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Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public.

Interna	al Reven	ue Service	► Information about	out Form 99	0 and its instructions	is at www.	ırs.gov/form990.		Inspectio	ar.		
A F	or the	2013 calend	lar year, or tax year beginning			d ending						
B cı	neck if oplicable	C Name of	of organization				D Employer ide	ntification	on number			
	Addres change	s KENT	CUCKY DISTILLERS	' ASSOC	CIATION							
									3690			
									number			
	Terminated		SHELBY STREET		·		50	02-875-9351				
	Amend	ed City or t	town, state or province, country	, and ZIP or	foreign postal code		G Gross receipts \$		1,161,3	327		
	Application		IKFORT, KY 4060				H(a) Is this a gro	up returr				
	pendin	F Name a	and address of principal officer:	ERIC GI	REGORY		for subordir	nates?	Yes 🖸	∐ No		
		614 S	SHELBY STREET, F				H(b) Are all subordin	ates include	ed? Yes	No		
		mpt status:		6) ∢ (ins	sert no.) 4947(a)(1) or 527	If "No," atta	ch a list.	(see instruction	ns)		
			KYBOURBON.COM				H(c) Group exen					
			X Corporation Trust	Association	on Other D	L Year	of formation 194	U M Sta	ate of legal domic	ile K		
Pa		Summary			TTO :	DDOMORI	- mun uron	ODY	7.3.TD			
Activities & Governance	1 (Briefly describ GROWTH	be the organization's mission of OF THE BOURBON	most signific	cant activities: TO RY AND ITS I	MEMBERS	E THE HIST	ORY	AND			
Ĕ	2 (Check this bo	x Figure 1 if the organization	discontinued	d its operations or disp	osed of mor	e than 25% of its n	et assets	s.			
8	3	Number of vo	oting members of the governing	body (Part V	/l, line 1a)			3				
ತ	4	Number of Inc	dependent voting members of t	he governing	g body (Part VI, line 1b)		4				
<u>e</u>	5	Total number	of individuals employed in cale	ndar year 20	13 (Part V, line 2a)			5				
<u> </u>			of volunteers (estimate if neces					6				
Act			ed business revenue from Part \		·			7a		0		
	b_i	Net unrelated	business taxable income from	Form 990-T,	line 34	<u> </u>		7b		0		
	_			RE	CEIVED	<u> </u>	<u>Prior Year</u> 896,52	6	Current Yea			
e			s and grants (Part VIII, line 1h)			<u> </u>			29,6			
Revenue		-	rice revenue (Part VIII, line 2g)	<u>യ</u>	- A - A - S		5,47	9.				
æ	10	Investment in	ncome (Part VIII, column (A), line	S0, 4, and 7	이 4 2014 약	<u> </u>	1,38		66,3	0		
	11 (Other revenue	e (Part VIII, column (A), lines 5	6d 8c, 9c, 1	Oc, and 11e)		903,50		1,161,3			
-	12	l otal revenue	e - add lines 8 through 11 (must imilar amounts paid (Part IX, co	equal Part V	TE OLUMBER K	<u> </u>	903,30	0.	1,101,	0		
								0.		0		
			to or for members (Part IX, coli			" <u> </u>	313,32		425,9			
Expenses			er compensation, employee ber			" 	313732	0.	123/2	0		
Den			fundraising fees (Part IX, colum sing expenses (Part IX, column		5) . ▶	0.		-		-		
Ĕ			ses (Part IX, column (A), lines 11		40)		482,53	1.	651,4	177		
ت و		-	es. Add lines 13-17 (must equal				795,85		1,077,4			
ا ا ا	1		s expenses. Subtract line 18 fro		(-y, 25)		107,65		83,9			
or Ces		1107011001000	Coponicos escritor into to no			В	eginning of Current \		End of Year			
sets	20	Total assets ((Part X, line 16)				381,78		671,8			
Ass d Ba			s (Part X, line 26)				119,37	3.	325,5	549		
Pun			r fund balances. Subtract line 2	1 from line 20	0		262,41	.3.	346,3	335		
Pa		Signatur										
			, I declare that I have examined this					of my kn	owledge and belie	ef, it is		
true,	correc	t, and complete	e Declaration of preparer (other tha	n officer) is ba	ised on all information of	which prepare	er has any knowledge					
Unde true,			1/2000	<u></u> .								
Sigr		, ,	re-of officer	D = 1.1=			Date	. , ,				
Her	е		C GREGORY / PRESI	DENT				1/0/1	<u>'</u>			
		· · · · · · · · · · · · · · · · · · ·	print name and title	1	·		Date Che	, ,	PTIN			
		Print/Type pre		Prepa	rer's signature		shale I		1	5 <i>1</i>		
Paid		DAVID H		CINDEC		10			P0087565			
	arer	Firm's name		CIATES			Firm's Ell	v <u>0</u>	1-12916	<i>,</i> 0 _		
use	Only	Firm's addres: -	#2 HMB CIRCLE FRANKFORT , K		17E/A		Dt	502.	695-7300	n		
			·				Phone no	302-	X Yes			
May	tne IF	าธ aiscuss th	us return with the preparer shou	vn above? (s	ee instructions)				Tes L	N		

