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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 black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the 2	2008 calendar year, or tax year beginning APR 1, 2008 and ending M	MAR 31, 2009	
Вс	heck if	C Name of organization	D Employer identifica	ation number
	pplicable	Use IRS IOWA ELKS ASSOCIATION CHARITABLE TRUST,		
	Address	label or TNC		
=	Name	type Doing Business As	1 42-12	38299
<u> </u>	_lchange lnitial	See Number and street (or P 0 box if mail is not delivered to street address) Room/surte	E Telephone number	
Έ	_Ireturn " Termin-	Specific 1956 CENEVA HITTE BOAD		263-3663
F	⊒ation ∏Amended		G Gross receipts \$	161,159.
├≕	_lreturn T}Applica-	MUSCATINE, IA 52761	H(a) Is this a group ret	
L.	tion pending	F Name and address of principal officer:DAVID STARKWEATHER	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inclu	
			7	
_		npt status: X 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		st. (see instructions)
		:►N/A	H(c) Group exemption	
A 1,121			of formation 1303 M	State of legal domicile IA
P	art I S	Summary	A DROUTER C	EDITORC MO
ø	1 B	refly describe the organization's mission or most significant activities: TO PROMOTI	& PROVIDE S	ERVICES TO
anc	<u>º</u>	OUR VETERANS, YOUTH AND COMMUNITIES.		
Governance	2 C	heck this box 🕨 📖 if the organization discontinued its operations or disposed of mor	e than 25% of its assets	
ð	3 N	lumber of voting members of the governing body (Part VI, line 1a)	3	
	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)	4	7
es.	5 To	otal number of employees (Part V, line 2a)	5	0
Activities &	6 Te	otal number of volunteers (estimate if necessary)	. 6	<u>500</u>
Ę	7a To	otal gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
∢		let unrelated business taxable income from Form 990; T, line 34.	7ь	0.
		1 RECEIVES	Prior Year	Current Year
•	8 c	Contributions and grants (Part VIII, line 1h)	93,560.	96,585.
ž		Contributions and grants (Part VIII, line 1h)		
Revenue		nvestment income (Part VIII, column (A), lines 51 A, and 76) 22 2009	28,153.	23,422.
ď	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	22,726.	23,400.
		otal revenue - add lines 8 through 11 (must-equal Part VIII), Column (A), line 12)	144,439.	143,407.
		Grants and similar amounts paid (Part IX, column (A), lines 13)	76,684.	75,034.
		Benefits paid to or for members (Part IX, column (A), line 4)		
	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	15 S			
ĕ	IDAP	Professional fundraising fees (Part IX, column (A), line 11e)		***************************************
Ä	170	otal fundraising expenses (Part IX, column (D), line 25)	33,944.	35,009.
	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	110,628.	110,043.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,811.	33,364.
	19 R	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances		<u> </u>	Beginning of Year 759, 396.	End of Year 653, 415.
Sse	20 T	otal assets (Part X, line 16)	139,390.	033,413.
ot A	21 T	otal liabilities (Part X, line 26)	750 206	653,415.
		Net assets or fund balances. Subtract line 21 from line 20	759,396.	033,413.
P		Signature Block		a and belief it is true correct
8] ;	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements and complete. Declaration of preparer (Other than officer) is based on all information of which preparer has any knowledge.	, and to the best of my knowledg	e and belief, it is true, correct,
5	1		1 10/10	100
🤊 Şig	n	Muchally	10/10	701
He،	re	Signature of officer	Date •	•
ີ້		DAVID STARKWEATHER, SECRETARY		
<u></u>		Type or print name and title		
〕 ≟ ≱Pair	,			r's identifying number tructions)
EC .		signature KEVIN L. BALLARD	mployed 🕨 💹	
\$ ()	•	Firm's name (or HOGAN - HANSEN, P.C.	EIN >	
ose	,	self-employed), 2750 FIRST AVE., NE. STE. 150		
عا ت -		address, and ZIP+4 CEDAR RAPIDS, IA 52402-4831	Phone no ► 3	19-366-8267
3.4	v the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No
<u>ıvıa</u>				C 000 (0000)

IOWA ELKS ASSOCIATION CHARITABLE TRUST, Form 990 (2008) 42-1238299 Part III Statement of Program Service Accomplishments (see instructions) Briefly describe the organization's mission: TO PROMOTE AND PROVIDE SERVICES TO OUR VETERANS, YOUTH, AND COMMUNITIES. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes", describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 37,450.)(Revenue\$ 53,520 • including grants of \$ (Code:) (Expenses \$ YOUTH: SCHOLARSHIPS HOOP SHOOT PROGRAM YOUTH SUMMER CAMPERS $\overline{11}$, 710 • including grants of \$) (Revenue \$ (Code:) (Expenses \$ DRUG ABUSE PROGRAM DISASTER DISBURSEMENTS YOUTH ACTIVITIES COMMUNITY:

(Code:		xpenses \$	3,8	04 · including	grants of \$) (Reven		
TELETHON:	ELKS	NATIONAL	VET.	LEATHER	PROGRAM	VET.	SERVICE	COMMISSION	
AMERICANIS	SM								

Other program services (Describe in Schedule O.)

