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# 1044 01/24/2010 2 34 PM **990** Dep Inter

**Return of Organization Exempt From Income Tax** 

Public

	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung	
partment of the Treasury	benefit trust or private foundation)	Open to P
mal Revenue Service	The organization may have to use a copy of this return to satisfy state reporting requirements.	Inspect
	04 (01 (00	

۸_	For the 200	9 calendar year, or tax year beginning 04/01/09, and ending 03	/31/10		
В	Check if applica	ble Please C Name of organization KENTUCKY ELKS ASSOCIATION		D Empi	oyer identification number
	Address change	use IRS CHARITABLE TRUST			
	Name change	print or Doing Business As	61.	-1257789	
ī	Initial return	type. Number and street (or P O box if mail is not delivered to street address)		hone number	
=		See 9739 HIGHWAY 1078 NORTH	i	_	0-827-3331
亅	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross rec	eipts\$ 61,758
	Amended retun		<del></del> -	<b></b>	
	Application per	ding F Name and address of principal officer:		1 ' '	s a group return for les? Yes X No
				affiliai H(b) Are a	Il affiliates
				includ	ed? Yes No ," attach a list (see instructions)
_	Tax-exempt	status: <b>X</b> 501(c) ( <b>3</b> ) <b>◄</b> (insert no.) 4947(a)(1) or 527		┤ ""	, attach a list (see histrochons)
<u>.                                    </u>	Website: ▶		· · · ·	H(c) Groun	exemption number
	Type of organiz		L Year of formation	2000	M State of legal domicile KY
_	art I	Summary			3
Ť	T T	ly describe the organization's mission or most significant activities:			
m		O PROMOTE AND CARRYOUT THE CHARITABLE FUNCTIONS	OF THE		
Š	B:	ENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE U	NTIED		
Governance	S	TATES OF AMERICAN AND THE KENTUCKY ELKS STATE A	SSOCIATION.	••• • • •	
Š	2 Che	ck this box if the organization discontinued its operations or disposed of m	ore than 25% of its net	assets.	
<u>ග</u> ජෙ	3 Num	ber of voting members of the governing body (Part VI, line 1a)			4
98	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		. 4	4
Σįξ	5 Tota	I number of employees (Part V, line 2a)		5	0
Activities &	6 Tota	I number of volunteers (estimate if necessary)		. 6	10
•	7a Tota	I gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	b Net	unrelated business taxable income from Form 990-T, line 34		7b	0
		Substitute and proofs (Dod VIII line 4b)	Prior	Year 49,135	Current Year 56, 903
en	ľ	tributions and grants (Part VIII, line 1h)	• •	49,133	30,303
Revenue	1	ram service revenue (Part VIII, line 2g) stment income (Part VIII, column (A), lines 3, 4, and 7d)		4,537	2,734
8		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,167	2,121
		I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		60,839	61,758
		nts and similar amounts paid (Part IX, column (A), lines 1–3)	·	43,235	80,453
	ľ	efits paid to or for members (Part IX, column (A), line 4)			
co.		nes, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
penses		essional fundraising fees (Part IX, column (A), line 11e)	• • • •		
Per		(5) (1)	<del></del>		
X		r expenses (Part IX, column (D), line 25) RECEIVED	-cl	1,080	1,049
	18 Tota	l expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	[တု]	44,315	81,502
		enue less expenses. Subtract line 18 from line 12 🔑 AUG 0 6 2010		16,524	<u>-19,744</u>
200		4	Beginning of		End of Year
Net Assets or Fund Balances	20 Tota	I assets (Part X, line 16) Ulabilities (Part X, line 26) OGDEN, UI		64,818	145,074
	21 lota	the second secon		64,818	145,074
	art II	assets or fund balances. Subtract line 21 from line 20 Signature Block		OH OTO	143,074
	art II	Under penalties of perjury, I declare that I have examined this return, including accompanying	ng schedules and statement	e and to the he	est of my knowledge
		and belief, it is the correct, and complete Declaration of preparer (other than officer) is bas	ed on all information of whi	ch preparer has	any knowledge
Sig	ın l	Kel The miteral		1 2	1-2-10
He		Signature of officer		Date	<del></del>
		ROBERT F. MITCHELL	SECRETARY/T	REASURE	er
		Type or print name and title			
		Preparer's Allina		eck if	Preparer's identifying number
Pai		signature	07/24/10 self	ployed ►	(see instructions) P00322761
	eparer's	MCELROY, MITCHELL & ASSOCIA		EIN D	61-1457054
JS	e Only	Firm's name (or yours if self-employed),		Phone	
		address, and ZIP+4 HENDERSON, KY 42419-0255			270-827-5828
May	the IRS di	scuss this return with the preparer shown above? (see instructions)			Yes No
-	Deires or A	t and Panerwork Reduction Act Notice, see the senarate instructions			AForm 990 (2000)

