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:	·	
	(i) Revenues included in Form 990, Part VIII, line 1		. <b>&gt; \$</b>
	(ii) Assets included in Form 990, Part X	•	. • \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finance	ial gain, provide
•	the following amounts required to be reported under SFAS 1		• Professional Control of the Contro
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X	·	<b>▶</b> \$
	•		· <del></del>

Sched	dule D (Form 990) 2010 KENTUCKY	/ DISTILLE	RS' AS	SSOCI	ATION		(	51-603	33690	Pag	e <b>2</b>	
	III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Othe	r Simila	ar Asset	S (contin	ued)		
3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the f	ollowing that	are a sig	gnificant i	use of its o	ollection	items		
	(check all that apply):											
а	Public exhibition	d	☐ Lo	an or exch	nange progra	ms						
b	Scholarly research	e	Ot	her					·			
C	Preservation for future generations											
4	Provide a description of the organization's co	ilections and explain	n how they	further th	e organizatio	n's exen	npt purpo	se in Part	XIV.			
5	During the year, did the organization solicit or	receive donations of	of art, histo	oncal treas	sures, or othe	r sımılar	assets					
	to be sold to raise funds rather than to be ma	untained as part of t	he organiz	ation's co	llection?				Yes		No_	
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the o	rganization	n answered "	Yes" to I	Form 990	, Part IV, II	ne 9, or			
	reported an amount on Form 990, Par	t X, line 21.										
1a	Is the organization an agent, trustee, custodia	an or other intermed	lary for co	ntributions	s or other ass	ets not	included					
	on Form 990, Part X?							. $\square$	Yes		No	
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing tab	ole:				_				
	-								Amount			
С	Beginning balance						1c		_			
d	Additions during the year	1d										
е	Distributions during the year	1e										
f	Ending balance	1f										
2a											No	
	If "Yes," explain the arrangement in Part XIV.											
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.											
		(a) Current year	(b) Pric	or year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years b	ack_	
1a	Beginning of year balance											
b	Contributions								. , , , , , , , , , , , , , , , , , , ,			
c	Net investment earnings, gains, and losses											
d	Grants or scholarships						<del></del>	-, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
е	Other expenditures for facilities											
	and programs			į								
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held a	as:									
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
c	Term endowment ▶	%										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held aı	nd administe	red for th	ne organiz	zation				
	by:									Yes	No_	
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations	s fisted as required o	on Schedu	le R?					3ь			
4	Describe in Part XIV the intended uses of the	organization's ende	owment fu	nds.								
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 990	0, Part X, II	ne 10.								
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value		
		basis (investi	ment)	basis (	(other)	dep	reciation					
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment			1	2,458.		4,4	62.		7,99	6.	
e	Other			· —								
		000 C	. V	m					-	7 99	6	

Schedule D (Form 990) 2010

KENTUCKY	DISTILLERS'	ASSOCIATION

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
1) Financial derivatives			
) Closely-held equity interests .			
Other			
(A)			
(B)	<del></del>		<u></u>
(C)			<del></del>
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)	<u> </u>		
()			
tal (Col (b) must equal Form 990, Part X, col (B) line 12 )	<u>}                                    </u>		
art VIII Investments - Program Related.	See Form 990, Part X, line 13		<u></u>
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)			
(2)			
(3)			<del></del>
(4)			
(5)			<del></del>
(6)			
(7)			_ <del></del>
(8)	<del> </del>		
(9)			
(10)			<del></del>
otal. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, II			<u></u>
ALLEGO AND AND AND AND AND AND AND AND AND AND	(a) Description		(b) Book value
(1)	(a) Bosonphon		(b) Dook raido
(2)			
(3)			
(4)	<del></del>		
(5)			
(6)			
(0)			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8) (9) (10)	Ino 15 )		
(7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B)	line 15)	•	
(7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	line 15 ) X, line 25.		
(7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability	line 15 ) X, line 25.	(b) Amount	
(7) (8) (9) (10)  Otal. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes	t X, line 25.	(b) Amount	
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2) OVERDRAFTED BANK ACCOUNT	t X, line 25.		
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2) OVERDRAFTED BANK ACCOUNT	t X, line 25.	(b) Amount	
(7) (8) (9) (10)  Datal. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) OVERDRAFTED BANK ACCOUNT (3) (4)	t X, line 25.	(b) Amount	
(7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) OVERDRAFTED BANK ACCOUNT (3) (4) (5)	t X, line 25.	(b) Amount	
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) OVERDRAFTED BANK ACCOUNT (3) (4) (5) (6)	t X, line 25.	(b) Amount	
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) OVERDRAFTED BANK ACCOUNT (3) (4) (5) (6) (7)	t X, line 25.	(b) Amount	
(7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) OVERDRAFTED BANK ACCOUNT (3) (4) (5) (6) (7) (8)	t X, line 25.	(b) Amount	
(7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) OVERDRAFTED BANK ACCOUNT (3) (4) (5) (6) (7) (8) (9)	t X, line 25.	(b) Amount	
(7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) OVERDRAFTED BANK ACCOUNT (3) (4) (5) (6) (7) (8) (9) (10)	t X, line 25.	(b) Amount	
(7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) OVERDRAFTED BANK ACCOUNT (3) (4) (5) (6) (7) (8) (9)	T	(b) Amount 268.	