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

	990 (2013) KENTUCKY DISTILLERS, ASSOCIATION 61-6033690 Page 2
Par	t∰ Statement of Program Service Accomplishments
•	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE THE HISTORY AND GROWTH OF THE BOURBON INDUSTRY AND ITS
	MEMBERS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$
	SIX DISTILLERIES WHERE VISITORS CAN LEARN ABOUT THE ART, SCIENCE AND
	HISTORY BEHIND KENTUCKY'S SIGNATURE BOURBON INDUSTRY.
4b	(Code) (Expenses \$
	INDUSTRY MEETINGS, CONFERENCES, SPONSORSHIPS, PUBLIC RELATIONS,
	GOVERNMENT RELATIONS, AND OTHER EDUCATIONAL ACTIVITIES ON BEHALF OF
	KENTUCKY DISTILLERIES REPRESENTING NEARLY 90% OF THE ENTIRE BOURBON
	MARKET.
4.	
4c	(Code) (Expenses \$
	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

Form 990 (2013) KENTUCKY DIS

Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			х
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	_3_		
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	5	Х	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		71	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	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			
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 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			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
20	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
	in 100 to mio bodi dio di gameanon attaon a copy of no addition intalional statements to tillo fotom.			

	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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 L, Part I	25a		├─
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
•	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		١,,	
	Part V, line 1	34	X	V
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	1	
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	 	\vdash
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	, , , , , , , , , , , , , , , , , , , 	<u> </u>	
~	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2013)

Part V	Statements	Regarding Oth	er IRS Filings and	Tax Compliance		
Form 990 (2013)			ASSOCIATION	61-603369	90 Page 5

	Cited it octions a response of note to any line in this fact v			ليط				
			Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							
С			17					
_	(gambling) winnings to prize winners?	1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 5	٥.	X					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ					
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-	1	Х				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a						
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b						
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
h	If "Yes," enter the name of the foreign country:	70						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	:	Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	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							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	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		<u> </u>				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		ļ				
d	• • • • • • • • • • • • • • • • • • • •							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>				
f								
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1				
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a						
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:	- 00						
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ				
	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							
	Enter the amount of reserves on hand			v				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(0046)				

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 or note to any line in this Part VI			X				
<u>Sec</u>	tion 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 1a 6							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0							
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 6							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		<u>X</u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		<u>X</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b						
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40.	Х					
13	In Schedule O how this was done	12c	X					
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	Λ.					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
2	The organization's CEO, Executive Director, or top management official	15a	X					
	Other officers or key employees of the organization	15b	X					
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filled ▶ KY							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vallab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cıal					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion. 🕨						
	OFFICE - 502-875-9351							
	SAME, FRANKFORT, KY 40601							

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than on box, unless person is both a officer and a director/truste				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustæ	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOE FRASER	5.00							_		_
CHAIRMAN	 	X		X				0.	0.	0.
(2) ANDREA WILSON	5.00									
VICE CHAIRMAN	<u> </u>	X		Х		ļ	_	0.	0.	0 .
(3) CHRIS MORRIS	5.00								_	_
SECRETARY/TREASURER		X	ļ	X				0.	0.	0.
(4) RICK ROBINSON	5.00	۱								
DIRECTOR		X	ļ			<u> </u>		0.	0.	0.
(5) ROB SAMUELS	5.00	١.,	1					_	•	^
DIRECTOR	5 00	X	<u> </u>		ļ	ļ		0.	0.	0.
(6) JOHN RHEA	5.00	١.,			İ				•	•
DIRECTOR	F.F. 00	X				ļ		0.	0.	0.
(7) ERIC GREGORY	55.00	-				٠,		106 000	•	4 500
PRESIDENT		<u> </u>				X		196,000.	0.	4,500.
		-						- :		
		_				-				
		_	-			ļ	_			<u> </u>
		_				<u></u>	-			
		_	_			<u> </u>	_			_
			_							
		-								

Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					one h an	(D) Reportable compensation	(E) Reportable compensation	n		(F) stimate nount	
	·	week (list any hours for related organizations below line)	tee or director	Institutional frustæe	od a d		Highest compensated Appropriate Complexity C		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		ns compe		ation e ion ied
			_											
			-				_							
			1		_									
1 b	Sub-total		<u>l</u>	<u> </u>				<u> </u>	196,000.		0.		4,5	00
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						>	0. 196,000.		0.			
2	Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bove	e) wl	no r	eceived more than \$100	0,000 of reportable	e			
3	Did the organization list any former officer			e, ke	ey er	npic	yee	, or	highest compensated e	employee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab	le c							the organization		3	v	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr/			ridual for services		4	Х	Х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	<u>npiete Scheaui</u>	e J i	or si	ucn	pers	son		· · · · · · · · · · · · · · · · · · ·			5	<u> </u>	<u> </u>
1	Complete this table for your five highest co the organization. Report compensation for		-								pens	ation	from	
	(A) Name and business			ONI			<u> </u>		(B) Description of s		С	(C) Compensation		
												-		
									_					
2	Total number of independent contractors (\$100,000 of compensation from the organ		not li	mite	d to		se li: 0	sted	d above) who received r	nore than				

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1,015,395. 1ь Membership dues c Fundraising events 1c d Related organizations 1d 50,000. 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$,065,395 h Total. Add lines 1a-1f Business Code 29,627. 900099 29,627. 2 a BOUBON AFFAIR, MISC. Program Service Revenue f All other program service revenue 29,627. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 66,305. 66,305. 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** 11 a d All other revenue Total. Add lines 11a-11d

Total revenue. See instructions

0.