6,000 . including grants of \$ (Expenses \$

) (Revenue \$

Total program service expenses > \$

75,034. (Must equal Part IX, Line 25, column (B))

Part IV	Checklist	of Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	_ <u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_ 3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	_11_	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			_
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	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 U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	l		
	located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? 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		1	}
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Form	990 ((2008)

Form 990 (2008)

Schedule N, Part II

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34

INC. Part W Checklist of Required Schedules (continued) 42-1238299

_			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
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 "Ves " complete			

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Is any related organization a controlled entity within the meaning of section 512(b)(13)?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36

X

33

34

35

Form 990 (2008)

42-1238299 Page 5

Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S., Information Returns. Enter -0- if not applicable Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return B If all least one is reported on line 2a, did the organization file affective file and the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) B If all least one is reported on line 2a, did the organization file affective file this return, (see instructions) B If all least one is reported on line 2a, did the organization file and properties of the site of the instructions) B If Yes, has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a 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) B If Yes, and the organization aparty to a prohibited tax shelter transaction in a party to a prohibited tax shelter transaction at any time during the tax year? B If Yes, to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? B If Yes, to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? B If Yes, to question 5a or 5b, did the organization that was required to the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? B If Yes, and the organization include with every solicitation an express statement that such contributions or grits w	Par	Statements Regarding Other IRS Filings and Tax Compliance			,
U.S. Information Returns. Einter 0- if not applicable Effect the number of Forms W2G included in lie 1a. Enter-0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more duming the year covered by this return? 8 If 1'Yes, 'has it filed a Form 990 Tr for this year? If 'No,' provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country the See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 8 Was the organization a party to a prohibited tax shelter transaction? 9 If 'Yes,' to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9 If 'Yes,' to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 9 Ord the organization provide goods or services in exchange for any quid pro quid contributions of quarity and the services in exchange for any quid pro quid contributions of quarities in large the property, did the organization file form 8989 as required? 9 For all contributions of			l	Yes	No
b Enter the number of Forms W2G included in line 1a. Enter 0-if not applicable Did the organization comply with backup withholding nules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winers? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year endering with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? If at least one is reported on line 2a, did the organization file all required federal employment tax returns? If Yes, has if filed a Form 990-T for this year? If YNo, Provide an explanation in Schedule O At any time during the calendar year, did the organization was 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, has if filed a Form 990-T for this year? If YNo, Provide an explanation in Schedule O If Yes, enter the name of the foreign country: If Yes, enter the name of the foreign country: If Yes, enter the name of the foreign country: If Yes, enter the name of the foreign country: If Yes, enter the name of the foreign country: If Yes, enter the name of the foreign country: If Yes, enter the name of the foreign country: If Yes, it on upstancia on party to a prohibited tax shelter transaction at any time during the tax year? If Yes, it of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? If Yes, it of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? If Yes, it of the organization inclide with every solicitation an express statement that such contributions or gifts were not tax deductible? If Yes, it of the organization inclify the donor of the value of the goods or services provided? If Yes, it of t	1a				
Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, [2 a] 0 1 fall least once is reported on line 2.a. did the organization file all required federal employment tax returns? Note, if the sum of lines 1 a and 2 as greater than 250, you may be required to e-file this return. (see instructions) 3 b If 1 wes, has if filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O 4 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 (who as a bank account, security account in a foreign country (who as a bank account, securities account, or other financial account)? 5 Was the organization a party to a prohibited tax shelter transaction? 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b If who, 'to question 5 ao 55, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 b Did the organization solicid any contributions that were not tax deductible? 5 b If *Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 b If *Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 b If *Yes, 'did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 9 b If *Yes, 'did the organization include with every solicitation and express promoted? 9 b If *Yes, 'did the organization solicit any contributions of cars, because of the solicities of		O.O. miorination receive. Enter of infer applicable			
22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines it and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Yes, has if filed a Form 990-17 for this year? If *No,* prowed an explanation in Schedule O 2 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 feuch as a bank account, securities account, or other financial account)? 5 b if Yes, the enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Ut any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 b Ut the organization solicit any contributions that were not tax deductible? 6 b Ut the organization solicit any contributions that were not tax deductible? 6 c Ut the organization solicit any contributions under section 170(c). 9 b Ut the organization solicit any contributions under section 170(c). 9 b Ut the organization shall may receive deductible contributions under section 170(c). 10 Ut the organization shall may receive deductible contributions under section 170(c). 11 b Ut the organization and the very solicitation an express statement that such contributions or grifs were not tax deductible? 12 b Ut the organization shall may receive deductible contributions under section 170(c). 13 b Ut the organization shall may receive deductible con		Effet the number of Forms W-20 included in line 1a. Effet O-11 flot applicable			
28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return Note. If the sum of line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file this return. (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 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)? 4 If "Yes," enter the name of the foreign country: Implementation of the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to question 5 are 75b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 Did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? tiled during the year. 9 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the org	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		1
titled for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if 1'Yes, 1 as filled a Form 1990 FT or this year? If 1'No., 'provide an explanation in Schedule O 4 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)? b if 1'Yes, reter the name of the foreign country: ▶ 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? 5b If Yes, outpeston 5 are 5b, did the organization file Form 8886*T, Disclosure by TaxExempt Entity Regarding Prohibited Tax Shelter Transaction? 6b If Yes, outpeston 5 are 5b, did the organization file Form 8886*T, Disclosure by TaxExempt Entity Regarding Prohibited Tax Shelter Transaction socilat any contributions that were not tax deductible? 6c If Yes, outpeston 5 are 5b, did the organization file Form 8886*T, Disclosure by TaxExempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Organization shall may receive deductible contributions under section 170(c). 9c Did the organization provide goods or services in exchange for any quird pro quo contribution of more than \$757 1b If Yes, if did the organization notify the donor of the value of the good of the good of the services in exchange of the provide g		(gambling) winnings to prize winners?	1c		<u> </u>
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/-		1			,
	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u></u>	
			<u> </u>		

Form 990 (2008)

INC.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	<u>7</u>		
b	Enter the number of voting members that are independent	7		
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		X
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	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	
ь		8ь	X	
9a		9a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
Ī	and branches to ensure their operations are consistent with those of the organization?	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
•••	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or 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	111		Х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Х
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		15a		X
	Other officers or key employees of the organization?	15b		Х
	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
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1
•	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		[
Sec	exempt states with respect to such an angements.			
17	List the states with which a copy of this Form 990 is required to be filed NONE			-
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.	le for		
.5	public inspection. Indicate how you make these available. Check all that apply	.5 .01		
	Own website Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
19		and mid	iCiai	
20	statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organic	zation 🖿	•	
	state the name, physical address, and telephone number of the person who possesses the books and records of the organi	Lativii 🕨		
20	DAVID STARKWEATHER - (563)263-3663			

