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of Organization Exemp OMB No 1545-0047 Form 501(c), 527, or 4947(a)(1) of the Internal Revenue **d** benefit trust or private foundation) Open to Public Department of the Treasu Inspection The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2008 calendar year, or tax year beginning 06-01 , 2008, and ending 05-31 20 09 C Name of organization IDAHO STATE ELK'S ASSOCIATION INC В Check if applicable Please D Employer identification no use IRS 82-6012059 Address change Doing Business As tabel or print or Number and street (or P O box if mail is not delivered to street address) Name change Room/suite E Telephone number type 1301 MAIN STREET (208)756-4970Initial return See Specific Termination City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-SALMON, TD 83467 1,815,923 Amended return Name and address of principal officer Suit Butter field, Pres. Application pending Is this a group return for affiliates? Yes X No Are all affiliates included? Tax-exempt status X 501(c) (8 4947(a)(1) or 527 (insert no) Yes If "No," attach a list (see instrutions)
Group exemption number Website: ► N/A Type of organization X Corporation Other -Trust Association L Year of formation M State of legal domicile Part I Summary SEE SCHEDULE O FOR DETAILS Briefly describe the organization's mission or most significant activities G o v 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) · · · · · · · · Number of independent voting members of the governing body (Part VI, line 1b) • 4 10 0 6 23 Total gross unrelated business revenue from Part VIII, line 12, column (C) . . õ 7a Net unrelated business taxable income from Form 990-T, line 34 · · · · · · · · · · · 0 7b Prior Year Current Year Contributions and grants (Part VIII, line 1h) 37,476 49,726 Program service revenue (Part VIII, line 2g) 10 (218,072)Investment income (Part VIII, column (A), lines 3, 4, and 7d) 99,952 11 10,720 10,851 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) · · 148,148 (157,495) 13 69,547 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 115,541 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25 42,043 36,819 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A) Line Revenue less expenses. Subtract line 10. 18 111,590 152,360 Revenue less expenses Subtract line 18 from line 12 · · · · 36.558 (309,855) Beginning of Year End of Year Net 20 2,243,535 1,931,373 Total assets (Part X, line 16) or CFund Bal-21 Total liabilities (Part X, line 26) 36,896 34,590 1,896,783 22 Net assets or fund balances Subtract line 21 from line 20 · · · · 2,206,639 ÖPart Ⅱ Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Trustee Sec Неге Date Preparer's identifying number Check if Preparer's (see instructions) Pol 19755 Paid 12-14-2011 signature employed P Preparer's ROBERT E BAKER CPA PA FIN Firm's name (or yours Use Only if self-employed), address, and ZIP + 4 1301 MAIN STREET; SUITE 4 8 2-0486779 Salmon, ID 83467 ▶ 208-756-4970 May the IRS discuss this return with the preparer shown above? (see instructions) · · · · X Yes For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

Forn	n 990 (2008) IDAHO STATE ELK DCIATION INC	82-6012059	Page 2
Pai	rt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission		
	SEE SCHEDULE O FOR DETAILS		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	· · · · [Yes [X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services? · · · · · · · · · · · · · · · · · · ·	· · · · [Yes [X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expense	s	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant	s and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 115,541 including grants of \$) (Revenue	\$)
	PROVIDE SUPPORT OF IDAHO ELK'S REHAB HOSPITAL AND IDAHO ELK'S YOUTH, INC. WHICH	ARE 501 (C)	
	(3) ORGANIZATIONS.		
			· · · · · · · · · · · · · · · · · · ·
		······································	
			.,
	7		
			· · · ·
4b	(Code) (Expenses \$ 36,819 including grants of \$) (Revenue		<u>'</u>
	CARRY OUT ALL ADMINISTRATIVE DUTIES OF THE IDAHO STATE ELK'S ASSOCIATION, INC.	•	,
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	(Code) (Expenses 4 including grants of 5) (Revenue	J	,
		···	
		-	

4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ \$ 152,360 (Must equal Part IX, Line 25, column (B))		

Page 3

Pai	rt IV Checklist of Required Schedules			
	, ,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		Х
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II- · · · · · · · · · · · · · · · · · ·	4	t-	14
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	/	14
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		Х
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
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, 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 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,			
4-	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			
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			١
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17 18	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II	17		X
19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II • • • • •	18 19		X
20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization operate one of more hospitals? If Tes, complete Schedule is "Tes," complete Schedule is Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III • • • •	22	Λ	Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			^
	Schedule J · · · · · · · · · · · · · · · · · ·	23		х
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	!	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		111
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			184
	to defease any tax-exempt bonds?	24c		164
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? • • • • • • • • • • • • • • • • • • •	24d		111
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	167
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	,	164
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	164
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 "Vas." complete Schodulo I. Bort III	27	1,	111

Form 990 (2008)

Pa	rt IV Checklist of Required Schedules (continued)			
	1		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		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35	, '	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36] .	Х
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	37		Х