Form 990 (2009) <b>KENTUCKY</b>	<u>ELKS ASSOCIA</u>	TION	61-1257789	Page <b>2</b>
Part III Statement of Pro	ogram Service Acc	omplishments		
1 Briefly describe the organization	n's mission:			
TO PROMOTE AND CA		CHARITABLE :	FUNCTIONS OF THE	
BENEVOLENT AND PI			· · · · · · · · · · · · · · · · · · ·	
			S STATE ASSOCIATION.	
SIRLES OF MERICA	M ANDINE N	ani ocki Tahu	P PIWIE WPPOCIWITON.	• • • • • • • • • • • • • • • • • • • •
		<del></del>		
2 Did the organization undertake		services during the yea	ar which were not listed on	
the pnor Form 990 or 990-EZ?				Yes 🗶 No
If "Yes," describe these new se	rvices on Schedule O.			
3 Did the organization cease con-	ducting, or make signific	ant changes in how it o	conducts, any program	
services?	<b>U</b> .	ū	. ,, ,	Yes X No
If "Yes," describe these change	s on Schodula O		• • • • • • • • • • • • • • • • • • • •	
_		the execute the	a largest annum annings bu aumanna	
			e largest program services by expenses.	
	-		e required to report the amount of grants and	1
allocations to others, the total e	expenses, and revenue, it	f any, for each program	service reported.	
4a (Code ) (Expenses	s 17,75	1 including grants of	of \$ 17,551 ) (Revenue	\$
	AWARENESS PRO			
	OMOTE YOUTH		• •	
	· · · ·	·		
COMPETITIVE SPORT	ring competi:	LTON.		
	• •			
••	•••	• • •		
	• •	••• • • •		
	• •	• • • •		
-		•		
4b (Code ) (Expenses	\$ 15,50	0 including grants of	of \$ 15,500 ) (Revenue	\$ )
TO PROVIDE MONIES	5 TO WORTHY !	HIGH SCHOOL	STUDENT TO	
FURTHER THEIR ACA	ADEMIC STUDI	ES AT AN AC	CREDITED	
INSTITUTION OF H	• •			
			•	• • • • • • • • • • • • • • • • • • • •
	•			
		••		
•				
	• • • • • • •			
			2 440	<del></del>
4c (Code: ) (Expenses				<b>\$</b>
TO PROVIDE AN IN	HOME ALARM	SYSTEM TO T	HE ELDERLY TO	
ASSIST THEM IN TH	HE EVENT OF A	AN EMERGENC	Y OR ILLNESS.	
•••	•			
• • • • • • • •		•		
	• • • •			
		•		
				• • • •
4d Other program services (Descr	ribe in Schodule C.)	<del></del>		<del></del>
	nbe in Schedule 0.) <b>3 , 9 62</b> inclu <u>ding</u> grai	ata at ¢ A	3,962 ) (Revenue \$	•
			J J J G J (INEVENUE \$	
4e Total program service expens	185 🚩 💍 💍	0,653	<del></del>	
				Ear. QQA (2000)