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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

X Check this box if the organization did no (A)	(B)		11001)	, , ,	3010	(D)	(E)	(F)
Name and Title	Average			Pos	tion			Reportable	Reportable	Estimated
	hours		hecl	c all	that	app	ly)	compensation from	compensation from related	amount of other
	per week	actor						the	organizations	compensation
		д 6	8		ŀ	Safed	1	organization	(W-2/1099-MISC)	from the
		tuste	al frus		8	E C		(W-2/1099-MISC)		organization
		Individual frustee or director	Institutional frustee	R	Key employee	Highest compensated employee	يَق			and related organizations
		βu	lust	Officer	Key	골등	For			
DENNIS NELSON										
PRESIDENT		X		Х		<u> </u>	_	0.	0.	0.
ART KLEIN							l			
VICE-PRESIDENT		Х	ļ	X	ļ	ļ	<u> </u>	0.	0.	0.
STEVE SMITH TRUSTEE		x						0.	0.	_
RON RODEMEYER		^	├	 	_	\vdash	┝	0.	0.	0.
TRUSTEE		X						0.	0.	0.
MARILYN DETTMER		1	1	 						
TRUSTEE		Х	l					0.	0.	0.
ALEN E. SELLS										
TRUSTEE		Х	<u> </u>					0.	0.	0.
TOM MAHER										
TRUSTEE		Х	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
DAVID STARKWEATHER	1 00		ŀ	,						
SECRETARY JERRY LONG	1.00	-	├	X	ļ —	┢	<u> </u>	0.	0.	0.
TREASURER	1.00			х				0.	0.	0.
TREASURER	1.00	\vdash	\vdash	┢	-		├	- 0.	0.	0.
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Last ANE	Section A. Unicers, Directors, In		mpic	yee			nıgn	est					
(A)		(B)		(C)					(D)	(E)		(F)	
	Name and title	Average hours per			Posi all		app	ly)	Reportable compensation from	Reportable compensation from related	on	Estimat amount other	of
		week	Individual trustbe or director	Institutional frustee	Officer	Кеу епфіоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		from the organization organizat	ation le tion ted
							-						
													···
					-		ļ 	_					<u> </u>
							ļ						
							Ļ					-	
	number of Individuals (including those	e ın 1a) who re	celv	ed n	nore	tha	<u>►</u> in \$1	00,	0 . 000 in reportable	<u> </u>	0.		0.
	e organization list any former officer	director or tru	stee	ka	V AD	nlo		ort	nighest compensated e	molovee on		Yes	No
line 1a	? If "Yes," complete Schedule J for s y individual listed on line 1a, is the si	such individual							•			3	<u>x</u>
and re	lated organizations greater than \$15 y person listed on line 1a receive or	0,000 <i>ា If "Yes</i> ,	, " cc	mpl	ete S	Sch	edul	e J i	for such individual	-		4	X
the or	ganization? If "Yes," complete Sched Independent Contractors											5	<u> </u>
	lete this table for your five highest co	empensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation from	
	(A) Name and business	address							(B) Description of	services	С	(C) ompensatio	on
				_									
				<u> </u>						-			
			_		_								
		· · · · · · · · · · · · · · · · · · ·											_
	number of independent contractors (ne organization ▶	including thos	e in	1) w	ho r	ecei	ved	mor	re than \$100,000 in con	npensation			

	1990 (42-1230	299 Page 9
Pa	rt VII	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grant similar amounts not included above	ts, and ve 1f	9,307. 78,580. 8,698.				
ပို့ န	h	Total. Add lines 1a-1f		>	96,585.			
				Business Code		1		1
<u>0</u>	2 a							
E S	b						, ,	· · · · · · · · · · · · · · · · · · ·
Ve N	C							
Program Service Revenue	d e		· ·					
g	_	All other program service reve	enue					
		Total. Add lines 2a-2f				.,	,	. ,,,,,
	3	Investment income (including other similar amounts)	dividends, intere	est, and	23,422.			23,422.
ĺ	4	Income from investment of tax	x-exempt bond p	oroceeds >				
İ	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal				
			ļ					
j		Less: rental expenses						
		Rental income or (loss)				I	1	1
		Net rental income or (loss)	(i) Consumban	(v) Other		<u> </u>		<u> </u>
	/ a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	h	Less: cost or other basis						
1		and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraisin	g events (not					
Ž.		ıncludıng \$						
Other Revenue		contributions reported on line	1c). See					
er		Part IV, line 18	а	41,152.				
퉏		Less: direct expenses	b	17,752.	22.400	I	ı	1 22 400
		Net income or (loss) from fund			23,400.		<u> </u>	23,400.
	9 a	Gross income from gaming ac		1				
		Part IV, line 19	a					
		 Less: direct expenses Net income or (loss) from gan 	b b	>		1	1	1
		Gross sales of inventory, less				J	I	L
		and allowances	а					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale	es of inventory]			<u> </u>
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С			ļ		ļ	ļ	ļ
		All other revenue			<u> </u>		L	<u></u>
		Total. Add lines 11a-11d		•	142 407			46 000
	12	Total Revenue Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 1	0c, and 11e	143,407.	0.	0.	46,822.