▶ 1,161,327.

29,627.

Form 990 (2013) KENTUCKY DIST Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			complete column (A).	X
	Check if Schedule O contains a respor	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				······································
٠	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	190,000.			
_	trustees, and key employees	190,000.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	167,374.			
7	Other salaries and wages	107,374.			
8	Pension plan accruals and contributions (include	0 677			
_	section 401(k) and 403(b) employer contributions)	8,677. 36,594.			
9	Other employee benefits				
10	Payroll taxes	23,283.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	10 272			
C	Accounting	10,272.			
đ	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	42 010			=.a-1
12	Advertising and promotion	43,912.		1	
13	Office expenses	9,289.			-
14	Information technology				
15	Royalties	F 261			
16	Occupancy	5,261.			
17	Travel	37,741.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 270			
19	Conferences, conventions, and meetings	4,378.			
20	Interest	4,569.			·
21	Payments to affiliates	0 000			· · ·
22	Depreciation, depletion, and amortization	9,890.			
23	Insurance	8,888.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0) PASSPORT PROGRAM	129,073.		 	:
a	LEGAL	118,567.		 	
b	BOURBON AFFAIR EXPENSE	57,575.		<u> </u>	
C	DIGITAL APPLICATION FEE	53,721.			
d		158,341.			
e or		1,077,405.			
25	Total functional expenses. Add lines 1 through 24e	1,0//,403.	<u> </u>	-	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)			L	5 000 (0040)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 110,460. 229,551. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 45,859. 241,757. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 23,789. Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 202,770. basis. Complete Part VI of Schedule D 10a 21,250. 181,289. 181,520. 10b 10c b Less: accumulated depreciation Investments · publicly traded securities 11 11 1,000. 1,000. 12 12 Investments · other securities. See Part IV. line 11 Investments - program-related. See Part IV, line 11 13 13 19,389. 18,056. 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 381,786. 671,884. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,000. 31,324. Accounts payable and accrued expenses 17 17 18 18 Grants payable 17,509. 199,423. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 94,802. 97,864. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 119,373. 325,549. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 166,388. <u>346,33</u>5. 27 Unrestricted net assets 27 96,025. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 346,335. 671,884. 262,413. 33 Total net assets or fund balances 381,786. Total liabilities and net assets/fund balances 34

Form 990 (2013)

		6033690	Pag	ge 12			
Par	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)			05. 22.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	2.4	<i>6</i> 2	2.5			
Da,	column (B)) 1 XII Financial Statements and Reporting	34	6 , 3	33.			
z CAI	Check if Schedule O contains a response or note to any line in this Part XII						
	Oncok ii Odnedale O contains a response of note to any line in this r at All		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			İ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X			
ь	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?						
c	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
3а	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Aud Act and OMB Circular A-133?	1 3		х			
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dit 3b					

Form **990** (2013)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

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.

	le organization answered "Yes," to Section 501(c)(4), (5), or (6) organizat		lax) or Form 990-E	Z, Part V, line 35c (Proxy	r lax), then
Nan	ne of organization	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Em	ployer identification number
		Y DISTILLERS' ASS			61-6033690
Pa	art I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politica	l campaign activities	_	\$
Pa	art I-B Complete if the org	janization is exempt unde	er section 501(c))(3).	
1					· \$
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 495	5	· \$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4 a	Was a correction made?				Yes No
	o If "Yes," describe in Part IV.				. () (0)
Pa	art I-C Complete if the org	janization is exempt unde	er section 501(c), except section 50	1(c)(3).
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organization tributions received that were propolitical action committee (PAC). If	s. Add lines 1 and 2. Enter here ar 1120-POL for this year? Inployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	od on Form 1120-POI I) of all section 527 p from the filing organ separate political org	bolitical organizations to whization's funds. Also enter ganization, such as a separation,	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter (contributions received and
			-		

