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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2013

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
BOURBON WOMEN ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address)Room/suite  
2365 HARRODSBURG ROAD NO A325

City or town, state or province, country, and ZIP or foreign postal code  
LEXINGTON, KY 40504

**D** Employer identification number  
27-4357586

**E** Telephone number  
(502) 292-7945

**F** Group Exemption Number

**G** Accounting Method ☐ Cash ☒ Accrual Other (specify) \_\_\_\_\_

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: [WWW.BOURBONWOMEN.ORG](http://WWW.BOURBONWOMEN.ORG)

**J** Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 50,644

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	729
	2	Program service revenue including government fees and contracts	2	14,556
	3	Membership dues and assessments	3	12,503
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	22,856
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50,644
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	585
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	69,273
	17	Total expenses. Add lines 10 through 16	17	69,858
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-19,214
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-16,611
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-35,825

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments . . . . .	8,040	22	8,920
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .	9,213	24	1,531
25 Total assets . . . . .	17,253	25	10,451
26 Total liabilities (describe in Schedule O) . . . . .	33,864	26	46,276
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	-16,611	27	-35,825

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
TO BE AN INDEPENDENT RESOURCE AND INSPIRATIONAL FORUM BRINGING WOMEN OF ALL AGE GROUPS TOGETHER COLLECTIVELY TO SHARE OUR BOURBON AFFINITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 TO PROMOTE AND UNDERSTAND THE HISTORY AND HERITAGE OF BOURBON, EDUCATING WOMEN ON BOURBON AND SPIRIT PORTFOLIOS, TO CREATE EDUCATIONAL OPPORTUNITIES SURROUNDING THE CULTURE AND LIFESTYLE OF BOURBON, TO PUBLISH INFORMATION REGARDING BOURBON PRODUCTS AND DESTINATIONS, SPEAKING TO THIS FEMALE MARKET, TO SUPPORT AND MAKE CHARITABLE CONTRIBUTIONS FOR THE ADVANCEMENT OF WOMEN AND THE BOURBON INDUSTRY, TO PARTNER WITH THE BOURBON INDUSTRY TO ENRICH THE ECONOMIC IMPACT AND THE CATALYST IN ENGAGING THE FEMALE MARKET  
(Grants \$ 0) If this amount includes foreign grants, check here

29 HELD EVENTS THROUGHOUT THE YEAR TO ALLOW MEMBERS AND NON-MEMBERS AN OPPORTUNITY TO MINGLE, NETWORK, LEARN ABOUT SPIRITS AND DRINK BOURBON. 2013 EVENTS INCLUDED \*CRAFT DISTILLERS - SIGNATURE EVENT, MIXING AT THE MANSION. "KY CRAFT DISTILLER'S EVENT" TOOK PLACE AT THE GOVERNOR'S MANSION IN FRANKFORT, KY WHERE GUESTS ENJOYED TREATS FROM TOP REGIONAL CHEFS AND BOURBON TASTINGS WITH EACH OF THE SEVEN DISTILLERS ON THE NEW KENTUCKY BOURBON TRAIL CRAFT TOUR. FEATURED SPEAKERS FOR THE EVENING INCLUDED ERIC GREGORY, KDA PRESIDENT AND FRED MINNICK, AUTHOR OF "WHISKEY WOMEN." \*BE MEDISPA - HOSTED AT THE BRAND NEW BE MEDISPA AT LEXINGTON GREEN, LEXINGTON, KY. ATTENDEES ENJOYED LIGHT HORS D'OEUVRES, SPECIALTY COCKTAILS AND A TASTING PROVIDED BY BULLEIT BOURBON. GUESTS PARTICIPATED IN PRODUCT DEMONSTRATIONS, BID ON SILENT AUCTIONS AND SPOKE WITH DISTILLERY FAMILY MEMBER, BETSY BULLEIT OF BULLEIT BOURBON. \*HOLIDAY EVENTS - BOURBON WOMEN WERE TREATED TO THREE SIP AND SHOP HOLIDAY EVENTS AT LIQUOR BARN LOCATIONS IN BOWLING GREEN, LOUISVILLE, AND LEXINGTON, KY. GUESTS ENJOYED BOURBON TASTINGS, SPECIALTY COCKTAILS, MIXOLOGY LESSONS, A MEET AND GREET WITH MASTER DILLERS AND DELICIOUS FOOD SAMPLINGS.  
(Grants \$ 0) If this amount includes foreign grants, check here