Part IX Statement of Functional Expenses

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

	7.11 Other Organizations indet comp	note column p y zot are	The required to comp.		
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	75,034.	75,034.		
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)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses			-	
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	1,457.		1,457.	
23	Insurance				-
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)	30,978.	Ι΄	30,978.	
a	ALLOCATION OF MGMT EXPE	1,452.		1,452.	
b	PERM TRUST EXPENSE	657.		657.	
C	SCHOLARSHIP COMMITTEE E	465.		465.	
d	ELK'S NATIONAL SERVICE	405.		405.	
е				-	·
f	All other expenses	110 043	75 024	25 000	
<u>25</u>	Total functional expenses. Add lines 1 through 24f	110,043.	75,034.	35,009.	0.
26	Joint Costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	<u> </u>		L	<u> </u>

Par	tΧ	Balance Sheet										
					(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing .		<u> </u>		1						
	2	Savings and temporary cash investments			148,063.	2	224,270	١.				
	3	Pledges and grants receivable, net			<u>. </u>	3						
	4	Accounts receivable, net	-		19,288.	4	11,930	<u>.</u>				
	5	Receivables from current and former officers, di	rector	s, trustees, key								
		employees, or other related parties. Complete P		F		5	······································					
	6	Receivables from other disqualified persons (as		i i								
		4958(f)(1)) and persons described in section 499	58(c)(3	i)(B). Complete		íι						
		Part II of Schedule L		.		6						
ets	7	Notes and loans receivable, net				7		_				
Assets	8	Inventories for sale or use	•			8						
`	9	Prepaid expenses and deferred charges		17 440		9						
	10a	Land, buildings, and equipment: cost basis	10a	17,440.								
	b	Less: accumulated depreciation. Complete		10 202	1 211) . f	7 105	,				
		Part VI of Schedule D	10b	10,303.	1,211.		7,137	•				
	11	Investments · publicly traded securities		-	590,834.	11	410 070	_				
	12	investments - other securities. See Part IV, line		-	390,834.	12	410,078	<u>.</u>				
	13	Investments - program-related. See Part IV, line	ļ -		13							
	14	Intangible assets	-		14	· 						
	15	Other assets. See Part IV, line 11	750 206	15	CE2 415	_						
	16	Total assets. Add lines 1 through 15 (must equ	759,396.	16	653,415	<u>, .</u>						
	17	Accounts payable and accrued expenses		17								
	18	Grants payable		<u> </u>		18	· · · · · · · · · · · · · · · · · · ·					
	19	Deferred revenue		}		19	·					
	20	Tax-exempt bond liabilities		_		20						
ies	21	Escrow account liability. Complete Part IV of Sc		F		21						
Liabilities	22	Payables to current and former officers, director										
Lial		highest compensated employees, and disqualifi										
_		of Schedule L			· · · · · · · · · · · · · · · · · · ·	22		_				
	23	Secured mortgages and notes payable to unrela	nird parties		23							
	24	Unsecured notes and loans payable		-	 	24		—				
	25	Other liabilities. Complete Part X of Schedule D	•	-	0.	25) .				
	26	Total liabilities. Add lines 17 through 25	· -		V •	26		<u>/ •</u>				
		Organizations that follow SFAS 117, check he	ere 🕨	and complete								
ces	0.7	lines 27 through 29, and lines 33 and 34.				1 07 1						
lan	27	Unrestricted net assets				27						
Ва	28	Temporarily restricted net assets		 		28						
Net Assets or Fund Balances	29	Permanently restricted net assets	الممادا	here ▶ X and		29						
гF		Organizations that do not follow SFAS 117, c	песк	nere 🖊 🔼 and								
ls o	20	complete lines 30 through 34.			759,396.	30	653,415					
set	30	Capital stock or trust principal, or current funds			737,370.	31		<u> </u>				
As	31	Paid-in or capital surplus, or land, building, or ed		F	$\frac{0}{0}$.	32		<u>;</u>				
Ne	32	Retained earnings, endowment, accumulated in	come	, or other lunds	759,396.	33	653,415					
	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances		}	759,396.	34	653,415					
Pai		Financial Statements and Reporting			133,330.	1 34 1	033/413	<u></u>				
E E	(/ 4	Financial Statements and Reporting					Yes N	0				
1	٨٥٥٥	ounting method used to prepare the Form 990:	X C	Cash Accrual	Other							
		o the organization's financial statements compiled					2a] [)	〈				
		e the organization's financial statements complied the organization's financial statements audited l		• •	accountailt !			<u>`</u>				
		_	-	•	subulity for avaraight of the	a audit		•				
v	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,											
32		review, or compilation of its financial statements and selection of an independent accountant? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit										
Ja		result of a federal award, was the organization re and OMB Circular A-133?	quirec	a to undergo air addit or aud	nto ao oet ivitii ili tile oin(JIE MUC	1 1 1 -	K				
ь		es," did the organization undergo the required au	dit or :	audits?			3b 2	<u>-</u>				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

IOWA ELKS ASSOCIATION CHARITABLE TRUST, INC.