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

Schedule C (Form 990 or 990-EZ) 2013	KENTU	CKY DI	STILLERS' A	SSOCIATION	61-0	5033690 Page 2
Part II-A Complete if the org			npt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under sec	tion 50	l (h)).				
A Check If the filing organiza	tion belon	gs to an affil	ated group (and list ii	n Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and sha	re of exces	ss lobbying e	expenditures).			
B Check 🕨 🔙 if the filing organiza	tion check	ked box A an	d "limited control" pre	ovisions apply.		
1::	4a aa 1 ab	h.d	- dia		(a) Filing	(b) Affiliated group
		bying Exper	nts paid or incurred.	,	organization's	totals
(sile term expen	aitures ii	icans amou	into paid of illiculted.	'	totals	
1a Total lobbying expenditures to infli	uence pub	olic opinion (grass roots lobbying)	_		
b Total lobbying expenditures to infli	uence a le	gislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add li		-				
d Other exempt purpose expenditure	es	•	_			
e Total exempt purpose expenditure		es 1c and 1d)			
f Lobbying nontaxable amount. Enter	•		•	th columns.		
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000	. (2) (3.	1	the amount on line 1e			
Over \$500,000 but not over \$1,000	0.000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000		
Over \$1,500,000 but not over \$17	-	<u> </u>	0 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000.0	•	555 6761 41,566,666.		
Over \$17,000,000		μ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	500.			
g Grassroots nontaxable amount (er	ter 25% (of line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze			line 11 did the organiz	ration file Form 4720		1
reporting section 4911 tax for this			inte 11, dia the organiz	adon me i onn 4720		Yes No
reporting section 4911 tax for this	yearr	4-Voor Ave	raging Period Under	Section 501/h)		
(Some organiz	ations th			n do not have to comp	lete all of the five	
_				es 2a through 2f on pa		
	Lob	bying Exper	nditures During 4-Ye	ar Averaging Period	<u> </u>	
		-, 0				
Calendar year	(a)	2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
(or fiscal year beginning in)	()		(1) - 1	',	• •	''
2a Lobbying nontaxable amount						
b Lobbying ceiling amount		······································				
(150% of line 2a, column(e))						
(10070 of mile Za, cold.mi(e))		***************************************				··
c Total lobbying expenditures						
C Total lobbying expenditures						+
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
(100 % of life 2d, coldifin (e))				1	•••••••	
6 Creamenta labbuma avera diturna						

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)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
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e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 11. 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			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
p Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
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			
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			
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			
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?	(=)	<u> </u>	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), or se	ction	
		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		X
answered "Yes." 1 Dues, assessments and similar amounts from members	1	1,015	395.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
a Current year	2a	57	7,270.
b Carryover from last year	2b		
c Total	2c	57	7,270.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	304	,619.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	F .		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
	4		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	4 5	-247	7,349.

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Name of the organization

KENTUCKY DISTILLERS' ASSOCIATION

Employer identification number 61-6033690

Pai	11 Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
	-	(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 advised	funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		panization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form 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
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
	listed in the National Register	, , , , , , , , , , , , , , , , , , , ,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization 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 per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements durin	g the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	* 排 ○ Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	er 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	C 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		. • \$

		Y DISTILLE								Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, or	Other	Simila	r Asse	ts (continu	ıed)
3	'Using the organization's acquisition, accessi	on, and other record	ls, checi	k any of the	following that	are a sigi	nificant u	se of its	collection	rtems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progran	ns				
ь	Scholarly research	e		Other	• · •					
С	Preservation for future generations			· · · · · ·	·-				•	
4	Provide a description of the organization's co	ollections and explai	n how th	ev further t	he organization	n's exemi	nt numos	se in Par	XIII	
5	During the year, did the organization solicit of					-		50 III 1 W	. 7	
	to be sold to raise funds rather than to be m					Sirriidi d	33013		Yes	☐ No
Da.	* IV Escrow and Custodial Arran					/oo" to Ea	000	Dort IV I		140
1 00	reported an amount on Form 990, Pa		ete ii tile	organizatio	ii alisweleu i	es to re	, טפפ ווווע	raniv,i	ille 9, Oi	
			diam of an			-44	ماد مام ما			
ıa	Is the organization an agent, trustee, custod	ian or other intermed	lary for	contribution	is or other asse	ets not in	ciuaea		٦.,	<u> </u>
	on Form 990, Part X?						•	L	J Yes	∟∐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing t	able:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	,		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes	∟ No
	If "Yes," explain the arrangement in Part XIII.									
Par	TV Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part IV	/, line 10.				
		(a) Current year	(b) P	nor year	(c) Two years	back (d) Three ye	ars back	(e) Foury	ears back
1a	Beginning of year balance									
b	Contributions									-
С	Net investment earnings, gains, and losses	·								
d	Grants or scholarships		-							
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	a column (s	a)) held as:	<u>-</u> -				
-	Board designated or quasi-endowment	rent year end balane	%	g, coluinii (c	a), neid as.					
- L	Permanent endowment		_″							
	Temporarily restricted endowment									
C		%								
0-	The percentages in lines 2a, 2b, and 2c should be a sh		-4 41							
3a	Are there endowment funds not in the posses.	ession of the organization	ation tha	at are neid a	ina aaministere	ea tor the	organiza	ation	Γ.	
	by:								_	Yes No
	(i) unrelated organizations	-							3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations								3b	
4_	Describe in Part XIII the intended uses of the		wment 1	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere			, line 11a. S	ee Form 990, F	Part X, Im	e 10.			
	Description of property	(a) Cost or o	I	(b) Cost	or other	(c) Acc	umulated	.	(d) Book	value
		basis (investr	nent)	basis	(other)	depre	eciation			
1a	Land									
ь	Buildings .				1,444.		6,03		125	,405.
С	Leasehold improvements .				1,733.		1,71	3.		,020.
d	Equipment			2	9,593.		13,49	8.		,095.
е	Other									
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10(c).)			>	181	,520.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 KENTUCKY D13	STILLERS, ASSO	OCTATION	61-6033690 Page 3
Part VII Investments - Other Securities.	. =		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	to Form 990, Part IV, line 1 (b) Book value	1b See Form 990, Part X, line 12. (c) Method of valuation: Cost or	and of year market value
(1) Financial derivatives	(b) DOOK Value	(c) Method of Valuation. Cost of	endoryea maket value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)		- :	
(D)		-	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u> </u>
Part X Other Liabilities.	4- F 000 P+ W Iv +	11 116 O F 000 Bt V b	05
Complete if the organization answered "Yes" 1. (a) Description of liability		(b) Book value	9 25.
	-	D) BOOK value	
(1) Federal income taxes			
(2)			
(4)			
(5)	-		
(6)			
(7)			
(8)	·		
			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at property gov/form990.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KENTUCKY DISTILLERS' ASSOCIATION