### SCHEDULE.J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► See separate instructions. Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

KENTUCKY DISTILLERS' ASSOCIATION

**Employer identification number** 61-6033690

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			TT. TT
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	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 (e.g., 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 officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		ļ
^				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee  Written employment contract			
	Independent compensation consultant  Compensation survey or study  X Approval by the board or compensation committee			1
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
¢	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			1
	The organization?	_5a		
b	Any related organization?	_5b		ļ
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:			
	The organization?	6a		-
D	Any related organization?	6b		
7	If "Yes" to line 6a or 6b, describe in Part III.			1
,	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		
٥	not described in lines 5 and 6? If "Yes," describe in Part III	7		<del> </del>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
3	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2010

Page 2

Part It Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2010

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(ii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(F)
(A) Name	<del></del>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
		163,136.	0	6,000.	3,250.	0	172,38	0
1 ERIC GREGORY	: 3	0	0	0	0	0.	• 0	0
	ε							
2	(ii)							
	8							
8	⊞							
	(9)							
4	<b>E</b>							
	ε							
S	(ii)							
	(9)							
9	€							
	(9)							
7	€							
	8							
8	(ii)							
	(i)							
6	3					i		
	ε							
10	(ii)							
	ε							
11	₿							
	6							
12	₿							
i	8							•
13	Ξ							
	8							
14	(E)							
	<b>E</b>							
15	€							
	€							
16	▣							
				,			Schedul	Schedule J (Form 990) 2010

### 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.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

KENTUCKY DISTILLERS' ASSOCIATION

Employer identification number 61-6033690

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. Attach to your tax return.