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rai	TO Statements Negariting Other INS Fillings and Tax Compliance			
	S. C. H. Annual Common and Transmittel of		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
L	The first of the spendens			
b	Enter the number of Forms Wize molecular line to Enter of Fine applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
20		-10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b		
	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? · · · · · · · · · · · · · · · · · · ·	3a	Ì	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·	3b		:-
4a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)? · · · · · · · · · · · · · · · · · · ·	4a		Х
b	If "Yes," 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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		Χ
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
		7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g		X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	'9		^
	required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year? • • • • • • • • • • • • • • • • • • •	8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) · · · · · · · · · · · · · · · · · ·			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • • • • • • • • • • • • • • • • •	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • • 12b			

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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 · · · · · · · · · · · · · · · · · · ·			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_	İ	
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X_
4	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		<u>X</u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	Ì	l	
	of the governing body?	7a		X
b	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
b	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	8b		X
9a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	,	
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	11		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
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ļ		
	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		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		l	
а	The organization's CEO, Executive Director, or top management official? • • • • • • • • • • • • • • • • • • •	15a		X
b	Other officers or key employees of the organization?	15b		Х
	Describe the process in Schedule O (see instructions)			
16a				
	with a taxable entity during the year?	16a	.	Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		X
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► ID			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► DAVE MCFARLAND (208) 756-4970			

82-6012059

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Posi I t d Inrur I s e v t e t d e r a o I r	nr su t s t t e u e	Office	K e y e m p l o y e e	H c e I o m p l e e o y t s e e d	Form	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GREG HOLLINGSWORTH		1						,		
SEC/TREAS				X				d	N .	
DAVE MCFARLAND										
TRUSTEE		X						c	X	
HENRY FRANK										
TRUSTEE		Х						l c	,	
JOHN HERMAN										
TRUSTEE		Х)		c		
WAYNE SHRIOLL										
TRUSTEE		X						c		
STEVE IMLAY										
TRUSTEE		X						l c		
HARLEY BIRCHMIER										
VICE PRES				Х				C		
TOM HIGGINS										
VICE PRES				X				C		
SCOTT BUTTERFIELD										
PRESIDENT				X			ĺ	į c		
STEVE JOHNSON										
TRUSTEE		X						, c		
RALPH WEST										
TRUSTEE		X	<u> </u>					- C		
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LK'S ASSOCIATION INC

P	art VII Section A. Officers, Directors. Trustees. K	(ey Employ	ees a	nd l	High	nest	Com	ens	ated Employees	(continued)			
	. (A) '	(B)			(C))			(D)	(E)		(F)	
	Name and title	Average	Position apply)	on (cl	heck	all tha	at		Reportable	Reportable	E	stimate	:d
		hours		T.		Кe	Нсе	F	compensation	compensation	а	mount o	of
		per	l t d		O f	e m		0	from the	from		other	-4
		week	l' se	i s	1	ур	g p P h e I	r m	organization	related organizations	1	mpensa from th	
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			c eo	¦ e	r	e	s s y t t e		(***211033-111100)	(17-2) 1033-111100)		and rela	
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15	Total · · · · · · · · · · · · · · · · · · ·	<u> </u>			<u> </u>		L		0				
2	Total number of individuals (including those in 1a) who	o received a	agra th	· · ·	: .	• • •	· · ·	P		<u> </u>			0
2	organization	o received fi	nore un	an a) I U	,,000	ın re	porta	bie compensation	tiom the			(
	organization P											Yes	No
3	Did the organization list any former officer, director or	r trustee, ke	v empl	ove	e. oi	r hial	hest c	ompe	ensated				
	employee on line 1a? If "Yes," complete Schedule J fo			-		_		-			3		Х
4	For any individual listed on line 1a, is the sum of report												<u> </u>
	the organization and related organizations greater tha												
	individual										4		Х
5	Did any person listed on line 1a receive or accrue con	npensation f	rom ar	ny u	nrel	ated	organ	ıızatıd	on for				
	services rendered to the organization? If "Yes," compl	lete Schedu	le J for	rsuc	ch p	erso	n · ·	• •			5		Х
	ction B. Independent Contractors												
1	Complete this table for your five highest compensated	l independer	nt cont	ract	ors	that	receiv	ed m	ore than \$100,00	0 of			
	compensation from the organization												
	(A)								(B)			(C)	
	Name and business address	5							Description of s	services	Compe	ensatior	n
	,												
	Lette -		 -										
									 				
									 	- -			
2	Total number of independent contractors (including the	ose in 1) wh	o rece	ived	i mo	re th	nan \$1	00,00					
	compensation from the organization ▶	,						•					

