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٠, Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

2013

OMB No 1545-0047

Open to Public

intern	al Reve n u	ie Service		► Informa	ation about Form	990 and its inst	uctions i	is at www.ir	s.gov/for	m990		į.	Inspection
Α	or the	2013 calenda	ar year, or	tax year beg	ınning		06-01	, 2013, and	ending		05	-31 ,	2014
	Check if a				O STATE ELK	S ASSOCIATI	ON INC	!				D Emplo	yer identification no
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\equiv	Ferminated				, country, and ZIP or for	eign postal code							3 51,693
\equiv	Amended i	-		N, ID 834								G Gross	receipts \$
	Application	n pending		•	pal officer ED SA				H(a)	ls this a gr subordinat	oup reti	um for	
					ANE, LEWISTO								Yes X No
	ax-exemp) ◀ (insert no)	4947(a)(1) or	527	_	Н(ь)	Are all sub	ordinate	es include st (see ins	d? Yes No
	Vebsite		HOELKS.						H(c)	Group exe	mption	number	<u></u>
			Corporation	Trust Ass	ociation Other	·	L Ye	ar of formation	1943	M State	of lega	l domicile	ID
Ра	rt I	Summary		 		- ·-							
	1	Briefly describ	be the orga	ınızatıon's mıs	sion or most signif	icant activities.	SEE SC	HEDULE O	FOR D	ETAILS			
9													
än													
2015 Governance													
5	1			-	n discontinued its						3		
	3	Number of vo	ting memb	ers of the gov	erning body (Part	VI, line 1a)					3		<u> 1</u> ථ
က္ခ	4	Number of inc	dependent	voting member	ers of the governin	g body (Part VI, I	ne 1b) .				4		10
O i	5	Total number	of individua	als employed	ın calendar year 2	013 (Part V, line	2a)				5	1	0
ထုခ္မ					fnecessary)						6		
FEB 03					n Part VIII, column						7a		0
•					e from Form 990-1						7b	1	0
11										rıor Year			Current Year
1	8	Contributions	and grants	(Part VIII, line	e 1h)					44	,143		40,458
7.3					e 2g)						<u>- </u>	<u> </u>	
e e	1				A), lines 3, 4, and					203	,004		306,575
Č					nes 5, 6d, 8c, 9c,						,150		4,660
الع الميا	12	Total revenue	a - add lines	s 8 through 11	(must equal Part	VIII column (A)	ne 12)				,297		351,693
	13	Grants and su	milar amou	inte naid (Part	IX, column (A), lin	os 1-3)		· · · · · ·	1		, <u>477</u>		<u> </u>
	1				X, column (A), line						, = , ,	-	
					ee benefits (Part I)								
es	160	Drafancianal f	findroining	food (Bod IV	achima (A) lina 1	A, COIGITH (A), IIII	35 3-10)		-				
en s	100	Tatal fundana	iuituraising	rees (Part IX.	column (A), line 1	TO JAN WE	アス切む	: :::::::::::::::::::::::::::::::::::::	<u> </u>				$\frac{\mathcal{O}}{\mathbb{Q}}$
Expenses	1,5		sing expens	es (Part IX, CC	olumn (D), line 25) ines 11a-11d, 1:1f-	[•,,0,,	ļ				
ш									ļ		,710		150,491
					st equal Part IX, co				ļ		,187	 	150,491
	19	Revenue less	expenses.	. Subtract line	18 from line 12.	· · · · · · · · · · · ·		· · · · · ·			,110		201,202
Net Assets or Fund Balances	l		.						Beginning	of Current		 	End of Year
Asse Bal		•		•						2,242			<u> 2,443,94</u> 5
er Se			-	•							,603		<u> </u>
				ces. Subtract	line 21 from line 2	<u>:0</u>				2,200	,140	i	<u> 2401,34</u> 2
	tH	Signature		4.1			 						
					n, including accompanyl eg) is based on all infor				y knowledge	and belief, i	l IS		
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Sign	,	41	www		ulys	Masic	leat	ISE	<i>H</i>		1/	- 7 -	15
_	, , ,	Signature			/						Date		
Her	• 	Edwar		PRESIDE	NT	·							
	!	l ype or pn	int name and ti	iue	· · · · · · · · · · · · · · · · · · ·		1 -				- 1		
	_	Print/Type prepa	arer's name		Preparer's signature	1001	Date		[(Check 🛚	if P	אודי	
Paid		ROBERT B	BAKER		14hg 2/20	LUT-	01-	-08-2015		elf-employe	d	P012	97557
	oarer	Firm's name	>	ROBERT E	BAKER CPA I	A			Firm's El	N ► 82	- 648	6779	
Use	Only	Firm's address	>	1301 MAI	n street sui	TE 4			Phone no	D			
		1		Salmon I	D 83467					20	8-7	56-49	70

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$1,932 including grants of \$) (Revenue \$)
	PROVIDE SUPPORT OF IDAHO ELK'S YOUTH, INC. WHICH IS A 501 (C) (3) ORGANIZATION.
4b	(Code:) (Expenses \$ 23,952 including grants of \$) (Revenue \$)
	CARRY OUT ALL ADMINISTRATIVE DUTIES OF THE IDAHO STATE ELK'S ASSOCIATION, INC.
4c	(Code:) (Expenses \$100,165 including grants of \$) (Revenue \$)
	CONTRIBUTION TO ELK'S REHAB HOSPITAL
4 -)	Others was a March in Cabadula O
4d	Other program services. (Describe in Schedule O)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total groups expenses \$ 125, 048
4e EA	Total program service expenses ► 126,049 Form 990 (2013)
~ب۔	Form 330 (2013)