Г	at 19 Checklist of Required Schedules			r
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
_	complete Schedule A	1	X	<b></b> -
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I	۳-		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		x
_	Schedule C, Part II  Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<u> </u>		
5	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
•	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		_
6	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	i		
	complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		-
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		<del></del>
٥	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	۰		
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable	11		х
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			· .
•	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.			
•	Did the organization report an amount for other assets related 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.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<u> </u>		اا
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Pa	art IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	├
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	—
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1	ŀ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	ļ	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>└</b>
С	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>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			ł
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			İ
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	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			
D	Schedule L, Part IV	28b	x	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	100		<u>†                                      </u>
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	x	ľ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del></del> -	x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<u> </u>		<del> </del>
30	·	30		x
24	conservation contributions? If "Yes," complete Schedule M .  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	130		<del></del>
31		31		x
20	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1-31	<del> </del>	<del> </del>
32		32		x
	Schedule N, Part II	32	<del>                                     </del>	<del>                                     </del>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	,,		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<del>  ^</del>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			<b> </b> ₩
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	١		
	Schedule R, Part V, line 2	35	-	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			ا
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	l		
	Part VI	37	<b></b>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 0		į į	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	$\vdash$	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
۰.	Instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	2-		X
	this retum?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	-	<b></b>
44	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶	<u> </u>		
	See the instructions for exceptions and 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		l
	organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		ĺ
	gifts were not tax deductible?	6b		<b></b>
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		$\vdash \vdash$
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
a	required to file Form 8282?	10		$\vdash \vdash$
d e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	$\neg$	$\overline{}$
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		İ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	$\longrightarrow$	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	$\longrightarrow$	<del></del>
10	Section 501(c)(7) organizations. Enter:	İ		1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders  Gross income from other sources (Do not not amounts due or paid to other sources against			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  11b			
12a	amounts due or received from them ) 11b	12a		J
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990	(2009)

Form 990 (2009) KENTUCKY ELKS ASSOCIATION

1 01111 000 (20	, oo   1 10 0 0 11 1 10 10 0 0 10 10 0 0 10 10 10 10 10 10 10 10 10 10 10 10 10
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.
Section A	Governing Body and Management

<u> </u>	tion A. Governing body and management		T	
4-	Enter the number of voting members of the governing body		Yes	No
1a	Enter the number of voting members of the governing body  Enter the number of voting members that are independent  1b 4		]	1
Ъ	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	l	X
2	Did the organization delegate control over management duties customarily performed by or under the direct	·   -	1	
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<b>-</b>	x
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5		x
5 6	Does the organization have members or stockholders?	6	<del> </del>	$\frac{\ddot{\mathbf{x}}}{\mathbf{x}}$
	Does the organization have members, stockholders, or other persons who may elect one or more members	·   -	-	-
7a		7a		x
	of the governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<del> </del>	x
ь	Did the organization contemporaneously document the meetings held or written actions undertaken during	·   15		
8		i		
_	the year by the following:	8a	x	
a	The governing body?		X	
ь	Each committee with authority to act on behalf of the governing body?	8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		[	x
<u></u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)		T	
		40-	Yes	X
10a	Does the organization have local chapters, branches, or affiliates?	. 10a		
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-	x	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	^	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		ا بر ا	
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		ا ب	
	describe in Schedule O how this is done	. 12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	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			لــــا
	with a taxable entity during the year?	. 16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		ļ	
	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 filed ▶ KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ ROBERT F. MITCHELL 9739 HIGHWAY 1078 NORTH			
H	ENDERSON, KY 42420 2	70-82	<u>7-3</u>	<u>331</u>
		For	. ggn	(2009)