Part \	/!!!	Statement of Revenue					
		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · 1a			Tevenue		312, 313, 01 314
Cgoa	ь		49,726				
nfhotteu	1		49,726				
rs,rn ı t	C	Fundraising events · · · · · · · 1c		İ			
bgss uri	d	Related organizations · · · · · · · 1d					
tam	е	Government grants (contributions) · · 1e					
ot I nsa	f	All other contributions, gifts, grants, and					
s, r a		similar amounts not included above • • • • 1f					
ų u	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f · · · · · · · · · · · · · · · · · · ·	• • • • • •	49,726			
			Business Code				
PSR	2a						
гее	b						
orv gve	С						
r i n a c u	d					-	
m e e	е						
		All other program service revenue • • • • • • •					
	g	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·	• • • • • •				
	3	Investment income (including dividends, interest, a	and		ļ		
		other similar amounts) • • • • • • • • • • • • • • • • • • •	+	74,522	74,522		
:	4	Income from investment of tax-exempt bond proce	-				
	5	Royalties	• • • • • ▶				
	_	(i) Real	(ii) Personal				
		Gross Rents · · · · · ·					
_		Less rental expenses · · · ·					
		Rental income or (loss) • • •					
	d	Net rental income or (loss)	• • • • • •				
-	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 1,680,824					
	b	Less cost or other basis					
0		and sales expenses • • • 1,973,418					
t		Gain or (loss) (292,594)					
h e		Net gain or (loss)	• • • • • •	(292,594	(292,594)	
r	8a	Gross income from fundraising					
R		events (not including \$					
e		of contributions reported on line 1c)					•
٧	_	See Part IV, line 18 · · · · · · · a		j			
e n		Less direct expenses · · · · · · b					
u	С	Net income or (loss) from fundraising events • •	• • • • • •				
е	9a	Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · a					
		Less direct expenses · · · · · · · b					
	C	Net income or (loss) from gaming activities · · ·	• • • • • •				
	10a	Gross sales of inventory, less					
		returns and allowances · · · · · · · a					
		Less cost of goods sold · · · · · · · b					
	С	Net income or (loss) from sales of inventory · · ·					
	11-	Miscellaneous Revenue DIRECTORY	Business Code	670	670		
		·		679	679		
	D ^	C-NOTE CONTRIBUTION		10,172	10,172		
	נ	All other revenue					
		All other revenue		10 051			
		Total. Add lines 11a-11d	· +	10,851			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8		(157 405	/207 221	` ~	,
		9c, 10c, and 11e • • • • • • • • • • • • • • • • • •	• • • • • •	(157,495	(207,221	, 0	0

Part IX Statement of Functional Expenses

Form 990 (2008)

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (B) Program service Do not include amounts reported on lines 6b, (A) Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 115,541 115,541 2 Grants and other assistance to individuals in the U.S. See Part IV. line 22 · · · · · · · · Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 10 Fees for services (non-employees) b С Accounting d Professional fundraising services See Part IV, line 17 • f g 12 Advertising and promotion Office expenses 13 14 15 16 17 28,536 28,536 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings · · · · · · 20 21 22 Depreciation, depletion, and amortization 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) RITUAL EXPENSE 1,060 1,060 GIFTS, BADGES, AWARDS 1,263 1,263 OFFICE 2,968 2,968 С PUBLIC RELATIONS 150 150 INSURANCE 2,842 2,842 25 Total functional expenses. Add lines 1 through 24f · · 152,360 152,360 0 0 26 Joint Costs Check here ▶ If following \ SOP 98-2 Complete this line only if the organization organization reported in column (B) joint costs from a combined educational campaign and

