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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545 1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c) 527 or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200 000 and total assets less than \$500 000 at the end of the year may use this form

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

A For the 2012 calendar year or tax year beginning **04/01/12**, and ending **03/31/13****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**KENTUCKY ELKS ASSOCIATION
CHARITABLE TRUST**

Number and street (or P O box if mail is not delivered to street address)

9739 HIGHWAY 1078 NORTH

City or town state or country and ZIP + 4

HENDERSON**KY 42420**

Room/suite

D Employer identification number**61-1257789****E** Telephone number**270-827-3331****F** Group Exemption

Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

H Check ☐ if the organization is not required to attach Schedule B
(Form 990 990 EZ or 990 PF)

I Website ► **N/A****J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50 000 A Form 990 EZ or Form 990 return is not required though Form 990 N (e postcard) may be required (see instructions) But if the organization chooses to file a return be sure to file a complete return

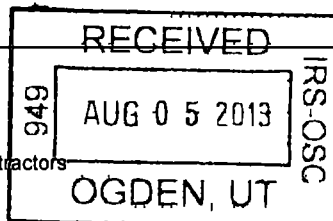
L Add lines 5b 6c and 7b to line 9 to determine gross receipts If gross receipts are \$200 000 or more or if total assets (Part II line 25 column (B) below) are \$500 000 or more file Form 990 instead of Form 990 EZ

► \$ **58,512****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

☒

Revenue	1	Contributions gifts grants and similar amounts received	1	57,771
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	741
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15 000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15 000)	6b	
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	58,512	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	76,031
	11	Benefits paid to or for members	11	
	12	Salaries other compensation and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	705
	14	Occupancy rent utilities and maintenance	14	
	15	Printing publications postage and shipping	15	
	16	Other expenses (describe in Schedule O)	16	1,811
	17	Total expenses Add lines 10 through 16	17	78,547
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-20,035
	19	Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end of year figure reported on prior year's return)	19	151,150
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	131,115



For Paperwork Reduction Act Notice see the separate instructions

Form **990-EZ** (2012)

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Part II **Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash savings and investments	151,150	22	131,115
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	151,150	25	131,115
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	151,150	27	131,115

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

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

What is the organization's primary exempt purpose?

See Schedule O

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

Expenses

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

28	TO PROMOTE DRUG AWARENESS PROGRAMS FOR THE YOUTH OF KENTUCKY TO PROMOTE YOUTH ACTIVITIES THROUGH COMPETITIVE SPORTING COMPETITION	(Grants \$ 34,922) If this amount includes foreign grants, check here	28a	35,606
29	TO PROVIDE MONIES TO WORTHY HIGH SCHOOL STUDENT TO FURTHER THEIR ACADEMIC STUDIES AT AN ACCREDITED INSTITUTION OF HIGHER LEARNING	(Grants \$ 14,000) If this amount includes foreign grants, check here	29a	14,000
30	TO PROVIDE AN IN HOME ALARM SYSTEM TO THE ELDERLY TO ASSIST THEM IN THE EVENT OF AN EMERGENCY OR ILLNESS	(Grants \$ 2,654) If this amount includes foreign grants, check here	30a	2,654
31	Other program services (describe in Schedule O)	(Grants \$ 24,455) If this amount includes foreign grants, check here	31a	24,455
32	Total program service expenses (add lines 28a through 31a)		32	76,715

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

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

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If Yes attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1 000 or more during the year from business activities (such as those reported on lines 2 6a and 7a among others)?	35a	X
b If Yes to line 35a has the organization filed a Form 990 T for the year? If No provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4) 501(c)(5) or 501(c)(6) organization subject to section 6033(e) notice reporting and proxy tax requirements during the year? If Yes complete Schedule C Part III	35c	X
36 Did the organization undergo a liquidation dissolution termination or significant disposition of net assets during the year? If Yes complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures direct or indirect as described in the instructions 37a		
b Did the organization file Form 1120 POL for this year?	37b	X
38a Did the organization borrow from or make any loans to any officer director trustee or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If Yes complete Schedule L Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts included on line 9 for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a section 4912 40a section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 EZ? If Yes complete Schedule L Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955 and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If Yes complete Form 8886 T 40e	40e	X
41 List the states with which a copy of this return is filed KY		
42a The organization's books are in care of ROBERT F MITCHELL Telephone no 270-827-3331 9739 HIGHWAY 1078 N Located at HENDERSON KY ZIP + 4 42420		
b At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account securities account or other financial account)? If Yes enter the name of the foreign country 42b	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90 22 1 Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year did the organization maintain an office outside the U S ? If Yes enter the name of the foreign country 42c	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in lieu of Form 1041 — Check here and enter the amount of tax exempt interest received or accrued during the tax year 43	43	
44a Did the organization maintain any donor advised funds during the year? If Yes Form 990 must be completed instead of Form 990 EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If Yes Form 990 must be completed instead of Form 990 EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If Yes to line 44c has the organization filed a Form 720 to report these payments? If No provide an explanation in Schedule O 44d	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes Form 990 and Schedule R may need to be completed instead of Form 990 EZ (see instructions) 45b	45b	X