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

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if the organizatio		nsat T	e an			officer, o		T (5)	
(A) (B) Name and Title Average				(chec	C) k all	that apply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
VERNON SAUNDERS									
TRUSTEE	10.00	-	<del> </del>	├—	-		0	0	0
RICHARD MOORE TRUSTEE	10.00						l	o	d
DONNA FLETCHER									
TRUSTEE	10.00	<u> </u>			-		0	0	0
STEVE WOODS	10.00						o	o	d
· · · · · · · · · · · · · · · · · · ·					_				
			_						
			_						
		<u> </u>	<u> </u>						
			_		_				
· · · · · · · · · · · · · · · · · · ·			_		_				
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		_		_					
······································		_			_				
· · · · ·		_							
	{								

(A) Name and Title	(B) Average	verage Position (check all that a							(E) Reportable	(F) Estimated
•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1b Total .	•						<b>&gt;</b>			
2 Total number of individuals (in reportable compensation from	_			thos	e lis	ted a	abov	e) who received more than	\$100,000 in	
3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line the organization and related or individual 5 Did any person listed on line 1 services rendered to the organization B. Independent Contract 1 Complete this table for your five	" complete Schere 1a, is the sum rganizations green. It a receive or accomization? If "Yes, ors	dule of re ater rue o	J for eport than  comp	suc able \$15 oens te Se	h ind com 0,00 atior	dividu ipens 0? If fror lule	ual satio "Ye: m an J for	on and other compensation s," complete Schedule J fo ny unrelated organization fo such person	from r such 	3 X 4 X 5 X
compensation from the organi							T		(B)	(C) Compensation
Name and	Dusiness address	-						Descrip	tion of services	Compensation
									<del></del>	
							$\vdash$	<del></del>		
			_				-			
		_					$\vdash$			
2 Total number of independent more than \$100,000 in compe						ed to	tho	se listed above) who receiv	ved	0
more than \$ 100,000 in compe	moduon nom the	Juga	اللكرة	JUUII	_					Form <b>QQQ</b> (2000

For	n 990	(2009) KENTUCKY EI	LKS	<b>ASSO</b>	CIATION		61-1257789		Page <b>9</b>
	rt V						-		
		,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1a	Federated campaigns	1a						
Program Service Revenue Contributions, gifts, grants and other similar amounts	b	Membership dues	1b						
s, g	C	Fundraising events	1c						
ar	la	Related organizations	1d						
S.E	e	Government grants (contributions)	1e						
lion S	f	All other contributions, gifts, grants,							
<b>₹</b>		and similar amounts not included above	1f		56,903				
들을	g	Noncash contributions included in lines 1a-		\$					
ರ್ಣಿ	h			•	▶ [	56,903			
<u>e</u>	<del>- "</del>	Total 7 de li 100 va 11			Busn. Code				
en	2a				Busin: Gode				
Ę	b		•		<del></del>				
- 8	ן ו		•		<del></del>			· · · · · · · · · · · · · · · · · · ·	
ΞĊ	٥				<del>                                     </del>			<u> </u>	
Š	d		•	•	-				
Iran	θ.				<del></del>			<del>                                     </del>	
ō,	f	All other program service reve	nue				× •	_	
_	<u> </u>	Total. Add lines 2a–2f	<u> </u>	<del></del> -	<u> </u>				
	3	Investment income (including	divider	nds, intere	est, and				
		other similar amounts)		<i>.</i>		2,734			2,734
	4	Income from investment of tax	-exem	pt bond p	proceeds -				
	5	Royalties					- · · · · · · · · · · · · · · · · · · ·		
		(ı) Real		(II) F	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	d	Net rental income or (loss) .			. •				
	7a	Gross amount from (i) Securities	<u> </u>	(11)	) Other				
		sales of assets other than inventory		, i				٧	
	ь	Less cost or other	-	<del> </del>				,	
	"								
	_	basis & sales exps		<b> </b>					
		Gain or (loss)		<u> </u>					<u> </u>
		Net gain or (loss)							
9	Вa	Gross income from fundraising eve	nts						
ē		(not including \$							
8		of contributions reported on line 1c)							
er F		See Part IV, line 18	. a		2,121				
Other Revenue		Less: direct expenses	. b			<del></del>			
		Net income or (loss) from fund		events	. ▶	2,121			2,121
	9a	Gross income from gaming activitie	S.						
		See Part IV, line 19	а						
	b	Less: direct expenses	. ь						
	С	Net income or (loss) from gam	ing ac	tivities	•				
	10a	Gross sales of inventory, less							·
		returns and allowances	а		1				
	ь	Less: cost of goods sold	b						
		Net income or (loss) from sale	s of in	ventorv	<b>•</b>				· · · · · · · · · · · · · · · · · · ·
		Miscellaneous Revenue			Busn. Code		<del></del>		
	11a								J
	b	• • • • • • •	•	•				<del>-</del>	<del></del>
					<del> </del>			<del></del>	<del></del>
	2	All other revenue	• •		<del>                                     </del>		<del></del>		
		All other revenue	• • •						
	8 42	Total. Add lines 11a–11d			<b>?</b>  -	61 750			
	12	Total Revenue. See instruction	ns			61,758	0	0	4,855