Employer identification number 61-6033690

P 2	ITE I QU	lestions 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,			
	Part VII, S	ection A, line 1a. Complete Part III to provide any relevant information regarding these items.		1	
	First-	class or charter travel Housing allowance or residence for personal use		-	
	Trave	el for companions Payments for business use of personal residence			
	Tax ır	ndemnification and gross-up payments Health or social club dues or initiation fees		1	
	Discr	etionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	If any of th	ne boxes on line 1a are checked, did the organization follow a written policy regarding payment or		***************************************	
	reimburse	ment or provision of all of the expenses described above? If "No," complete Part III to explain	1b]	
2		ganization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, a	and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	indicate w	rhich, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Exec	utive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish o	compensation of the CEO/Executive Director, but explain in Part III.		- 1	
		pensation committee Written employment contract		1	
		pendent compensation consultant Compensation survey or study		1	
		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			
	-	on or a related organization:		1	
а	•		4a]	Х
			4b		X
c	Participate	e 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 sect	ion 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		1	
5	For persor	ns listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
	contingen	t on the revenues of			
а	The organ	ızatıon?	5a		
b	Any relate	d organization?	5b		
	If "Yes" to	line 5a or 5b, describe in Part III.			
6	For persor	ns listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		- 1	
	contingen	t on the net earnings of:		1	ĺ
а	The organ	ization?	6a		
b	Any relate	d organization?	6b		
	If "Yes" to	line 6a or 6b, describe in Part III.			
7	For persor	ns listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	[1	
	not descri	bed in lines 5 and 67 if "Yes," describe in Part III	7		
8	Were any	amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınitıal cont	ract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to	line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulation	ns section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 KENT

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

For each individual whose compensation must be reported 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)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(g)·(l)(g)	reported as deferred In prior Form 990
(1) ERIC GREGORY	9	190,000.	0	6,000.	4,500.	0	200,500.	0
PRESIDENT	3	0	0	0		0		0
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202112				(Schedu	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013
Part III Supplemental Information

61-6033690

Also complete this part for any additional information.										Schedule J (Form 990) 2013
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.										
Provide the information, explanation, or descriptions required for										

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

OMB No 1545-0047

nformation about Schedule O (Form 990 or 990-FZ) and its instructions islaticu its gov/form990

Inspection

Internal Revenue Service Name of the organization **Employer identification number** KENTUCKY DISTILLERS' ASSOCIATION 61-6033690 FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: THE ASSOCIATION HAS MEMBERS. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE BOARD OF DIRECTORS IS PRESENTED FORM 990 PRIOR TO FILING. THE BOARD REVIEWS AND APPROVES THE TAX RETURN PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THE BOARD OF DIRECTORS CLOSELY MONITORS THE OPERATIONS OF THE ASSOCIATION AND PAYS CLOSE ATTENTION TO BUSINESS TRANSACTIONS TO MAKE SURE NO INAPPROPRIATE CONFLICT OF INTEREST EXISTS. IF ANY WAS TO BE FOUND IT WOULD BE CORRECTED IMMEDIATELY. AT LEAST ANNUALLY, A FORMAL INQUIRY TO ALL BOARD MEMBERS IS CONDUCTED TO DETERMINE IF ANY CONFLICT OF INTEREST EXISTS. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION FOR ALL STAFF, INCLUDING THE PRESIDENT ANNUALLY. RELEVANT WAGE DATA IS USED TO EVALUATE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE ASSOCIATION MAKES THE TAX RETURN, FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND ARTICLES OF INCORPORATION AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

SPECIAL ASSESSMENT EXPENSE:

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Page 2 Employer identification number
* KENTUCKY DISTILLERS' ASSOCIATION	61-6033690
TOTAL EXPENSES	52,726.
GOVERNMENT AFFAIR EXPENSE:	
TOTAL EXPENSES	45,358.
WEBSITE EXPENSE:	
TOTAL EXPENSES	15,507.
KY BOURBON FESTIVAL EXPENSE:	
TOTAL EXPENSES	12,112.
SPECIAL PROJECTS:	
TOTAL EXPENSES	8,048.
TELEPHONE EXPENSE:	
TOTAL EXPENSES	6,976.
BOURBON CHASE EXPENSE:	
TOTAL EXPENSES	5,542.
DUES & SUBSCRIPTIONS:	
TOTAL EXPENSES	5,170.
TAX & LICENSES:	
TOTAL EXPENSES	3,930.
MEALS & ENTERTAINMENT:	
TOTAL EXPENSES	2,972.
332212 09-04-13 2.9	Schedule O (Form 990 or 990-EZ) (2013)

		or 990-EZ) (2013)		<u>.</u>	_						т	Page 2
Name of th	ne organizatı	on KENTUC	KY I	DISTI	LLERS	' ASS	OCIA	TION			Employ 61	yer identification number . –6033690
TOTAL	OTHER	EXPENSES	ON	FORM	990,	PART	IX,	LINE	24E,	COL	A	158,341.
									_			, , , , , , , , , , , , , , , , , , ,
								. –			<u>-</u>	
											_	
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	-					,	-			_		
										-	 	
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											- ·	
	-											

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► See separate instructions.

2013

▶Information about Schedule R (Form 990) and its instructions is at mounts gout form990.

Open to Public Inspection

OMB No 1545-0047

Employer identification number

Direct controlling 61-6033690 entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt E End-of-year assets Total Income T Legal domicile (state or Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) KENTUCKY DISTILLERS' ASSOCIATION Primary activity Name, address, and EIN (if applicable) organizations during the tax year. of disregarded entity Part Part

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2013 ŝ entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section ፱ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

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

332161 09-12-13 LHA

61-6033690

Page 2

Schedule R (Form 990) 2013 KENTUCKY DISTILLERS' ASSOCIATION

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

Iling Predominant income Share of total Share of comparisons Code V-UBI General or Percentage Code V-UBI G	re relat		
Predominant income (related, unrelated, sections 512-514) Sections 512-514 Predominant income (related, unrelated, unrelated, unrelated, sections 512-514) Sections 512-514 Predominant income assets Yes No K-1 (Form 1065) Redominant income assets Yes No K-1 (Form 1065)	or mo		
Predominant income (related, unrelated, excluded from tax under sections 512-514) Sections 512-514) Predominant income (related, unrelated, normal end-of-year assets sections 512-514) Yes No	because it had one	<u>:</u>	
Predominant income (related, unrelated, excluded from tax under sections 512-514) Sections 512-514) Predominant income (related, unrelated, unrelated, unrelated, end-of-year assets)	ne 34		
Predominant income (related, unrelated, excluded from tax under sections 512-514)	ıt IV, lı		i
Predominant income (related, unrelated, excluded from tax under sections 512-514)	on Form 990, Pa	-	
Predominant income (related, unrelated, excluded from tax under sections 512-514)	answered "Yes"	-	
Pre excit.	tion or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related r.	,	
	omplet		
Direct controlling entity	oration or Trust C /ear.	/ear.	
Legal Comicile (state or foreign country)	as a Corporting the tax	ng the tax	
Primary activity	janizations Taxable a	poration or trust during	
(a) Name, address, and EIN of related organization	Part IV Identification of Related Organizations Taxable as a Corporat organizations treated as a corporation or trust during the tax year	- 1	

ļ I		I		ı		•	ł		ı		ı	
(i) Section 512(b)(13) controlled entity?	No			×					_			
Se 512 cont	Yes											
(h) Percentage ownership				100.00%								
(g) Share of end-of-year				100.								
(f) Share of total income				100.								
(e) Type of entity (C corp, S corp	(lens)			c corp								
(d) Direct controlling entity		KENTUCKY	DISTILLERS'	ASSOCIATION								
(c) Legal domicile (state or foreign	country)			KY								
(b) Primary activity			SALE OF BOURBON	RELATED MERCHANDISE						-		
(a) Name, address, and EiN of related organization		KENTUCKY BOURBON TRAIL BOUTIQUE, LLC -	45-4422657, 614 SHELBY STREET, FRANKFORT, KY SALE OF BOURBON	40601								

Schedule R (Form 990) 2013

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	ated organizations listed	in Parts II-IV?	Ta X
Gift, grant, or capital contribution to related organization(s)				
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				X X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
a Sale of assets to related organization(s)				1g X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1i X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	ıızatıon(s)			1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1 1 4 ×
 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 				1p X X
 Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) 				1r X X
	ho must complete th	is line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	penc
(1) KENTUCKY BOURBON TRAIL BOUTIQUE	Ø	24,789.	REIMBURSEMENT OF EXPENSES	S
(2) KENTUCKY BOURBON TRAIL BOUTIQUE	芷	65,211.	DIVIDEND	
(3)				
(4)				
(5)				
(9)				
332163 09-12-13	33		Schedule R	Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 KENTUCKY DISTILLERS' ASSOCIATION

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) (b) (c) (d) (e) (f) (g) (f) (g) (k)	Primary activity Legal domicile (state or foreign excluded from fax country) Predominant income parters section 512-514) Yes No inder section 512-514) Yes No income sestions of the country income i				
structions regarding exclusion for (
that was not a related organization. See in:	Name, address, and EIN of entity				