990

OMB No 1545-0172

Attachment Sequence No 67

Business or activity to which this form relates

Identifying number

KEI	NTUCKY DISTILLERS' A	SSOCIATIO	ON	FOR	M 9	90 PA	GE 10		61-6033690
Pai								/ before yo	ou complete Part I
1 N	Maximum amount (see instructions)					·		1	500,000.
2 1	otal cost of section 179 property place	d in service (see i	nstructions)					2	
3 1	hreshold cost of section 179 property	pefore reduction i	n limitation					3	2,000,000.
4 F	Reduction in limitation. Subtract line 3 fr	om line 2. If zero	or less, ente	r -0-				4	
<b>5</b> g	Pollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter -	0- If marned fill	ng separately, see	instruct	ions		5	
6	(a) Description of pro	perty		(b) Cost (busine	ess use	only)	(c) Elected	cost	
				<del></del>					
				<del></del>					
7 1	isted property. Enter the amount from	line 29				7			
8	Total elected cost of section 179 proper	ty. Add amounts	ın column (d	), lines 6 and	7			8	
9	Tentative deduction. Enter the smaller	of line 5 or line 8						9	
10 (	Carryover of disallowed deduction from	line 13 of your 20	09 Form 45	62				10	
11 8	Business income limitation. Enter the sr	naller of business	income (not	less than zer	o) or li	ne 5		11	
12 3	Section 179 expense deduction. Add lir	es 9 and 10, but	do not ente	r more than lir	ne 11			12	
13 (	Carryover of disallowed deduction to 20	11. Add lines 9 a	<u>nd 10, less l</u>	ine 12		13			
	: Do not use Part II or Part III below for	listed property. Ir	nstead, use i	Part V.					
Pa	rt II Special Depreciation Allowa	nce and Other De	epreciation	(Do not include	de liste	ed propert	y.)	·· · · · · · · · · · · · · · · · · · ·	
14	Special depreciation allowance for qual	fied property (oth	er than liste	d property) pl	aced I	n service o	during	1	
1	the tax year							14	
15	Property subject to section 168(f)(1) ele	ction						15	
_	Other depreciation (including ACRS)							16	
Pa	THE MACRS Depreciation (Do no	t include listed pr			)				
				ction A					1 720
17	MACRS deductions for assets placed in	service in tax ye	ars beginnin	g before 2010	)			17	1,730.
18	f you are electing to group any assets placed in serv						<b>P</b>	<u></u>	
	Section B - Assets	(b) Month and		r depreciation	JSING	tne Gene	rai Deprecia	tion Syste	em
	(a) Classification of property	year placed in service	(business/ii	nvestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property	1			<u> </u>				
b	5-year property	_		<del></del>					
C	7-year property			349.	7	YEARS	HY	S/L	25.
d	10-year property								
e	15-year property				ļ				
f	20-year property			·					
9	25-year property				2	5 yrs.		S/L	
h	Residential rental property	/			27	7.5 yrs.	MM	S/L	
	nesidential rental property	/			27	.5 yrs.	MM	S/L	
i	Nonresidential real property	/			3	9 yrs.	MM	S/L_	
		/			<u>l</u>		MM	S/L_	
	Section C - Assets P	laced in Service	During 201	0 Tax Year U	sing t	he Alterna	tive Depre	iation Sys	stem
20a	Class life				<u> </u>			S/L_	<u> </u>
b	12-year				1	2 yrs	<u> </u>	S/L_	
c		//		<del></del>	4	0 yrs.	MM	S/L	<u> </u>
Pa	rt W Summary (See instructions.)							<del></del>	
21	Listed property. Enter amount from line	28						21	
	Total. Add amounts from line 12, lines							1	
	Enter here and on the appropriate lines	of your return. Pa	artnerships a	and S corpora	tions -	see ınstr.		22	1,755.
23	For assets shown above and placed in	service during the	e current ye	ar, enter the					
	nortion of the bacie attributable to each	ion 263A costs				23			E .