Form 990 (2009)

#### Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	17 551	17 551		
_	organizations in the U.S. See Part IV, line 21	17,551	17,551		<u> </u>
2	Grants and other assistance to individuals in	62 002	62 002		
_	the U.S. See Part IV, line 22	62,902	62,902		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				<u></u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	450		450	
d	Lobbying			<u> </u>	
е	Professional fundraising services. See Part IV, line 17		* * * * * *		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	45		45	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				····
23	Insurance				<del></del>
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	INSURANCE	354		354	
b	YOUTH AWARDS	200	200		
c					
d	• ••• • • • • • • • • • • • • • • • • •	-			
6					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	81,502	80,653	849	
<u>25</u> 26	Joint costs. Check here	01,302	00,000		
-0	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
	runuraising solicitation				

		1-125//09		Page T
Part 2	X Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing		1	<del></del>
2	Savings and temporary cash investments	164,818	2	145,074
3	Distance and county recovering met		3	
٨	A security recovable, not		4	
5	Receivables from current and former officers, directors, trustees, key		•	
١	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		<u> </u>	
١ů	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
왕 7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
Assets	Inventories for sale or use		8	<del></del>
A S	Prepaid expenses and deferred charges		9	
1 -	Land, buildings, and equipment cost or	,	_•	·
100	other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b		10c	and the state of t
			11	
11	Investments—publicly traded securities		12	
12	Investments—other securities. See Part IV, line 11		13	<del> </del>
13	Investments—program-related. See Part IV, line 11		14	
14	Intangible assets		15	
15	Other assets. See Part IV, line 11	164,818	16	145,074
16	Total assets. Add lines 1 through 15 (must equal line 34)	104,010	17	143,074
17	Accounts payable and accrued expenses		18	
18	Grants payable	-	19	
19	Deferred revenue		20	
20	Tax-exempt bond liabilities		21	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	*
Liabilities 21				× *
ia l	employees, highest compensated employees, and disqualified			<del></del>
- 1	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
25	Other liabilities. Complete Part X of Schedule D		25	
<u>26</u>	Total liabilities. Add lines 17 through 25		26	
ğ	Organizations that follow SFAS 117, check here ▶ X and		1	
ğ .	complete lines 27 through 29, and lines 33 and 34.	127 100		116 024
g 27	Unrestricted net assets	137,109 27,709	27	116,834
<b>28</b>	Temporanily restricted net assets	41,109	28	28,240
<u>S</u> 29	Permanently restricted net assets		29	
<u>ب</u> ا	Organizations that do not follow SFAS 117, check here ▶ □			
٥	and complete lines 30 through 34.			<del></del>
\$ 30	Capital stock or trust principal, or current funds	<del></del>	30	<del></del>
9SS 31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31_	
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds	164 040	32	145 054
를   33	Total net assets or fund balances	164,818	33	145,074
<b>2</b> 34	Total liabilities and net assets/fund balances	164,818	34	145,074

Form **990** (2009)

orm	990 (2009) KENTUCKY ELKS ASSOCIATION 61-1257789		_ Pa	ge <b>12</b>
	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KENTUCKY ELKS ASSOCIATION CHARITABLE TRUST

