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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning 10/1/2008, and ending 9/30/2009	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Name of organization Colorado Elks Association Charities, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 4101 West 4th Street Road City, town, or country State ZIP + 4 Greeley COLORADO 80634-1438
D Employer identification number 84-1243937	E Telephone number 720-290-2300
F Group Exemption Number . . . ► 1156	
G Accounting method: ☐ Cash ☒ Accrual Other (specify) ►	
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► gt2227@msn.com	
J Organization type (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 231,986	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	209,045
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	22,941
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
Expenses	6b	Less: direct expenses other than fundraising expenses	6b	0
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe ►)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	231,986
	10	Grants and similar amounts paid (attach schedule)	10	208,064
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe ► See attached statement)	16	3,147	
17	Total expenses. Add lines 10 through 16	17	211,211	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,775
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	472,479
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	493,254

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)			
	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	690,199	22	501,375
23 Land and buildings	0	23	0
24 Other assets (describe ► Prepaid Expenses)	2,061	24	2,196
25 Total assets	692,260	25	503,571
26 Total liabilities (describe ► See attached statement)	219,781	26	10,317
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	472,479	27	493,254

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

Form 990-EZ (2008)

(HTA)

SCANNED FEB 02 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**

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

What is the organization's primary exempt purpose? Charity

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

- 28** Scholarships: There was 100 individual scholarships awarded to Universities, Colleges and Technical schools. These were awarded via the Schools.
There were no loans made.

(Grants \$ 60,000) If this amount includes foreign grants, check here ☐**28a** 60,000

- 29** Laradon Hall Society for Exceptional Children and Adults. This is a 501(c)3 Org.
This is our State Elks Major project

(Grants \$ 55,209) If this amount includes foreign grants, check here ☐**29a** 55,209

- 30** Clem Audin Fund:

A total of 72 cash grants via Lodge chairman to take care of developemental, educational and personal needs for children under 18 years of age.

(Grants \$ 30,741) If this amount includes foreign grants, check here ☐**30a** 30,731

- 31** Other program services (attach schedule)

(Grants \$ 11,762) If this amount includes foreign grants, check here ☐**31a** 62,124

- 32** Total program service expenses. (add lines 28a through 31a)

32 208,064**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>Raymond Ross</u>	Str <u>9604 Tall Trees Drive</u>	Title <u>Pres</u>			
City <u>Colo. Springs</u>	ST <u>CO</u> ZIP <u>80920</u>	Hr/WK <u>6.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>George Uhland</u>	Str <u>915 West 3rd Street</u>	Title <u>1st V.P.</u>			
City <u>Florence</u>	ST <u>CO</u> ZIP <u>81226</u>	Hr/WK <u>2.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jerry Hilzer</u>	Str <u>927 Nancy Street</u>	Title <u>2nd V.P.</u>			
City <u>Ft. Morgan</u>	ST <u>CO</u> ZIP <u>80701</u>	Hr/WK <u>2.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>John D Amen</u>	Str <u>15128 Wagon Wheel</u>	Title <u>3rd V.P.</u>			
City <u>Brighton</u>	ST <u>CO</u> ZIP <u>80603</u>	Hr/WK <u>2.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>William St. John</u>	Str <u>528 Braoadway Street</u>	Title <u>Sec</u>			
City <u>Sterling</u>	ST <u>CO</u> ZIP <u>80751</u>	Hr/WK <u>8.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Glenn Tiemann</u>	Str <u>8235 Elati Street</u>	Title <u>Treas</u>			
City <u>Denver</u>	ST <u>CO</u> ZIP <u>80221</u>	Hr/WK <u>6.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>James Luckow</u>	Str <u>2808 Ridge Road</u>	Title <u>Trustee</u>			
City <u>Nederland</u>	ST <u>CO</u> ZIP <u>80466</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Leroy Morris</u>	Str <u>3443 S CR 217</u>	Title <u>Trustee</u>			
City <u>Deer Trail</u>	ST <u>CO</u> ZIP <u>80105</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Ronald Carpenter</u>	Str <u>P.O. Box 128</u>	Title <u>Trustee</u>			
City <u>Creede</u>	ST <u>CO</u> ZIP <u>81130</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>James Vitale</u>	Str <u>3600 S Pierce St #4</u>	Title <u>Trustee</u>			
City <u>Lakewood</u>	ST <u>CO</u> ZIP <u>80235</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Terry Swanton</u>	Str <u>751 Garfield Ave</u>	Title <u>Trustee</u>			
City <u>Carbondale</u>	ST <u>CO</u> ZIP <u>81623</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Dianna Curtis</u>	Str <u>P.O. Box 956</u>	Title <u>Trustee</u>			
City <u>Olathe</u>	ST <u>CO</u> ZIP <u>81425</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Piper Holton</u>	Str <u>P.O. Box 552</u>	Title <u>PSP</u>			
City <u>Hotchkiss</u>	ST <u>CO</u> ZIP <u>81419</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities. ▶ 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶ NONE		
42 a	The books are in care of ▶ Name Glenn Tiemann Telephone no. ▶ 720-290-2300 Located at ▶ 8235 Elati Street City Denver ST CO ZIP + 4 ▶ 80221-4477		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
		44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
		45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