Employer identification number 42-1238299

Schedule A (Form 990 or 990-EZ) 2008

Part	Reason	for Public Char	ity Status (All organiz	rations mus	st complet	e this part) (see inst	tructions)			
			because it is: (Please ch		-		., (000 1110	., 001,0110,		··-·	
	7			-			/L\/4\/A\/:\				
1 =	_		s, or association of chur		nbea in se	Ction 170	(D)(1)(A)(I)	•			
2 -	¬		' 0(b)(1)(A)(ii). (Attach Sc	•							
3 🛌	<u> </u>	•	tal service organization of						•		
4		_	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(II	i). Enter th	e hospital's nam	e,
_	city, and stat										
5 🗀		on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental uni	describe	d In	
	_ section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6	A federal, sta	ate, or local governm	ent or governmental unr	t described	d in section	n 170(b)(1)(A)(v).				
7 🗀	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic described ii	n
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)								
8	_		section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 X	-		eives: (1) more than 33	-		om contri	butions. m	nembershi	o fees, and	d gross receipts t	from
	•		nctions - subject to certa								
			axable income (less sect								
		509(a)(2). (Complete			, , , , , , , , , , , , , , , , , , ,			,			•
10 🗀	¬		perated exclusively to te	st for nubli	ic safety S	ee sectio	n 509(a)(4	I) (see ins	tructions)		
11	-	•	perated exclusively for the	•	•			• •	•	ournoses of one o	or
	_	•	ations described in secti		-						- 1
	-		organization and compl				.). Oee se c	, tion 505 (ajtoj. Onet	or the box that	
			- ·		e III · Func		operator		4	Type III · Other	
	a L Type		• •			-	-				_
e			at the organization is not								н
			han one or more publicly						(a)(1) or s	ection 509(a)(2).	
f	if the organiz	ration received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			_
	• • •	rganization, check th									
9	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?	 1	
	(i) A perso	on who directly or inc	lirectly controls, either al	lone or tog	ether with	persons c	lescribed i	ın (II) and (III) below,	Yes	No
	the gov	erning body of the s	upported organization?							11g(i)	
	(ii) A famıly	member of a person	n described in (i) above?	•						11g(ii)	
	(iii) A 35%	controlled entity of a	ı person described in (i) (or (ii) abov	e?					11g(iii)	
h	Provide the f	following information	about the organizations	the organ	ization sup	ports.					
(i) Na	me of supported	(ii) EIN	(III) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) is	the	(vii) Amount o	f
	rganization	(11) 2111	organization		sted in your			organizatio	on in col	support	•
•	3		(described on lines 1-9 above or IRC section	governing	document?	(i) of your	r support?	(I) organiz U S	2	• •	
			(see instructions))	Yes	No	Yes	No	Yes	No		
				1							
)					ļ			
											-
				 	-						
				1							
	······································		<u></u>	-			-	-	 - -		
		 		 					 -		
							1				
			.1	.1		l	L	I	'		
Total											
									1		

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

Sch	edule A (Form 990 or 990-EZ) 2008						Page 2
P	Support Schedule for	-)(b)(1)(A)(iv) an	nd 170(b)(1)(A)(v	ri)
	(Complete only if you checked	the box on line 5	5, 7, or 8 of Part I.)				
	ction A. Public Support		1	1 1 2000	/ 1 0007	1 1 2000	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")				 		
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities		· · · · · · ·				-
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 · 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	<u> </u>			,	·	
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4		<u> </u>		<u> </u>		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9							
	activities, whether or not the				1		
	business is regularly carried on						
10	Other income. Do not include gain		-				İ
	or loss from the sale of capital						
	assets (Explain in Part IV.)				_l	<u></u>	
11	Total support. Add lines 7 through 10	. , , , , , , , , , , , , , , , , , , ,				12	L
12	Gross receipts from related activities				tay waar oo o oosti		
13	First five years. If the Form 990 is fo		's tirst, second, th	ra, tourth, or litte	tax year as a secti	ion 501(c)(5)	▶□
50	organization, check this box and sto		ercentage				
				column (fl)		14	
14 15						15	%
	a 33 1/3% support test - 2008. If the			on line 13, and line	e 14 is 33 1/3% or		
	stop here. The organization qualifies						▶□
	b 33 1/3% support test - 2007. If the				d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qua				_	·	. ▶□
17	a 10% -facts-and-circumstances tes				ne 13, 16a, or 16b,	, and line 14 is 10%	or more,
• •	and if the organization meets the "fai						
	meets the "facts-and-circumstances"					· ·	. ▶□
	b 10% -facts-and-circumstances tes					r 17a, and line 15 is	10% or
	more, and if the organization meets t						

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	84,047.	83,491.	92,019.	93,560.	96,586.	449,703.
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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon'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					<u> </u>	
6	Total. Add lines 1 - 5	84,047.	83,491.	92,019.	93,560.	96,586.	449,703.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		······································			· · · · · · · · · · · · · · · · · · ·	449,703.
	ction B. Total Support	L		·			· · · · · · · · · · · · · · · · · · ·
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	84,047.	83,491.	92,019.	93,560.	96,586.	449,703.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,793.	12,269.	11,758.	28,153.	23,422.	88,395.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	12,793.	12,269.	11,758.	28,153.	23,422.	88,395.
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		-			ĺ	
	or loss from the sale of capital assets (Explain in Part IV.)	47,155.	46,723.	44,905.	41,780.	41,152.	221,715.
13	Total support (Add lines 9, 10c, 11, and 12)						759,813.
	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	zation,
	check this box and stop here				•		▶ □
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2008 (olumn (f))		15	59.19 %
16	Public support percentage from 2003		=			16	60.73 %
	ction D. Computation of Inve					· · · · · · · · · · · · · · · · · · ·	
17				e 13, column (f))		17	11.63 %
18	Investment income percentage from			· · · · · · · · · · · · · · · · · · ·		18	8.17 %
	a 33 1/3% support tests - 2008. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a						►X
1	o 33 1/3% support tests - 2007. If the			-			
	line 18 is not more than 33 1/3%, che						. —
20	Private foundation. If the organization			·		-	▶ □
	The organization in the organization	3.0 000 0		_, <u>,,, </u>		nedule A (Form 99	0 or 990-EZ) 200

IOWA ELKS ASSOCIATION CHARITABLE TRUST, 42-123829<u>9 Page 4</u> Schedule A (Form 990 or 990-EZ) 2008 INC. Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: RAFFLE TICKET SALES

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

IOWA ELKS ASSOCIATION CHARITABLE TRUST, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 42 - 1238299 \end{array}$

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s 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 adv	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		be used only
	for charitable purposes and not for the benefit of the donor of		
Pa	······································		
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat	_	fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a co	nservation easement on the last day
	of the tax year.		·
	·		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		he organization during the taxable
_	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		and
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year	>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expen-	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	rtems.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servi	ce, 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	easures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

Schedule D (Form 990) 2008 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs Public exhibition а Scholarly research b Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c c Beginning balance 1d d Additions during the year Distributions during the year 1f Ending balance . . . 2a Did the organization include an amount on Form 990, Part X, line 21? Yes If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance Contributions Investment earnings or losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as. a Board designated or quasi-endowment Permanent endowment Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3ь Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. (d) Book value Description of investment (a) Cost or other (b) Cost or other (c) Depreciation basis (other) basis (investment) 1a Land **b** Buildings c Leasehold improvements d Equipment 10,303. 17,440.