1 Cash - non-interest-bearing Boginning of year End year	Pa	rt X	Balance Sheet					
1			,			•	•	
2 Savings and temporary cash investments				. 				
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Accounts receivable, net 4 4 Accounts receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 6 Receivables from the disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B). Complete 8 7 Notes and loans receivable, net 7 7 Notes and loans receivable, net 7 7 Notes and loans receivable, net 7 7 7 7 7 7 7 7 7		1						
4 Accounts receivable, net 5 Receivables from current and former officers, directors, trusfees, key employees, or other related parties. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958()(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Praped dexpenses and deferred charges 9 Part II of Schedule L 10 Land, buildings, and equipment cost basis 10 Land, buildings, and equipment cost basis 10 Land, buildings, and equipment cost basis 10 Land, buildings, and equipment cost basis 11 Investments - publicy traded securities 12 Investments - other securities 13 Investments - other securities 14 Intangolie assets 15 Other assets See Part IV, line 11 15 Interestments - publicy traded securities 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 177 18 Cristia payable 19 Determed revenue 35,896 19 34,590 20 Tax-except bond liabilities 21 Escriva account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, fursites, key employees, nighest compensated employees, and disqualified persons Complete Part IV of Schedule D 23 Secured mortgages and notes payable to unrelated third parties 24 Unexcerved notes and former officers, directors, fursites, key employees, nighest compensated employees, and disqualified persons Complete Part IV of Schedule D 25 Total liabilities. Add lones 71 Whough 25 26 Other liabilities Complete Part IV of Schedule D 27 Temporarily restricted not assets 29 Organizations that of not follow SFAS 117, check here 2 (and complete lines 20 through 24) and single part of complete lines 20 through 34 29 Permanently restricted not assets 20 Capanizations that do not follow SFAS 117, check here 2 (and complete lines 30 through 34) 31 Total liabilities. Add lines 71 Whough 25 31 Total not payable and assets and Reporting 1 Accounts and the assets for through		i		94,171	 	1	04,9	108
S Recevables from current and former officers, furestors, key employees, or other related partners. Complete Part II of Schedule L					 			
## Complete Part I of Schedule L 5 ## Complete Part I of Schedule L 6 ## Part I of Schedule L 6 ## Part I of Schedule L 7 ## Part I of Schedule D 9 ## Part I of Schedule D 10a ## Pa			<u> </u>		4			
6 Receivables from other disqualified persons (as defined under section		5	· ·		_			
A			La contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la		5			
Part II of Schedule L 6 8		6						
A 7 Notes and loans receivable, net								
S Newtones for sale or use		7			 			
Prepard expenses and deferred charges	_				 	 -	-	
10a Land, buildings, and equipment cost basis 10a	е		<u> </u>					
b Less accumulated depreciation Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Intangible assets 14 Intangible assets 14 Intangible assets 15 Other assets See Part IV, line 11 16 Other assets See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule D 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Permanently restricted net assets 20 Permanently restricted net assets 21 Part IV of Complete Part IV of Schedule D 22 Payables to organizations that follow SFAS 117, check here 29 Permanently restricted net assets 20 Permanently restricted net assets 20 Permanently restricted net assets 20 Permanently restricted net assets 21 Part IV of Complete Part IV of					1 9			
Part VI of Schedule D	3	1 .						
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12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 15 13 Investments - program-related See Part IV, line 15 14 Intangible assets 14 14 15 15 15 15 15 15		11	<u> </u>	2 026 342	 	1 7	76 2	78
13 Investments - program-related See Part IV, line 15			· · · ·	2,020,342			, 0 , 2	
14 Intangible assets 14 15			L. C. C. C. C. C. C. C. C. C. C. C. C. C.		 			
15 Other assets See Part IV, line 11			 		 			
16 Total assets. Add lines 1 through 15 (must equal line 34) 2,243,535 16 1,931,373 17 Accounts payable and accrued expenses 17 18 18 19 19 19 19 19 19			<u> </u>	······································	 			
17		16	<u>'</u>	2,243,535		1.9	31.3	73
18 Grants payable		17		, ,	+		,_	
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20	L	19	Deferred revenue • • • • • • • • • • • • • • • • • • •	36,896	19		34,5	90
b 21 Escrow account liability Complete Part IV of Schedule D 21	i	20	Tax-exempt bond liabilities		20			
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persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable	į	22	Payables to current and former officers, directors, trustees, key					
Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117, check here 28 Tomography and lines 27 through 29, and lines 33 and 34. 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117, check here 31 Organizations that do not follow SFAS 117, check here 32 Organizations that do not follow SFAS 117, check here 33 Organizations that do not follow SFAS 117, check here 34 Organizations that do not follow SFAS 117, check here 35 Organizations that do not follow SFAS 117, check here 36 Organizations that do not follow SFAS 117, check here 39 Organizations that do not follow SFAS 117, check here 30 Organizations that do not follow SFAS 117, check here 31 Organizations that do not follow SFAS 117, check here 32 Organizations that do not follow SFAS 117, check here 33 Organizations that do not follow SFAS 117, check here 30 Organizations that do not follow SFAS 117, check here 31 Organizations that do not follow SFAS 117, check here 32 Organizations that do not follow SFAS 117, check here 33 Organizations that do not follow SFAS 117, check here 34 Organizations that do not follow SFAS 117, check here 35 Organizations that do not follow SFAS 117, check here 36 Organizations that do not follow SFAS 117, check here 39 Part XI Paid-In or capital surplus, or current funds 30 Organizations that do not follow SFAS 117, check here 30 Organizations that do not follow SFAS 117, check here 30 Organizations that do not follow SFAS 117, check here 30 Organizations that do not follow SFAS 117, check here 30 Organizations that do not follow SFAS 117, check here 30 Organizations that do not follow SFAS 117, check here 30 Organizations that do not follow SFAS 117, check here 30 Organizations that do not follow SFAS 117, check here 30 Organizations that do not	i		employees, highest compensated employees, and disqualified					
S 24 Unsecured notes and loans payable 25 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 36,896 26 34,590 Organizations that follow SFAS 117, check here▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 180,297 27 120,505 A 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117, check here▶ 31 and complete lines 30 through 34. 28 Temporarily restricted net assets 30 Organizations that do not follow SFAS 117, check here▶ 31 and complete lines 30 through 34. 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117, check here▶ 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Total net assets or fund balances 2,206,639 33 1,896,783 34 Total liabilities and net assets/fund balances 2,206,639 33 1,896,783 34 Total liabilities and net assets/fund balances 2,243,535 34 1,931,373 Part XI Financial Statements and Reporting Yes № Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X Were the organization's financial statements audited by an independent accountant? 2b X C if "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Vertices of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Vertices of the audit, review, or compilation of its financial statements and selection	t	ļ	persons Complete Part II of Schedule L		22			
25 Other liabilities Complete Part X of Schedule D	e	23	Secured mortgages and notes payable to unrelated third parties		23			
26 Total liabilities. Add lines 17 through 25	s	24	· •		24			
Organizations that follow SFAS 117, check here \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		25	Other liabilities Complete Part X of Schedule D · · · · · · · · · · .		25			
N F e u 1 27 Unrestricted net assets		26		36,896	26		34,5	90
e u d t n d d		ļ						
t n d d 28 Temporarily restricted net assets		1						
d 28 Temporarily restricted net assets		-		180,297	27	1	20,5	05
S B a and complete lines 30 through 34. t a 30 Capital stock or trust principal, or current funds	d	28	h					
s a l and complete lines 30 through 34. t a 30 Capital stock or trust principal, or current funds			<u> </u>	2,026,342	29	1,7	76,2	78
t a s n 30 Capital stock or trust principal, or current funds	s a							
S n C 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 2,206,639 33 1,896,783 34 Total liabilities and net assets/fund balances 2,243,535 34 1,931,373 34 Total liabilities and net assets/fund balances 2,243,535 34 1,931,373 34 Total liabilities and Reporting 32 7 Part XI Financial Statements and Reporting 32 7 Part XI Financial Statements and Reporting 33 Notation of the Financial Statements compiled or reviewed by an independent accountant? 34 Yes Notation of If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 35 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		20	-		امُما			
o e r s 32 Retained earnings, endowment, accumulated income, or other funds		i	· · ·					
Total net assets or fund balances			<u>1</u>					
34 Total liabilities and net assets/fund balances			<u> </u>	2 225 522		1.0	06.5	
Part XI Financial Statements and Reporting 1 Accounting method used to prepare the Form 990 X Cash Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b X c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			_			•		
Accounting method used to prepare the Form 990 X Cash Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant?	Pa		···	2,243,535	34	1,9	31,3	13
Accounting method used to prepare the Form 990 X Cash Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant?	Га		Financial Statements and Reporting				Vac	
Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accour	nting method used to prepare the Form 990 X Cash Accrual Othe	r			res	NO
b Were the organization's financial statements audited by an independent accountant?	2a					. 2a		Y
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	b							
the audit, review, or compilation of its financial statements and selection of an independent accountant?	С							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			·	•		. 2c		
# O A # A # A O P O A # O O	3a							
						3a		Х
b If "Yes," did the organization undergo the required audit or audits?	b	If "Yes,	" did the organization undergo the required audit or audits?			3b		