46 Did the organization engage directly or indirectly in political campaign activities on behalf of or in opposition to candidates for public office? If Yes complete Schedule C Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes complete Schedule C Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E

49a Did the organization make any transfers to an exempt non charitable related organization?

b If Yes was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none enter None

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶

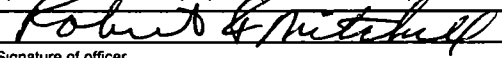
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		8-1-13
	Signature of officer	Date
	ROBERT F MITCHELL	SECRETARY/TREASURER
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Robert E Mitchell, CPA, CVA		07/29/13		P00322761
	Firm's name ▶	MCELROY, MITCHELL & ASSOCIATES, LLP		Firm's EIN ▶	61-1457054
	Firm's address ▶	PO BOX 255 HENDERSON, KY 42419-0255		Phone no	270-827-5828

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990 EZ)**Public Charity Status and Public Support**

OMB No 1545-0047

2012**Open to Public
Inspection**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

Department of the Treasury
Internal Revenue Service

Name of the organization

**KENTUCKY ELKS ASSOCIATION
CHARITABLE TRUST**

Employer identification number

61-1257789**Part I 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)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name
city and state
- 5 ☐ 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)
- 6 ☐ A federal state or local government or governmental unit described in **section 170(b)(1)(A)(v)**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public
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)**
- 11 ☐ 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
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non functionally integrated
- e ☐ 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)
- f 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 ☐
- g Since August 17 2006 has the organization accepted any gift or contribution from any of the
following persons?
- (i) A person who directly or indirectly controls either alone or together with persons described in (ii) and
(iii) below the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U S ?		(VII) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990 EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5 7 or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below please complete Part III.)

Section A Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions)

12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐**Section C Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2012. If the organization did not check the box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**b 33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**17a 10% facts and circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization. ☐**b 10% facts and circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization. ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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 or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below please complete Part II)**Section A Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	49,135	57,403	56,247	55,488	57,771	276,044
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						
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	49,135	57,403	56,247	55,488	57,771	276,044
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						276,044

Section B Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	49,135	57,403	56,247	55,488	57,771	276,044
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,537	2,734	3,107	1,293	741	12,412
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,537	2,734	3,107	1,293	741	12,412
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	53,672	60,137	59,354	56,781	58,512	288,456

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	95.70%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	94.09%

Section D Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	4%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	6%

19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒**b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information** Complete this part to provide the explanations required by Part II line 10, Part II line 17a or 17b, and Part III line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
▶ Attach to Form 990 or 990-EZ

OMB No 1545-0047

2012Open to Public
Inspection

Name of the organization

**KENTUCKY ELKS ASSOCIATION
CHARITABLE TRUST**

Employer identification number

61-1257789**Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Individuals**

Relationship to Org	Class of Activity	Date of Gift	Desc of Property	Cash Contrib	Noncash Contrib	Book Value	BV Expl	FMV Expl
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AFFILIATED

\$	14,000	\$	0	\$	0			
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Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations

Name and Address	Class of Activity	Date of Gift	Desc of Property	Cash Contrib	Noncash Contrib	Book Value	BV Expl	FMV Expl
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KENTUCKY ELKS ASSOCIATION**ELKS HOOP SHOOT PROG****9739 HIGHWAY 1078 NORTH**

HENDERSON, KY 42420	\$	8,000	\$	0				
	\$	0						

KENTUCKY ELKS ASSOCIATION**9739 HIGHWAY 1078 NORTH**

HENDERSON, KY 42420	\$	19,360	\$	0				
	\$	0						

KENTUCKY ELKS ASSOCIATION**"KIDS WITH CANCER" CHARITABLE FUND**

9739 HIGHWAY 1078 NORTH	\$	24,455	\$	0				
HENDERSON, KY 42420	\$	0						

Form 990-EZ, Part I, Line 16 - Other Expenses

Name of the organization

KENTUCKY ELKS ASSOCIATION

Employer identification number

61-1257789

Description

Amount

Expenses

Office \$ 173

Insurance \$ 954

YOUTH AWARDS \$ 434

AMERICANISM EXPENSE \$ 250

Total \$ 1,811

Form 990-EZ, Part III - Primary Exempt Purpose

TO PROMOTE AND CARRYOUT THE CHARITABLE FUNCTIONS OF THE
BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNTIED
STATES OF AMERICAN AND THE KENTUCKY ELKS STATE ASSOCIATION

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

TO PROVIDE FIANCIAL ASSISTENCE TO CHILDREN DIAGNOSED WITH
VARIOUS TYPES OF CANCER THE OPPORTUNITY TO ATTEND SUMMER
CAMP