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part X	Other Liabilities. See Form 990, Part X, line 25.	
	(a) Description of liability	(b) Amount
Federal inc	ome taxes	
		
		
Total. (Coli	umn (b) should equal Form 990, Part X, col (B) line 25.)	>

In Part XIV, 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.

Sche	dule D (Form 990) 2008 INC .		42-123	8299 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stat	ement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		143,407.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		110,043.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		33,364.
4	Net unrealized gains (losses) on investments	4		-139,345.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4-8	9		-139,345.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		-105,981.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities . 2b		_	
C	Recoveries of prior year grants			
đ	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIV)			
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	
Ра	T XIII Reconciliation of Expenses per Audited Financial Statements With Expe	enses j	<u> per Return</u>	·
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
þ	Prior year adjustments . 2b			
C	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)	<u>.</u>	 ∤	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)		-	
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	
	rt XIV Supplemental Information			and V. June 4: Dord
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, l	aπ IV, IIN	es 16 and 26; Pa	art v, line 4; Part
X; Pa	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b			
			· -	
-				
			-	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008 Open To Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

IOWA ELKS ASSOCIATION CHARITABLE TRUST,

Employer identification number

Schedule G (Form 990 or 990-EZ) 2008

INC.					42-1238	299
Part Fundraising Activities	Complete if the organization answ	rered '\	'es' to	Form 990, Part IV, I	ine 17.	
1 Indicate whether the organization rais	sed funds through any of the follow	ng acti	vities.	Check all that apply.		
a Mail solicitations				overnment grants		
b Email solicitations			-	nment grants		
c Phone solicitations	_	l fundra				
	9 оресіа	a rondie	using (ovents		
d In-person solicitations	ar and accompany with any industrie	d (in also	dina of	fficam directors true	otoon or	
2 a Did the organization have a written of						X No
key employees listed in Form 990, P	-					
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the						De
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fund have c or cor contrib	Did arser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		1				
		1				
		1				
		+				
		+				
	·	+				
	 				· · · · ·	
	1					
		+				
	1					
	<u></u>		L		-	
	_					
Total 3 List all states in which the organization	on is registered or licensed to solici	funds	or has	been notified it is ex	l kempt from registrat	lon or licensing.
					 	
			-			
						
						
			_			
			_			

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

Schedule G (Form 990 or 990-EZ) 2008 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other Events (a) Event #1 (d) Total Events RAFFLE-SALE NONE (Add col. (a) through OF TICKETS col. (c)) (total number) (event type) (event type) Revenue 41,152. 41,152 Gross receipts Less: Charitable contributions 41,152. 41,152. Gross revenue (line 1 minus line 2) 16,000 16,000. Cash prizes Non-cash prizes Direct Expenses Rent/facility costs 1,752. 1,752. Other direct expenses 17,752. Direct expense summary. Add lines 4 through 7 in column (d) 23,400. Net income summary. Combine lines 3 and 8 in column (d) Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add (b) Pull tabs/Instant Revenue (a) Bingo (c) Other gaming col (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," Explain: Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2008 INC . 42-	123	<u> 3299</u>	Page 3
			Ye	s No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	%		
b	An outside facility	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	-	15a	<u>Ì</u>
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address:			
	Name	— [
	Address ▶			
16	Gaming manager information:			
	Name	— l		
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
		-		
	Director/officer Employee Independent contractor			
17	,,			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		1	1
	retain the state gaming license?	-	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
	Schedule G (For	rm 990	or 990-	EZ) 2008

SCHEDULE		Grants and	Grants and Other Assistance to Organizations.	e to Organizations			OMB No	OMB No 1545-0047
()86		Govern	Governments, and Individuals in the U.S	duals in the U.S.	•			2008
Department of the Treasury Internal Revenue Service	loo ▲	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	n answered "Yes," on F ▶ Attach to Form 990.	," on Form 990, Pa m 990.	art IV, lines 21 or 22.		Open	Open to Public Inspection
Name of the organization	IOWA ELKS ASSOCIATION INC.	ATION CHARITABLE	BLE TRUST,				Employer identification number 42-1238299	lentification number 42-1238299
Part i General Informa	General Information on Grants and Assistance							
Does the organization	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	the amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the select	lion X	<u>§</u>
criteria used to award to	criteria used to award the grants of assistance / Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	onitoring the use of grant	funds in the United	d States.]
Part II Grants and Othe	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	and Organizations in the	e United States. C	complete if the orga	anization answered "\	res* on Form 990, Part	IV, line 21, for any	
recipient that rec	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	this box if no one recipien	nt received more th	ian \$5,000 Use Pa	irt IV and Schedule I-	1 (Form 990) if addition	al space is needed	
1 (a) Name and address of organization or government	of organization (b) EIN ent	(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	of grant nce
Enter total number of s	Enter total number of section 501(c)(3) and government organizations	t organizations					A	
Ear Britany Act and Beneatory Bedito	Enter total number of other organizations	anditornation of the con-	for Form 000				Schodule 1 (Fo	Schedule I (Form 990) 2008

TRUST,	3
CHARITABLE	
ASSOCIATION	
ELKS	
IOWA	INC.