30  
  
(Grants \$ ) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28a0

29a0

30a

31a

32

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations Enter . . . . .		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/> . . . . .		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> . . . . .		
42a	The organization's books are in care of <input type="checkbox"/> ASSOCIATIONS INTERNATIONAL LLC Telephone no <input type="checkbox"/> (859) 226-4335 Located at <input type="checkbox"/> 2365 HARRODSBURG ROAD NO A325 LEXINGTON, KY ZIP + 4 <input type="checkbox"/> 40504		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> . . . . . See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> . . . . .	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> ? Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> 43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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 . . . . .		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
49b	If "Yes," was the related organization a section 527 organization? . . . . .		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000 . . . . .	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000. . . . .	
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52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .	Yes	No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2014-11-13 Date	
	MICHELE BOWLING PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PAULA C HANSON		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00161575
	Firm's name DEAN DORTON ALLEN FORD PLLC				Firm's EIN 27-3858252
	Firm's address 106 W VINE STREET SUITE 600 LEXINGTON, KY 40507				Phone no (859) 255-2341
May the IRS discuss this return with the preparer shown above? See instructions . . . . .					Yes No

Additional Data

Software ID:  
Software Version:  
EIN: 27-4357586  
Name: BOURBON WOMEN ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PEGGY NOE STEVENS PAST PRESIDENT	0 50	0	0	0
CYNTHIA TORP SECRETARY/TREASURER	0 50	0	0	0
MICHELE BOWLING PRESIDENT	0 50	0	0	0
JAMIE ESTES DIRECTOR	0 50	0	0	0
CARLA CARLTON DIRECTOR	0 50	0	0	0
ABBY CISELL DIRECTOR	0 50	0	0	0
BARB GROSSO DIRECTOR	0 50	0	0	0
LISA MORSMAN DIRECTOR	0 50	0	0	0
SUSAN REIGLER PRESIDENT ELECT	0 50	0	0	0
KERRI RICHARDSON DIRECTOR	0 50	0	0	0
LYNN HILLEBRAND DIRECTOR	0 50	0	0	0
JOANIE ALLGEIER DIRECTOR	0 50	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013****Open to Public  
Inspection**Name of the organization  
BOURBON WOMEN ASSOCIATION**Employer identification number**

27-4357586

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION ROYALTIES AMOUNT 20,904 DESCRIPTION MERCHANDISE SALES AMOUNT 1,952 TOTAL TO FORM 990-EZ, LINE 8 22,856
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION EVENT EXPENSES AMOUNT 7,549 DESCRIPTION MERCHANDISE AMOUNT 1,710 DESCR PTION PROMOTIONAL AMOUNT 170 DESCRIPTION OFFICE EXPENSE AMOUNT 1,923 DESCRIPTION WEB HOSTING/DESIGN AMOUNT 1,457 DESCRIPTION MEETING EXPENSE AMOUNT 150 DESCRIPTION INSURANCE AMOUNT 662 DESCRIPTION MANAGEMENT FEE AMOUNT 54,000 DESCRIPTION TAXES AND LICENSES AMOUNT 15 DESCRIPTION TRANSPORTATION/MEALS AMOUNT 1,637 TOTAL TO FORM 990-EZ, LINE 16 69,273
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 8,580 END OF YEAR AMOUNT 882 DES CRIPTION PREPAID EXPENSE BEG OF YEAR AMOUNT 633 END OF YEAR AMOUNT 649
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 22,574 END OF YEAR AMOUNT 38,995 DE SCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 11,290 END OF YEAR AMOUNT 7,281

## TY 2013 Transfers Personal Benefits Contracts Declaration

**Name:** BOURBON WOMEN ASSOCIATION

**EIN:** 27-4357586

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.