SCHEDULE A (Form 990 or 990-EZ)

ublic Charity Status and Public __pport

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.

OMB No 1545-0047 **2008**

Open to Public

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization IDAHO STATE ELK'S ASSOCIATION INC 82-6012059 Reason for Public Charity Status (All organizations must complete this part) (see instructions) Part I The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(II) (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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), (see instructions) 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 Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No Yes and (iii) below, the governing body of the supported organization? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the organizations the organization supports

(ī) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organ in col (i) listed in governing docu	n your	(v) Did yo the organiza (i) of your	tion in col	(i) organize	tion in col	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
									
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			-						····
al									

SCHEDULE C (Form 990 or 990-EZ)

intical Campaign and Lobbyingivities

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

2008

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Inspection If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-B

	e organization answered "Yes," to Fori Section 501(c)(4), (5), or (6) organization	, , , , , , , , , , , , , , , , , , , ,	en		
	me of organization	is complete rait in		Employer is	lentification number
	OAHO STATE ELK'S ASSOCIATION	INC		82-601	
Pa	To be completed by a See the instructions for Sche	Ill organizations exempt unde	er section 501(c) and section 527 o	organizations.
1	Provide a description of the organization				
2	Political expenditures				
3	Volunteer hours · · · · · · · · · · · · · · · · · · ·				
Pa	rt I-B To be completed by a See the instructions for Sche	all organizations exempt unde	er section 501(c)(3).	·
1	Enter the amount of any excise tax incu				
2	Enter the amount of any excise tax incu	· -			
3	If the organization incurred a section 49				· Yes No
4a	Was a correction made?				
b	If "Yes," describe in Part IV				
Pa	rt I-C To be completed by a See the instructions for Sche	all organizations exempt unde	er section 501(c), except section 5	01(c)(3).
1	Enter the amount directly expended by	***************************************		17.70.11	
	activities • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • •	
2	Enter the amount of the filing organizati	on's funds contributed to other organiz	ations for section		
	527 exempt function activities • • • •			• • • • • • • • • • • • • • • • • • •	
3	Total of direct and indirect exempt funct	tion expenditures. Add lines 1 and 2 and	d enter here and		
	on Form 1120-POL, line 17b · · · ·	. 	. .	• • • • • • • • • • • • • • • • • • •	
4	Did the filing organization file Form 112	0-POL for this year? • • • • • • •		· · · · · · · · · · · · · · · · · · ·	· Yes No
5	State the names, addresses and emplo	yer identification number (EIN) of all se	ection 527 political	organizations to which pay	ments
	were made. Enter the amount paid and	indicate if the amount was paid from the	ne filing organizatio	n's funds or were political	
	contributions received and promptly and	d directly delivered to a separate politic	al organization, suc	ch as a separate segregat	ed
	fund or a political action committee (PA	C) If additional space is needed, provi	de information in P	art IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-