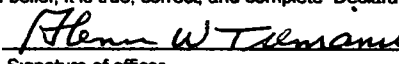
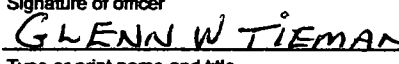
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization(s) a section 527 organization?	49b	

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Total number of other employees paid over \$100,000 ►	0	0	0	0

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 ►	0	0

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	 Signature of officer		Date <u>1-19-2010</u>		
Paid Preparer's Use Only	Preparer's signature  Type or print name and title. <u>GLENN W. TIEMANN, TREASURER.</u>		Date _____	Check if self-employed ☐	Preparer's Identifying Number (See instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP +4 _____		EIN _____	Phone no. _____	

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

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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Colorado Elks Association Charities, Inc.

Employer identification number

84-1243937

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

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

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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.")	173,069	186,889	189,409	191,885	209,045	950,297
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	173,069	186,889	189,409	191,885	209,045	950,297
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.						950,297

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	173,069	186,889	189,409	191,885	209,045	950,297
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,118	25,451	29,730	25,140	22,941	126,380
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						1,076,677
12 Gross receipts from related activities, etc. (see instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	88.26%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	87.40%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒		
b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐		
b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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.")	0	0	0			0
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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b 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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%
19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV

Supplemental Information. Complete this part to provide the 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)

Area for supplemental information with horizontal dashed lines.

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	209,045
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events).	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	209,045

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	22,941
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	22,941

○

[illegible]

Part I, Line 16 (990-EZ) - Other Expenses

3,147

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	1,085
7	Interest	7	
8	Supplies	8	635
9	Telephone	9	962
10	Unrelated business income taxes	10	0
11	Bank Charges	11	141
12	Internet Service	12	324
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

2,061

2,196

Description		Beginning	End
1	Prepaid Expenses	2,061	2,196
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

		219,781	10,317
Description		Beginning	End
1	Committee funds not yet disbursed.	11,236	10,317
2	Deferred Revenue	208,545	0
3			
4			
5			
6			
7			
8			
9			
10			

Part III, Line 31 (990-EZ) - Other Program Services

		Program Service Expenses
Drug Alcohol Awareness		
Flairs, literature, and materials to educate the children and young adults to the hazards of alcohol and drug addiction.		
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	14,000
Community Projects: These were cash grants to various persons and organizations such as Chlidrens Hospital, Special Olympics, needy medical patients and handicapped.,		
(Grants and allocations \$	11,762) If this amount includes foreign grants, check here ☐	11,762
Hoop Shoot Program: Children 8 - 13 years old from schools around the state shoot hoops to promote free throw skills in basketball.		
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	6,768
Catch - it - calf Program: This is to encourage young adults to raise calves to enter into stock show competition.		
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	6,818
Soccer Shoot Program: Children 8 - 13 years old from schools around the state to promote Soccer skills.		
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	5,780
Lil Britches Rodeos: Rodeos were funded for children and young adults under teach rodeo skills.		
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	5,312
Veterans Services: funds were provided to help veterans attend sports events in Aspen for the handicapped veterans. Also funds were provided to promote Veterans recognition.		
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	4,463
Americanism Committee: Promoted Americanism around the state by buying flags and distributing literature.		
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	2,271
Stock Show Committee: Ran booth at the annual stock show to distribute information against drugs and promoting programs for children to the many programs the Elks do for families.		
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	3,181
Youth Activities: Promoted Scouting and other youth programs to help chlidren get interested in various activities.		
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	1,769
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here ☐	0
Total	11,762	Total 62,124