Schedule I (Form 990) 2008

Page 2

42-1238299

(f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information o, (d) Amount of non-cash assistance ٥. Ö Ö 650. 514. 10,907 37,450 (c) Amount of cash grant (b) Number of recipients 5 ELKS NATIONAL FOUNDATION SCHOLARSHIPS (a) Type of grant or assistance YOUTH SUMMER CAMP тоот ноог YOUTH ACTIVITIES YOUTH GOLF Part III

Schedule I (Form 990) 2008

832102 12-18-08

CHARITABLE TRUST,	
ASSOCIATION CH	
ELKS	
IOWA	INC.

Schedule I-1 (Form 990) 2008 INC. Part II Continuation of Grants and Other Assistance to Individuals in the	to Individuals in the U.S.	U.S. (Schedule I (Form 990), Part III.)	90), Part (II.)		42-1238299 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NATIONAL VET SERVICE COMMISSION	0	3 026	o		
ADOPT A VET	o		0		
VETERAN'S LEATHER PROGRAM	o	370.	o		
TELETHON	°	208.	°		
VARIETY CLUB	0	946	o		
DRUG AWARENESS	o	7,271.	0		
AMERICANISM	0	2,137.	.0		
DISASTER REIMBURSEMENT	0	1,357.	.0		
IOWA FIRE SAPETY INITIATIVE	0	6,000.	0		Schedule 1-1 (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

IOWA ELKS ASSOCIATION CHARITABLE TRUST, **Employer identification number** Name of the organization 42-1238299 INC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: FIRE SAFETY INITIATIVE MAJOR PROJECT: REVENUE \$ 0. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 6000. FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS PRESENTED TO GOVERNING BODY AT IT'S ANNUAL MEETING IN APRIL OF EACH YEAR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES COPIES UPON REQUEST.

OMB No 1545-0047 Schedule R (Form 990) 2008 **Employer identification number** Open to Public Inspection Direct controlling Direct controlling 42-1238299 entity entity End-of-year assets status (if section 501(c)(3)) Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Œ Œ Total Income Exempt Code section 9 501(C)(8) 9 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>©</u> ▶ See separate instructions. IOWA ELKS ASSOCIATION CHARITABLE TRUST, IOWA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ASSOCIATION TO PROMOTE Primary activity Primary activity <u>@</u> ELKDOM Identification of Related Tax-Exempt Organizations BENEVOLENT & PROTECTIVE ORDER OF BPOE, IOWA Identification of Disregarded Entities - 42-0713808 1956 GENEVA HILLS RD Name, address, and EIN Name, address, and EIN of related organization of disregarded entity INC. MUSCATINE IA, IA 52731 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

Page 2

42-1238299

INC.

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

Trust
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust	ration or Trust						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
832162 12-23-08						Schedule R (Form 990) 2008	n 990) 2008

Schedule R (Form 990) 2008 INC

Organizations
Related
With
Transactions
Part

Note. Complete line 1 if any entity is listed in Parts II, III, or IV		Yes
_		ta X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c ×
d Loans or loan guarantees to or for other organization(s)		7d ×
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		11 X
g Purchase of assets from other organization(s)		
		t- X
i Lease of facilities, equipment, or other assets to other organization(s)		1;
j Lease of facilities, equipment, or other assets from other organization(s)		1j.
k Performance of services or membership or fundraising solicitations for other organization(s)		1
1 Performance of services or membership or fundraising solicitations by other organization(s)	•	
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		Tn X
Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		X dt
 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 		19 X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	insaction thresholds.	
(A)	(B)	0
Name of other organization(s)	Transaction type (a~r)	Amount involved
(1) BENEVOLENT & PROTECTIVE ORDER OF BPOE, IOWA	0	30,978.
(2)		
(3)		
(4)		
(5)		
(9)		
832163 12-23-08	Sche	Schedule R (Form 990) 2008

Page 4

42-1238299

INC.

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

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.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of- year assets	Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes No
						÷	
						Schedule R (Form 990) 2008	n 990) 2008

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

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

► See separate instructions.

Business or activity to which this form relates

990

Identifying number

IO'	WA ELKS ASSOCIATION	CHARITAB	LE TRUST	* 1	м 9	90 P.	AGE 10		42-1238299
Pa	rt 1 Election To Expense Certain Propert	y Under Section 1	79 Note: If you I	have any lis	ted pr	operty, c	omplete Part	V before	you complete Part I.
1	Maximum amount. See the instructions t							1	250,000.
2	Total cost of section 179 property place	d in service (see	instructions)					2	, , , , , , , , , , , , , , , , , , , ,
	Threshold cost of section 179 property b	•		·	•	•		3	800,000.
	Reduction in limitation. Subtract line 3 fr			0.	••	••	•	4	
	Oollar limitation for tax year Subtract line 4 from line 1		•	· ·	Inetnic	tione	•	5	
6	(a) Description of prop			(b) Cost (busin			(c) Elected	d cost	
				· · · · · · · · · · · · · · · · · · ·					†
									†
									-
				- .					╡
7	Listed property. Enter the amount from I					7			-
	Total elected cost of section 179 proper		un natuma (a)	lines C and	7				-∮
	Tentative deduction. Enter the smaller of		s in column (c),	ines o ano	′		-	8	
			007 5 4500			• •	•	9	
	Carryover of disallowed deduction from	10							
	Business income limitation. Enter the sm	11							
	Section 179 expense deduction. Add lin	12							
	Carryover of disallowed deduction to 20					13			<u></u>
	Do not use Part II or Part III below for								
ra	rt II Special Depreciation Allowan	ce and Other D	epreciation (D	o not inclu	de liste	ed prope	rty.)		
	_							- 1	
	Special depreciation for qualified proper		ted property) p	laced in ser	vice d	luring the	tax year	14	
	Property subject to section 168(f)(1) elec	tion					-	15	
	Other depreciation (including ACRS)		· · · · · · · · · · · · · · · · · · ·					16	1,211.
Pa	rt III MACRS Depreciation (Do not	ınclude listed pr)				
			Sect	ion A					
17	MACRS deductions for assets placed in	service in tax ye	ears beginning l	pefore 2008	3			17	
18	I you are electing to group any assets placed in service							<u> </u>	
	Section B - Assets F	I)		Jsing	the Gen	eral Deprecia	ation Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inve- only - see ins	stment use	(d)	Recovery penod	(e) Convention	(f) Method	(g) Depreciation deduction
I9a	3-year property								
b	5-year property		-	7,383.	5	YRS.	MQ	SL	246.
С	7-year property								
đ	10-year property								1
е	15-year property								
f	20-year property	ĺ							
9	25-year property				2	5 yrs.		S/L	
	_	/				.5 yrs.	ММ	S/L	
h	Residential rental property	/				'.5 yrs.	MM	S/L	
•		,				9 yrs.	MM	S/L	† · · · · · -
i	Nonresidential real property	,			<u>_</u>	<u>o </u>	MM	S/L	
	Section C - Assets Pl	aced in Service	During 2008 T	ax Year Us	sina th	ne Altern			vstem
20a	Class life						T	S/L	
b	12-year				1	2 yrs.		S/L	
c		j				2 yrs. 0 yrs.	MM	S/L	
	rt IV Summary (See instructions.)	<u> </u>	<u> </u>			U yıs.	I IAITAI	3/L	
	······································			-			 -	1 2:	T
	Listed property. Enter amount from line :		10 - 100			l 04		21	
	Fotal. Add amounts from line 12, lines 1								1 457
	Enter here and on the appropriate lines of	-		•	tions ·	see instr	<u>r. </u>	22	1,457.
	For assets shown above and placed in s		e current year, o	enter the					
1625	portion of the basis attributable to section	n 263A costs				23			<u> </u>