D				だのイノベンノスト ぐにっと ぞにし		
Par	rt ii-A To be completed by organiz (election under section 501)	ations exempt	t under section	C for details	ed Form 5768	
	Check Inf the filing organization belongs to			O for details		
	Check In the filing organization checked b			nlv		
	THE TIME OF STREET	ox /	control provisions ap	Pig	(a) Films	(h) Affiliated
	Limits on Lobb	ying Expenditure	es		(a) Filing organization's	(b) Affiliated group totals
	(The term "expenditures" n	neans amounts pa	aid or incurred.)		totals	9.025 10.0,0
1a	Total lobbying expenditures to influence public of	ninion (grass roots	lobbying)		······································	
b	Total lobbying expenditures to influence a legisla			}-		<u> </u>
c	Total lobbying expenditures (add lines 1a and 1b	• •	,	}-		
d	Other exempt purpose expenditures	•		<u> </u>	·	-
e	Total exempt purpose expenditures (add lines 1)			}-	·	
f	Lobbying nontaxable amount Enter the amount	•				-
•	, -	nom the following	table in both			
Г	columns	The John dies		<u> </u>		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	20% of the an	nontaxable amoun nount on line 1e	t is:		
ļ	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	/er \$1,500,000		
	Over \$17,000,000	\$1,000,000	······································			
	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10				
g	Grassroots nontaxable amount (enter 25% of lin			L.		
g h	Subtract line 1g from line 1a Enter -0- if line g is	more than line a				
	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is it	more than line a more than line c •		• • • • • • • • • • • • • • • • • • • •		
	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is i If there is an amount other than zero on either lin	more than line a more than line c - ne 1h or line 1i, did	the organization file	Form 4720 reporting		
	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is it	more than line a more than line c - ne 1h or line 1i, did	the organization file	Form 4720 reporting		· Yes
	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is in If there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - le 1h or line 1i, did - · · · · · · · · · · · · · · · · · ·	the organization file	Form 4720 reporting	all of the five	· Yes
	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is in If there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - le 1h or line 1i, did	the organization file	Form 4720 reporting on 501(h) It have to complete	all of the five	· Yes
	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is in If there is an amount other than zero on either line section 4911 tax for this year? 4. (Some organizations that columns below. Substitution of the section section section section section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a throu	Form 4720 reporting	all of the five tions.)	
	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is it If there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - le 1h or line 1i, did	the organization file Period Under Section (h) election do not for lines 2a through	Form 4720 reporting on 501(h) It have to complete	all of the five	· Yes (e) Total
	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is in If there is an amount other than zero on either line section 4911 tax for this year? 4. (Some organizations that columns below. Substitution of the section section section section section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a throu	Form 4720 reporting	all of the five tions.)	
h i j	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is i If there is an amount other than zero on either lin section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a throu	Form 4720 reporting	all of the five tions.)	
h i j	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is it If there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a throu	Form 4720 reporting	all of the five tions.)	
h i j	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is i If there is an amount other than zero on either lin section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a throu	Form 4720 reporting	all of the five tions.)	
h i j	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is if there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a throu	Form 4720 reporting	all of the five tions.)	
h i j	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is it If there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a throu	Form 4720 reporting	all of the five tions.)	
h i j	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is if there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a throu	Form 4720 reporting	all of the five tions.)	
h i j	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is if there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a throu	Form 4720 reporting on 501(h) It have to complete Igh 2f of the instruc	all of the five tions.)	
h i j	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is it If there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a throu	Form 4720 reporting on 501(h) It have to complete Igh 2f of the instruc	all of the five tions.)	
h i j	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is if there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a through	Form 4720 reporting on 501(h) It have to complete Igh 2f of the instruc	all of the five tions.)	
h i j 2a b c	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is if there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a through	Form 4720 reporting on 501(h) It have to complete Igh 2f of the instruc	all of the five tions.)	
h i j	Subtract line 1g from line 1a Enter -0- if line g is Subtract line 1f from line 1c Enter -0- if line f is it If there is an amount other than zero on either line section 4911 tax for this year?	more than line a more than line c - lie 1h or line 1i, did	the organization file Period Under Section O1(h) election do no ns for lines 2a through	Form 4720 reporting on 501(h) It have to complete Igh 2f of the instruc	all of the five tions.)	

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	5768 (election under section 501(h)). See the instructions for Schedule C for details		(a)	(b)
		Yes	No	Amour
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			-
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? • • • • • • • • •			
С	Media advertisements? • • • • • • • • • • • • • • • • • • •			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?		1	
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities? If "Yes," describe in Part IV			
į	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912		1	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? • • • • • • • • • • • • • • • • • • •			
Pa	To be completed by all organizations exempt under section 501(c)(4), section section 501(c)(6). See the instructions for Schedule C for details	501((c)(5)	, or
	Section 30 Ne/to).			Yes
l	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? • • • • • • • • • • • • • • • • • •			2
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
Pa	rt III-B To be completed by all organizations exempt under section 501(c)(4), section			or
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR			
	question 3 is answered "Yes." See Schedule C instructions for details			-,
1	Dues, assessments and similar amounts from members • • • • • • • • • • • • • • • • • • •		1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).		1	
а	Current year · · · · · · · · · · · · · · · · · · ·		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
ļ	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		-	
	expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) · · · · · · · · · · · · · · · · · ·		5	
วล	rt IV Supplemental Information			·
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line	ne 1ı		
Iso	complete this part for any additional information			
-				_
				
_				
_				
_				
_				,

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial State...s..s

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047

Employer identification number

2008

Open to Public answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12 Inspection