Schedule R (Form 990) 2013

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

Sequence No 179

Identifying number

Business or activity to which this form relates

VEL	TUCKI DISTILLERS	ASSOCIATI	UN	FUR	M 990 P	AGE IU		01-0033690
Par	rt 1 Election To Expense Certain Prope	erty Under Section 1	79 Note: If you hav	e any lis	ted property, c	omplete Part	V before yo	ou complete Part I.
1 N	Maximum amount (see instructions)				· -		1	500,000.
	otal cost of section 179 property place	2						
	hreshold cost of section 179 property	•	, -			-	3	2,000,000.
	Reduction in limitation. Subtract line 3	4	2700070000					
_			·				5	
	Oilar limitation for tax year Subtract line 4 from line (a) Description of p				ess use only)	(c) Electe	1 - 1	
6	(a) Description of p	Toperty	(6)(Jost (Dustin	ess use only)	(C) Electe	u wsi	
						_	 i	
7 L	isted property. Enter the amount fron	n line 29			7			
8 T	otal elected cost of section 179 prop	erty. Add amounts	s ın column (c), line	es 6 and	7		8	
9 T	entative deduction. Enter the smalle	r of line 5 or line 8					9	
10 (Carryover of disallowed deduction from	m line 13 of your 2	012 Form 4562				10	
11 E	Business income limitation. Enter the s	smaller of busines	s income (not less	than zer	o) or line 5		11	
12 9	Section 179 expense deduction. Add	lines 9 and 10, but	t do not enter more	e than lin	ne 11		12	
13 (Carryover of disallowed deduction to 2	2014. Add lines 9	and 10, less line 12	2	▶ 13			
Note	: Do not use Part II or Part III below fo	or listed property	Instead, use Part V	<i>'</i> .				
Pa	rt II Special Depreciation Allowa	ance and Other D	epreciation (Do n	ot includ	de listed prope	rty.)		
14 8	Special depreciation allowance for qua	alified property (ot	her than listed proj	perty) pla	aced in service	during		
	he tax year			, .		Ū	14	
	Property subject to section 168(f)(1) el	ection					15	
	Other depreciation (including ACRS)	_					16	
	MACRS Depreciation (Do n	ot include listed p	roperty.) (See instr	uctions.))			
			Section	·	,			
17 N	MACRS deductions for assets placed	In convice in tax w	ears beginning hef	oro 2013	2		17	7,795.
	•	•				▶ □	¬ ├ ``	1,155.
10 11	you are electing to group any assets placed in se Section B - Assets					eral Depresi	ation Syste	
	Geotion D - Asset	(b) Month and	(c) Basis for depres			- Deprecia	Julion Syste	
	(a) Classification of property	year placed in service	(business/investme only - see instruc	ent use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						<u> </u>	
b	5-year property			687.	5 YRS	HY	S/L	469.
c	7-year property		4,	101.	7 YRS	HY	S/L	293 .
d	10-year property							
е	15-year property							
f	20-year property							
9	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	ММ	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets	Placed in Service	During 2013 Tax	Year Us	ing the Altern			tem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	40-year	/			40 yrs.	MM	S/L	
	rt IV Summary (See instructions.)	_1	· .		·		<u></u>	
	usted property. Enter amount from lin	e 28		-			21	
	Fotal. Add amounts from line 12, lines		es 10 and 20 in a	dume (c)	and line 21		21	
	Enter here and on the appropriate lines						22	8,557.
	filter here and on the appropriate line: For assets shown above and placed in	•	•	•	ions see mstr	·	22	0,331.
	oortion of the basis attributable to sec	_	o currerit year, em	ei iiie	23			
31625 12-19-			congrate instruct	tions				Form 4562 (2013)
12-19-	. 13 LIIA I OI Fapel Work neudctio	1101166, 566	seharare merinci	0113.				1 01111 7302 (2013)

KENTUCKY DISTILLERS' ASSOCIATION

61-6033690 Page 2

	<u> </u>		, ,
Part V	Listed Property (Include automobiles, certain other vehicles, c	ertain computers, and property used for e	ntertainment, recreation, or
	amusement.)		

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A. all of Section B. and Section C if applicable