Employer identification number

61-1257789 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: . . . . . An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III–Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (vi) Is the (vii) Amount of (i) Name of supported (iv) is the organization (v) Did you notify the organization in ganization in col organization (described on lines 1-9 in col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? support? US2 (see instructions)) Yes

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

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support					_	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	_ 43,315	48,512	50,798	49,135	57,403	249,163
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					2,121	2,121
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	43,315	48,512	50,798	49,135	59,524	251,284
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				ļ		
	from other than disqualified persons that					1	
	exceed the greater of \$5,000 or 1% of the		i		ĺ		
	amount on line 13 for the year	+			-		
С 8	Add lines 7a and 7b  Public support (Subtract line 7c from					,	
	line 6.)	»			*		251,284
	etion B. Total Support  lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	43,315	48,512	50,798	49,135	59,524	251,284
10a	Gross income from interest, dividends,	43,313	40,312	30,730	49,133	33,324	251,204
	payments received on securities loans, rents, royalties and income from similar sources	2,358	3,683	5,222	4,537	2,734	18,534
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,358	3,683	5,222	4,537	2,734	18,534
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			10,233	7,167	2,121	19,521
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	45,673	52,195	66,253	60,839	64,379	289,339
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, four	th, or fifth tax year	as a section 501(	c)(3) 	▶ 🗌
Sec	tion C. Computation of Public Su					<del>- · · · · · · · · · · · · · · · · · · ·</del>	
15	Public support percentage for 2009 (line 8,	, column (f) dıvıded	by line 13, column	n (f))		15	86.85%
16	Public support percentage from 2008 Sche			· · · · ·		16	86.44%
	tion D. Computation of Investme					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2009 (li			column (f))		17	6 %
18	Investment income percentage from 2008					. <u>[ 18 ]</u>	7 %
19a _	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this b	ox and stop here. T	The organization q	ualifies as a public	ly supported organ	nization	<b>&gt;</b> X
ь	33 1/3 % support tests—2008. If the orgaline 18 is not more than 33 1/3 %, check the						▶ □
20_	Private foundation. If the organization did	•	_	•	• • •	• • • • • • • • • • • • • • • • • • • •	I H
<u>=</u>			, , , , , , , , , , , , ,	, uno box		<del></del>	

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SCHEDULE I (Form 990) .

Department of the Treasury Internal Revenue Service
Name of the organization KENTUCKY ELKS ASSOCIATION

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

2009 2009

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**2009**Open to Public Inspection

Name of the organization KENTUCKY ELKS ASSOCIATION	CIATION				Employer 2	Employer identification number	<u>.</u>	
Part I General Information on Grants and Assistance	d Assistance				71-10	60//6		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	the amount of the grance?	ants or ass rant funds	grants or assistance, the grantees' grant funds in the United States.	eligibility for the grants	or assistance, and	pur	X Yes	<b>2</b>   []
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	overnments an recipient that recolonal s	d Organ ceived n pace is r	izations in the Ur nore than \$5,000. needed	nited States. Com Check this box if	plete if the org no one recipie	anization answ nt received mos	ered "Yes" to re than \$5,000. Use	"
(a) Name and address of organization     or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
KENTUCKY ELKS ASSOCIATION 9739 HIGHWAY 1078 NORTH HENDERSON KY 42420	06-1700433		8,000			H	ноор ѕноот ркоскам	<u>\$</u>
	·							
<ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul>	: :	: :						