Name	of the organization		rfication number
IDA	HO STATE ELK'S ASSOCIATION		12059
Pa	Organizations Maintaining Donor A the organization answered "Yes" to Form 990,	dvised Funds or Other Similar Funds or Accounts. Part IV, line 6	Complete if
		(a) Donor advised funds (b) Funds ar	nd 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 advis		
	funds are the organization's property, subject to the or	ganization's exclusive legal control?	· · · · L Yes L No
6	Did the organization inform all grantees, donors, and o		
	used only for charitable purposes and not for the bene		——————————————————————————————————————
			· · · · Yes No
Pa		if the organization answered "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the org	_	
	Preservation of land for public use (e g , recreation		nd area
	Protection of natural habitat	Preservation of certified historic structure	
_	Preservation of open space	the state of the s	
2	-	ed conservation contribution in the form of a conservation easement	
	on the last day of the tax year	Lold	at the End of the Year
_	Total number of conservation easements · · · · · ·	Į Į	at the End of the Tear
a b	Total acreage restricted by conservation easements •		
C	Number of conservation easements on a certified hist		
d	Number of conservation easements included in (c) ac		
3		red, released, extinguished, or terminated by the organization during	
Ŭ	the taxable year	rea, released, extinguished, or terminated by the organization during	9
4	Number of states where property subject to conservat	ion easement is located	
5	Does the organization have a written policy regarding		
			· · · · Yes No
6	Staff or volunteer hours devoted to monitoring, inspec		
7	Amount of expenses incurred in monitoring, inspecting		•
8	Does each conservation easement reported on line 20		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		· · · · Yes No
9	In Part XIV, describe how the organization reports cor	servation easements in its revenue and expense statement, and	
	balance sheet, and include, if applicable, the text of the	e footnote to the organization's financial statements that describes	
	the organization's accounting for conservation easeme	ents -	
Pa	<u>t III</u> Organizations Maintaining Collection Complete If the organization answered "Yes"	tions of Art, Historical Treasures, or Other Similar A to Form 990. Part IV. line 8	Assets.
1a		116, not to report in its revenue statement and balance sheet works	of
		r public exhibition, education, or research in furtherance of public se	
	provide, in Part XIV, the text of the footnote to its final		
b		116, to report in its revenue statement and balance sheet works of a	urt,
		blic exhibition, education, or research in furtherance of public service	
	provide the following amounts relating to these items	•	
	(i) Revenues included in Form 990, Part VIII, line 1		\$
2		rical treasures, or other similar assets for financial gain, provide the	
	following amounts required to be reported under SFAS	-	
а			\$
b			

Sched	ule D (Form 990) 2008 IDAHO STAT	'S ASSOCIATION	INC			82	2-601205	9	Page 2
Pai	rt III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, or	Other Simi	lar Asse	ts (contin	ued)
3	Using the organization's accession and other re-								
	items (check all that apply)								
а	Public exhibition	d Loa	n or excha	nge progra	ams				
b	Scholarly research	e 🔲 Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain h	low they fo	irther the o	organization's ex	cempt purpose	เก		
	Part XIV								
5	During the year, did the organization solicit or r								
	assets to be sold to raise funds rather than to be							Yes	No
Pa	rt IV Trust, Escrow and Custodi	al Arrangement	s. Comp	lete if orga	anization answei	red "Yes" to Fo	rm 990,		
	Part IV, line 9, or reported an amou	nt on Form 990, Par	t X, line 21				· · · · · · · · · · · · · · · · · · ·	W	
1a	Is the organization an agent, trustee, custodiar								
	ıncluded on Form 990, Part X? • • • • • •					• • • • • •		Yes	No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the folio	owing table)					
							Amou	nt	
С	Beginning balance · · · · · · · · · · · · · · · · · · ·		• • • • •	• • • • •		1c			
d	Additions during the year • • • • • • • •		• • • • •	• • • • •		1d			
е	Distributions during the year		• • • • •	• • • • •		1e			
f	Ending balance · · · · · · · · · · · · · · · · · · ·					1f			
2a	Did the organization include an amount on For	m 990, Part X, line 2	17 • • •	• • • • •		• • • • • • •		Yes	No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	if organization answ	ered "Yes	to Form 9	990, Part IV, line	10			
		(a) Current Year	(b) Pri	or Year	(c) Two Years Ba	ack (d) Three Y	ears Back	(e) Four Yea	s Back
1a	Beginning of year balance · · · · · · ·								
b	Contributions · · · · · · · · · · · · · · · · · · ·				<u> </u>			·	
С	Investment earnings or losses • • • • • •	·							
. d	Grants or scholarships • • • • • • • • • • • • • • • • • • •								
е	Other expenditures for facilities					İ			
	and programs · · · · · · · · · · · · · · · · · · ·				. <u>-</u>				
f	Administrative expenses - · · · · · · ·								
g	End of year balance					<u> </u>			
2	Provide the estimated percentage of the year e								
a	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	ion of the organization	on that are	held and	administered for	r the		<u> </u>	
	organization by							Yes	No
	(i) unrelated organizations · · · · · · · · ·							3a(i)	
_	(ii) related organizations							3a(ii)	+
	If "Yes" to 3a(ii), are the related organizations if	· · · · · · · · · · · · · · · · · · ·						3b	
4	Describe in Part XIV the intended uses of the d				OO Ded V line (10		_	
Pa	t VI Investments - Land, Buildi	<u>ngs, anα Equipi</u>	ment. 🤏	ee Foim 9	90, Part X, line	10	·		
	Description of investment	(a) Cost or oth			t or other (other)	(c) Depreciation		(d) Book valu	
1a	Land	• • •							
b	Buildings · · · · · · · · · · · · · · · · · · ·	• • •							
С	Leasehold improvements · · · · · · · · ·	• • •							
d	Equipment	• • •				·			
е	Other · · · · · · · · · · · · · · · · · · ·								
Tota	. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B), lır	e 10(c))		• • • • • • •	· >		