	through (c) or s								ntinan far l							
		Depreciation				\neg								- -	1	
<u>24a</u>	 Do you have evidence to s (a) 	(b)	(c)		claimed? (d)		res L (e		(f)		he evide (g)		tten? ∟ (h)		<u> No</u> (ī)	
	Type of property (list vehicles first)	Date placed in service	Busine investm use perce	ent	other bacic (b					Method/ Convention		Depreciation deduction		section	Elected section 179 cost	
25	Special depreciation alloused more than 50% in				ty placed	I in serv	ice duri	ng the t	ax year an	d	25		-			
26	Property used more that				e:				-		1 20	<u>-</u>		J		
	,,			%				-	Ī			T				
	-			%								1	-			
		<u> </u>		%					 							
27	Property used 50% or le	ess in a quali	fied busine	ss use:					•			. <u>.</u>				
	, ,			%						S/L -						
				%						S/L·				1		
	- · · · · · · · · · · · · · · · · · · ·			%						S/L -				1		
28	Add amounts in column	(h), lines 25	through 27	. Enter he	ere and o	n line 21	I, page	1			28					
29	Add amounts in column	(i), line 26. E	nter here a	nd on line	7, page	1							29			
				Section	B - Info	rmatior	on Us	e of Ve	hicles							
to y	your employees, first ans	wer the ques	stions in Se	ction C to	see if yo (a)		an exce	eption to	o completi (c)	1	section f	ŕ	e vehicle: (e)	s. (f	<u> </u>	
30	Total business/investment miles driven during the year (do not include commuting miles)		v	Vehicle				/ehicle	Vehicle		Vehicle		Vehicle			
24	• ,	• .	dha waan			 		+		1		+				
	1 Total commuting miles driven during the year 2 Total other personal (noncommuting) miles					<u> </u>										
33	driven Total miles driven during	the year.										<u> </u>				
	Add lines 30 through 32	2														
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	s No	Yes	_ No	Yes	No	Yes	No	
	during off-duty hours?									ļ	ļ		ļ	ļ <u>.</u>		
35	Was the vehicle used p		more								1					
	than 5% owner or relate	•					 			ļ	 	ļ <u>.</u>				
36	Is another vehicle availa	ble for perso	onal	_												
		Section C	- Question	s for Em	ployers V	Nho Pro	ovide V	ehicles	for Use b	y Their	Employ	ees				
Ans	swer these questions to d	determine if y	you meet a	n excepti	on to com	npleting	Section	B for v	ehicles us	ed by e	mployee	s who a	re not n	ore than	5%	
<u>ow</u>	ners or related persons.															
37	Do you maintain a writte employees?	en policy stat	ement that	prohibits	all perso	nal use	of vehic	cles, inc	luding cor	nmuting	, by you	ır		Yes	No	
38	Do you maintain a writte										your					
30	employees? See the ins Do you treat all use of ve					1111CE15, 1	ullector	5, 01 17	o or more	OWITEIS			-			
	Do you provide more that	-	•	•		ınforma	ation fro	m vour	emplovee:	s about						
	the use of the vehicles,					intottric		iii youi	employee.	s about						
41	Do you meet the require					emonstr	ation us	se?								
	Note: If your answer to		• .						coveired ve	hicles.						
P	art VI Amortization			_	-											
	(a) Description of	fcosts		(b) Date amortization begins	on	(c) Amortiza amour	able nt		(d) Code section		(e) Amortizz penod or pe	ation	A ft	(f) mortization or this year		
42	Amortization of costs th	at begins du	ring your 2		ear:						pondu or po	- African				
43	Amortization of costs th	at began bet	fore your 20	013 tax ye	ear							43			333.	
<u>44</u>	Total. Add amounts in o	column (f). Se	e the instr	uctions fo	r where t	o report						44		1,	333.	

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

instructions.

LHA

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	X					
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).							
Electron required	omplete Part II unless you have already been granted a ic filing (e-file). You can electronically file Form 8868 if y to file Form 990-T), or an additional (not automatic) 3-mol	ou need a	a 3-month automatic extension of tin sion of time. You can electronically fi	ne to file (6 le Form 88	months for a corpo	dension					
	o file any of the forms listed in Part I or Part II with the exc										
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details o	on the elec	tronic filing of this f	orm,					
F	v.irs.gov/efile and click on e-file for Charities & Nonprofits										
Part I)						
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete							
Part I on	у				•						
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to reques		sion of time r's identifying num	ıber					
Type or	Type or Name of exempt organization or other filer, see instructions. Employer iden										
print	print										
File by the	KENTUCKY DISTILLERS' ASSOCIATION 61-6033										
due date for filing your	due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number, street, and room or suite no. If a P.O. box, see instructions.										
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. FRANKFORT, KY 40601											
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1					
Applicat	ion	Return	Application			Return					
ls For		Code	is For			Code					
Form 99) or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 99)-BL	02	Form 1041-A			08					
Form 47	20 (individual)	03	Form 4720 (other than individual)			09					
Form 99)-PF	04	Form 5227			10					
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 99	0-T (trust other than above)	06	Form 8870			12					
	OFFICE										
	ooks are in the care of SAME - FRANKFOR	RT, K	Y 40601								
Telep	none No. ► 502-875-9351		Fax No. ▶								
	organization does not have an office or place of business				•						
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is for	the whole group, c	heck this					
box ▶	. If it is for part of the group, check this box 🕨	and atta	ch a list with the names and EINs of	all member	ers the extension is	for					
1 re	equest an automatic 3-month (6 months for a corporation $AUGUST\ 15$, 2014 , to file the exemption	•	to file Form 990-T) extension of time tion return for the organization name		The extension						
is f	or the organization's return for: \[\begin{align*} \begin{align*} \text{X} \\ \text{Calendar year } 2013 \\ \text{or} \end{align*}										
			d ending								
	tax year beginning	, an			- ·						
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	ı 	_					
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any								
<u>n</u> o	nrefundable credits. See instructions.		-	3a	\$	0.					
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and								
	imated tax payments made. Include any prior year overp			3ь	\$	0.					
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,								
by	using EFTPS (Electronic Federal Tax Payment System).	See ınstru	ctions.	3c	\$	0.					
Caution.	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO an	d Form 8879-EO fo	r payment					