P	art V	Listed Proper amusement.)	ty (Include a	utomobiles, cei	taın oth	er vehic	les, cert	ain comp	outers	s, and prop	erty use	ed for er	tertainn	nent, rec	reation,	or
	•	Note: For any	vehicle for wi	hich you are us	ing the :	standaro	d mileaq	e rate or	dedu	ctına lease	expens	e, comp	lete only	y 24a, 2	4b, colur	nns (a)
		through (c) of 3	Section A, <u>all</u>	of Section B, a	and Sec	tion C if	applicat	ole.								
				on and Other I			ution: S	See the in	struc	tions for li	mits for p	passeng	er auton	nobiles.)	<del></del>	<del></del>
<b>24</b> a	Do you	have evidence to	1		nt use cla	ımed?	<u> </u>		No	246 If "Y	es," is th	e evide	nce writt	ten?	J Yes L	No
	Type (	(a) of property hicles first )	(b) Date placed in service	(c) Business/ investment use percentag	l oti	(d) Cost or ner basis		(e) is for depres siness/inves use only)	tment	Recovery period	Met	g) hod/ ention	Depre	h) eciation action	Ele-	(i) cted in 179 ost
25	Special	depreciation all	owance for c	qualified listed p	property	placed	ın servic	e during	the t	ax year an	d					***
	used m	ore than 50% in	a qualified b	ousiness use								25	ļ		<u> </u>	
26	Propert	y used more tha	an 50% in a c	qualified busine	ss use:											
				9	6						<u> </u>		ļ		<u> </u>	
		<del></del>		9	6											
			<u> </u>	9	6											
27	Propert	y used 50% or I	ess in a qual	ified business	ıse:					,						
			<u> </u>	9	6						S/L·					
			<del> </del>	9	6						S/L·		ļ			
			1	9	6		l			L	S/L·		ļ			
28	Add am	nounts in column	n (h), lines 25	through 27. E	nter here	and or	line 21 ,	page 1				28	l			
<u>29</u>	Add am	ounts in column	n (I), line 26. E											29	Ĺ	
								on Use o								
		his section for v														
	ou provi se vehic	ded vehicles to	your employe	ees, first answe	er the qu	estions	ın Secti	on C to s	see if	you meet a	an excep	otion to	complet	ing this	section f	or
-																
	(a) (b) (c) (d) (e)  30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle										(	<b>(f)</b>				
30	Total bu	sıness/investment	miles driven d	during the	Vehicle		Vet	Vehicle \		/ehicle	Veh	ncle	Vet	nicle	Vet	icle
	year ( <b>dc</b>	not include com		<del></del>							ļ		<del> </del>			
		ommuting miles	-				<u> </u>		<u></u>				ļ		<u> </u>	
32	Total of	ther personal (no	oncommuting	g) miles			ļ				ļ		ļ		ļ	
	driven												<b>.</b>		<u> </u>	
33	33 Total miles driven during the year.															
Add lines 30 through 32					Yes	<del></del>	<del>  </del>	r					ļ	<del></del>	<u> </u>	
34	34 Was the vehicle available for personal use					No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	-	off-duty hours?					<del> </del>	<del>  </del>		_	<del> </del>		<del> </del> -	<del> </del>	<del> </del>	
35		e vehicle used p	•	more						İ		ļ	1	!	1	
•		% owner or relat	•		<del></del>	ļ	<del> </del>				<del> </del>		<del> </del>	<del> </del>	<del> </del>	
36		her vehicle avail	able for pers	onai	ł					İ		ļ	ļ	i		
_	use?		0 11 0					<u> </u>			<u> </u>		<u> </u>	l	L	<u> </u>
				- Questions f	•	-		-			-			_		•
		se questions to	determine ii	you meet an e	xceptior	1 to com	ipleting s	Section E	or v	enicies us	sea by er	npioyee	s wno a	re not n	nore thar	1 5%
		elated persons.	on nollowate					- <b>6</b>		المالم المالم		<u></u>			V	No
31	employ	maintain a writt	en policy sta	ttement that pr	OHIDIES &	ııı perso	nai use (	o venicie	:S, IIIC	auding cor	mmutnig	, by you	ır		Yes	No
38	, ,	maintain a writt	en nolicy eta	stament that no	ohibite r	ereonal	use of v	rehiolog	ovoor	ot commut	ina by v	our.	-			<del> </del>
30	-	ees? See the in		•	-			•			• • •	our				1
30		treat all use of					mcers, u	meciois,	01 17	o or more	Owners	•				<del>                                     </del>
	-	provide more th	•				Informat	ion from	V0.15	amplayea	o obout				<u> </u>	+
70		of the vehicles					inoma	.1011 110111	you	cilipioyee	s about					
41		meet the requir	•				monetre	ition use	2						}	+
71	-	f your answer to		- •						covered w	hiclas					<del>                                     </del>
D	art VI		07, 00, 03,	+0, 01 +1 15 1 e	3, 00 11	or Comp	iele dec	HOIT B TO	i iiie	COVERED VE	ilicies.			<del></del> -		سيبسلم
	THE PR	(a)			(b)	<u> </u>	(c)		Ţ	(d)		(e)			(f)	
		Description	of costs	Date	amortzation		Amortizat amount			Code section		Amortiza	note		mortization or this year	
42	Amorti	zation of costs t	hat begins d	uring vour 2010	begins Otax ve:					3000011		period or pe	TOTAL STREET	<del>'</del>		
72	AHOIG	Lation of Costs L	inat begins u	3.1.1g 3001 201	· ······ y ···	<u> </u>			$\top$				T			
_						<del>                                     </del>			+-	<u></u>	-					
43	Amorti	zation of costs t	hat began be	efore your 2016	) tax ve	ır							43			

44 Total. Add amounts in column (f). See the instructions for where to report