uncertain tax positions under FIN 48

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
	(a) Description of security or category	(b) Book value	(c) Method of valuati	on
	(including name of security)		Cost or end-of-year marke	et value
Financial deriva	atives and other financial products · · · · ·	•		
Closely-held ed	juity interests	•		
Other				
-				
Total (Column (h) should equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13		
Fait VIII	(a) Description of investment type	(b) Book value	(c) Method of valuat	inn
	(a) Description of investment type	(b) Book value	Cost or end-of-year marke	
			Cost of end-of-year mark	t value
		 		
			·	
-				
~				
) should equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, lir			
		Description		(b) Book value
PREPAID EX	PENSES			
				<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) * * *		<u> </u>	
Part X	Other Liabilities. See Form 990, Part X	, line 25		
_	(a) Description of liability	(b) Amount		
Federal income	e taxes			
			_}	
			7	
			7	
			7	
Total (Column 1)) should equal Form 990, Part X, col (B) line 25)		7	
	ovide the text of the footnote to the organization		orts the organization's liability for	

Sched	dule D (Form 990) 2008 IDAHO ST _K'S ASSOCIATION INC	82-6012059	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		· · · · · ·
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 · · · · · · · · · · · · · · · · · ·	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue 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 • • • • • • • • • • • • • • • • • • •	-	
С	Recoveries of prior year grants		
ď	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·	-	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·		
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 · · · · · · · · 4a		
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)		
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements · · · · · · · · · · · · · · · · · · ·	1	·
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	 	
.	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·		
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
. с	Losses reported on Form 990, Part IX, line 25 · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·		
e	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 · · · · · · · · 4a		
	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		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	b	
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	-	
		- 	-
	-		<u>_</u>
			* -
			

OMB No 1545-0047	2008	Open to Public	Inspection	Employer identification number	12059		[]	X res	on	▲ ::::::::::::::::::::::::::::::::::::	(h) P.	SUPPORT									Schedule I (Form 990) 2008
				Employer ide	82-6012059			•	/ered "Yes"		(g)Description of non-cash assistance										
ons,	.	or 22.							e if the organization answ than \$5,000. Use		(f) Method of valuation (book, FMV, appraisal,										
and Other Assistance to Organizations	Governments, and Individuals in the U.S	► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.					' eligibility for the grants	of grant funds in the United States	ed States. Complete recipient received more		(e) Amount of non-cash assistance										EEA
r Assistance	s, and Individ	ered "Yes," on Forn	Attach to Form 990.				sistance, the grantees	in the United States	tions in the Unit		(d) Amount of cash grant	113.235									
Grants and Othe	Governments	the organization answ	► Atta			ınce	ount of the grants or ass	the use of grant funds	nts and Organizat	s needed	(c) IRC section if applicable	N/A								zations	structions for Form 990.
D		► Complete if			NC	rants and Assista	to substantiate the amo	grants or assistance / ocedures for monitoring	nce to Governme	0) if additional space is	(b) EIN	82-0302317								ind government organiz	Act Notice, see the In
SCHEDULE I	(Form 990)	Denartment of the Treasury	Internal Revenue Service	Name of the organization	IDAHO STATE ELK'S ASSOCIATION INC	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	Part II 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 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	1 (a) Name and address of organization or government	IDAHO ELK'S REHAB HOSPITAL	1					•		1	3 Enter total number of other organizations

Schedule I (Form 990) 2008 (f) Description of non-cash assistance 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 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

Page 2

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IDAHO STATE ELK'S ASSOCIATION INC

Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

applemental Information to F

990

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Open to Public Inspection

Employer identification number

82-6012059 IDAHO STATE ELK'S ASSOCIATION INC 01. General explanation attachment PART I (1) AND PART III (1) MISSION OF ORGANIZATION - A CHARITABLE ORGANIZATION HELPING FUND THE OPERATIONS OF THE ELKS REHAB. HOSPITAL IN BOISE, ID AND TO HELP FUND YOUTH ACTIVITIES IN IDAHO. BOTH ENTITIES RECEIVING THE FUNDS ARE 501(C) 3 ENTITIES. THE MISSION OF THE ISEA, INC. IS ALSO TO FOSTER A SPIRIT OF FELLOWSHIP IN AND AMONG THE INDIVIDUAL ELKS LODGES WITHIN THE STATE OF IDAHO. OTHER INFORMATION - THE ISEA, INC. IS A CHARITABLE ORGANIZATION UNDER 501(C)8. REVENUES AND EXPENDITURES ARE RECOGNIZED ANNUALLY ON A FISCAL YEAR OF MAY 31ST. GAINS AND LOSSES ON SECURITIES ARE REPORTED CONSISTENTLY WITH IRS REGULATIONS. THERE IS NO REQUIREMENT FOR THE ENTITY TO FILE A FORM 990-T. THE ORGANIZATION IS WORKING ON ESTABLISHING VARIOUS POLICIES AND PROCEDURES THAT WILL HELP THE ORGANIZATION.