Schedule | (Form 990) 2009 KENTUCKY ELKS ASSOCIATION

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Page 2 12

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

61-1257789

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) POST SECONDARY SCHOLARSHIPS ARE WRITTEN DIRECTLY TO THE APPROPRIATE COLLEGE LASTLY, THE CONTRIBUTION FOR THE OR UNIVERSITY AND MAILED BY THE TREASURER OF THE TRUST TO THAT COLLEGE OR MONIES SPEND FOR THE ELKS HOOP SHOOT AND SOCCER SHOT MUST BE SPEND FIRST AND REIMBURSEMENT THEN REQUESTED. INVOICES ARE PAID DIRECTLY TO THE VENDOR FOR THE EMERGENCY MEDICAL ALARM SYSTEM TO ENSURE THAT THE - Procedures for Monitoring the Use of Grant Funds non-cash assistance (d) Amount of DIRECTLY TO THE SUMMER CAMP PROGRAM. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 15,500 3,440 43,962 (c) Amount of cash grant FUNDS ARE USED FOR THE INTENDED PURPOSE. (b) Number of recipients 16 16 闰 TERMINALLY SUMMER CAMP IS WRITTEN (a) Type of grant or assistance MEDICAL ALARM SYSTEM ACADEMIC SCHOLARSHIP Part I, Line 2 UNIVERSITY. SUMMER CAMP Part IV

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Complete If the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009 Open To Public

Inspection

Name of the organization

KENTUCKY ELKS ASSOCIATION

Employer identification number

CHARITABLE TRUST						1 91-	<u>-125</u>	) / /	<u>89</u>			
Part I Excess Benefit Transactions (sec							line of	^L				
Complete if the organization answered "Yes	on For	m 99	υ, raπ IV, lin	ie ∠oa or 25b	o, or Form 99	u-∟∠, Part V,	iine 40	סנ		<b>/</b> 63	`	
1 (a) Name of disqualified person					(b) Description	on of transaction	1			Yes	Correc	No.
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2 Enter the amount of tax imposed on the organization under section 4958							<b>▶</b> \$	_				
3 Enter the amount of tax, if any, on line 2, above, reiml			organization	•	<u> </u>	····	▶ \$	_				
Part II Loans to and/or From Interested Complete if the organization answered "Yes			0, Part IV, lir	ne 26, or Form	m 990-EZ, Pa	art V, line 38a	_				_	
(a) Name of interested person and purpose	or fro	oan to m the zation?		ngınal I amount	(d) Ba	lance due	(e) In (	default?	by bo	oproved oard or nittee?		Vntten ment?
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Part III Grants or Assistance Benefitting	Intere	estec	l Persons		Ψ				1		L	
Complete if the organization answered "Yes												
(a) Name of interested person			(b) Rela	ationship betwe	en interested p	erson and the	(c) <i>f</i>	\moun	t and t	type of	assist	ance
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Part IV Business Transactions Involving	Intere	estor	1 Persons	<u> </u>								
Complete if the organization answered "Yes					or 28c.							
(a) Name of interested person			nship between		mount of	(d) Desc	nation	of tran	eaction		(e) S	Sharing
(a) Name of interested person			person and the		nsaction	(4) 5630	прион	Ji Gaii	Sacuoi	•	reve	org nues?
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## **SCHEDULE O**

(Form 990)

**Supplemental Information to Form 990** 

OMB No 1545-0047

2009 Open to Public

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

ELKS ASSOCIATION

Inspection

Employer identification number Name of the organization 61-1257789 CHARITABLE TRUST Form 990, Part I, Line 6 VOLUNTEERS ARE MEMBERS OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS AND THE KENTUCKY ELKS ASSOCIATION, INC. MOST OF THEIR TIME ADMINISTERING THE PROGRAMS AND RAISING MONIES TO FUND THE VARIOUS PROGRAMS. ALL TIME IS VOLUNTEERED. III, Line 4d - All Other Achievements TO PROVIDE FIANCIAL ASSISTENCE TO CHILDREN DIAGNOSED WITH VARIOUS TYPES OF CANCER THE OPPORTUNITY TO ATTEND SUMMER CAMP. Part VI, Line 11A - Organization's Process to Review Form 990 THE SEMI ANNUAL MEETING OF THE TRUSTEES AUGUST AND WAS REVIEWED AND APPROVED BY THE TRUSTEES. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy YES - Governing Documents Disclosure Explanation Line 19 UNPON REQUEST