Form 4502 (2000) 114C •											233		
Part V Listed Property (Include automobile recreation, or amusement.) Note: For any vehicle for which you	are using	the stanc	lard mile	eage rate o	•		•	•					
through (c) of Section A, all of Section					limita fa			a bita a N					
Section A - Depreciation and Other Informatio											7 v T		
24a Do you have evidence to support the business/inv				Yes (e)	No	24b lf 'Y					_ Yes	<u> No</u> (i)	
Type of property Date Busi	iness/ itment centage	(d) Cost o other ba	or	Basis for dep business/inv use on	estment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction	Ele sectio	cted on 179 ost	
25 Special depreciation allowance for qualified I	sted pro	perty plac	ed in se	rvice durin	g the t	ax year an	d						
used more than 50% in a qualified business	use		·		:-			25	<u></u>		<u></u>		
26 Property used more than 50% in a qualified	business	use:					,		,		,		
	%					ļ	 				 		
	% %					 	 -				 		
27 Property used 50% or less in a qualified busi						l	1		l		i		
21 Troporty assessory of resource qualified ass	%						S/L·		Ī		T		
	%						S/L·				1		
	%						S/L·]		
28 Add amounts in column (h), lines 25 through	27. Ente	r here and	on line	21, page	1			28]		
29 Add amounts in column (i), line 26. Enter here										29			
	Sec	tion B - In	formati	on on Use	of Vel	hicles							
Complete this section for vehicles used by a sole if you provided vehicles to your employees, first those vehicles.										ng this	section f	or	
	İ	(a)		(p)		(c)		1)	(e)	1	(1)	
30 Total business/investment miles driven during the	<u> </u>	Vehicle		Vehicle		/ehicle	Veh	ıcle	Veh	icle	Vet	iicle	
year (do not include commuting miles)	<u> </u>						 						
31 Total commuting miles driven during the year	r .										 		
32 Total other personal (noncommuting) miles	1								1				
driven	-				+				 		 		
33 Total miles driven during the year.	1				1						ì		
Add lines 30 through 32	<u></u>	Yes No	o Ye	s No	Yes	No	Yes	Na	Yes	No	Yes	No	
34 Was the vehicle available for personal use during off-duty hours?	<u> </u>	162 140	1 16	s No	163	s No	162	No	Tes	110	162	140	
35 Was the vehicle used primarily by a more			7								†		
than 5% owner or related person?				ŀ						i			
36 Is another vehicle available for personal													
use?							Li		<u></u>				
Section C - Quest	ions for	Employer	s Who F	Provide Ve	hicles	for Use b	y Their E	mploy	ees				
Answer these questions to determine if you mee	t an exce	eption to c	ompletır	ng Section	B for v	ehicles us	ed by en	nployee	s who a	re not r	nore thar	า 5%	
owners or related persons.												Т	
37 Do you maintain a written policy statement to employees?	hat prohi	bits all per	sonal us	se of vehic	les, inc	duding co	mmuting,	by you	r		Yes	No	
38 Do you maintain a written policy statement to	hat prohi	bits perso	nai use	of vehicles	s, exce	ot commu	ting, by y	our					
employees? See the instructions for vehicles	s used by	corporate	e officer:	s, director	s, or 19	6 or more	owners					-	
39 Do you treat all use of vehicles by employees	s as pers	onal use?										_	
40 Do you provide more than five vehicles to yo	our emplo	yees, obta	ain infori	mation froi	m your	employee	s about				1		
the use of the vehicles, and retain the inform	nation rec	eived?										-	
41 Do you meet the requirements concerning q													
Note: If your answer to 37, 38, 39, 40, or 41	ıs "Yes,"	do not coi	mplete S	Section B 1	for the	covered v	<u>ehicles</u>						
Part VI Amortization	100			(c)		(d)		(0)			<u>(f)</u>		
(a) Description of costs	Date amor begi	rtization	Атпол	tizable ount		Code section		e) Amortiza period or pe	iton		(י) Amortization or this year		
42 Amortization of costs that begins during you	ır 2008 ta	x year											
	<u> </u>												
									,				
43 Amortization of costs that began before you									43				
44 Total. Add amounts in column (f). See the in	struction	s for wher	e to rep	ort					44				