Part IV Checklist of Required Schedules No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Part IV

Checklist of Required Schedules (continued) Yes Νo Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a X b 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 34 X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a X controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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, Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Ь Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?...... 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?............ 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X ď Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X f 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . X g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring X Sponsoring organizations maintaining donor advised funds. Х 9a X 10 Section 501(c)(7) organizations. Enter. þ 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Ь 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which c X Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

orn	1 990 (2013) IDAHO STATE ELKS ASSOCIATION INC 82-60120	59	P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ns.		
	Check if Schedule O contains a response or note to any line in the Part VI			. 🛛
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	ıf the governing body delegated broad authority to an executive committee or sımılar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		!	
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	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	
9	is there any officer, director, 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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	ļ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		-	77
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		v
13	Did the organization have a written whistleblower policy?	13		X
4	Did 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?	45-		x
a	The organization's CEO, Executive Director, or top management official	15a	_	X
Ь	• • •	15b		Α.
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46-		Х
	with a taxable entity during the year?	16a		
ø	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.5%		
-	organization's exempt status with respect to such arrangements?	16b		l
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ID Control C104 required an approximation to make the Forms 1023 (or 1004 to exclude by 1000 and 1000 T (Spectrol F01/QV2)s only)			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization (208) 756-4970. Right E. Bikke CRA RA (301) Their Unit #4 States TO: 63467	1		
	-> (200)756+4970. 1962 € 12602 GEFT LAL /(0)/362. [M:TET 3602: 1/]. KCY6/			

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IDAHO STATE ELKS ASSOCIATION INC

82-6012059

Page 7

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

* Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

💢 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for				ore th	nan one both an		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related	1		•		trustee)		organization	(W-2/1099-MISC)	from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	_	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) STEVE JOHNSON CHAIRMAN	1.00	х						(0	. 0
(2) ALAN TYSON	1.00	х							- 0	0
(3) JESS CAUDILLO	1.00	х							0	0
(4) RALPH WEST	1.00	х							0	0
(5) HARLEY BIRCHNEIR	1.00	Х							0	0
(6) ED SANMANIII PRESIDENT	2.00			x					0	0
(7) TOM HUGGINS SECRETARY	1.00			x					0	0
(8) ED PHILLIPS VP EAST	1.00			x				(0	0
(9) DARRYL GREEN VP SOUTH	1.00			x					0	0
(10)STEVE MEIER VP NORTH	1.00			x					0	0
(11)BRAD ANDERSON SEC/TREAS	2.00			х					0	0
(12)							İ			
(13)										
(14)										
	_l	<u> </u>	L	Ц.,		Ь		L	<u> </u>	5

Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Con	pen	sated Employee	s (continued)		_
,	(A) ' Name and title	(B) Average hours per week (list any hours for	Average Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	olher compensation	
		related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organizati and relate organizatio	on ed
5)						_						
6)												
7)							-					
8)												
9)												
0)												
3)										_		
4)												
5) 1b	Cub total							L				
	Sub-total	ion A .						>				0
2	Total number of individuals (including but not limite reportable compensation from the organization								١,	1		
3	Did the organization list any former officer, director	or, or trustee,	key e	mplo	oyee	, or	highe	st co	ompensated		Yes	No
4	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of re	J for such in	ndıvidu	al							3	X
	organization and related organizations greater that	n \$150,0001	? If "Ye								4	x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"	-			-			-		al 	5	Х
ecti	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Report compear.											
	(A) Name and business address					·			(B Description o		(C) Compensate	on
										+		
_ 			<u>. </u>									

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (D) Revenue Total revenue Related or Unrelated exempt function revenue business excluded from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b 40,458 Fundraising events C 1c Related organizations 1d e Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f; \$ **Total.** Add lines 1a-1f _ ▶ 40,458 **Business Code** Program Service Revenue All other program service revenue. Investment income (including dividends, interest, and other similar amounts) ▶ 306,575 306,575 Income from investment of tax-exempt bond proceeds 5 (ı) Real (ii) Personal 6a Gross rents b Less rental expenses. . . . c Rental income or (loss) . . . d Net rental income or (loss) . (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events . . 9a Gross income from gaming activities. See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a DIRECTORY 900099 855 855 **b** C-NOTE CONTRIBUTION 900099 3,406 3,406 c OTHER INCOME 900099 399 399 e Total. Add lines 11a-11d 4,660 351,693 311,235

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other orga	anizations must compl	ete column (A)	<u></u>
	Check if Schedule O contains a response or note to a				
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22		1		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes ,				
11	Fees for services (non-employees).				
а	Management				
Ь	Legal		<u> </u>		
C	Accounting	750	750		
ď	Lobbying			, , , , , , , , , , , , , , , , , , ,	
e	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O.)				
13	Advertising and promotion	557	557		
14	Information technology	337	357		
15	Royalties				
16	Occupancy				
17	Travel	22,241	22,241		
18	Payments of travel or entertainment expenses	22/241	22/271		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		•		
23	Insurance	345	345		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				4
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	GIFTS, BADGES, AWARDS	616	616		
b	CONTRIB ELK HOSPITAL	100,165	100,165		
С	INVEST/ADVISORY	19,649	19,649		
d	OTHER	6,168	6,168		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	150,491	150,491	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u> </u>	<u></u> 🗆
		•	(A)		(B)
	,		Beginning of year		End of year
	1	Cash - non-interest-bearing	179,598	1	104,297
	2	Savings and temporary cash investments	132,452	2	9,786
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		1	
		trustees, key employees, and highest compensated employees			
	ļ	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1 1	
		sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	1,930,693	11	2,329,862
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,242,743	16	2,443,945
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	42,603	19	42,603
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	 	21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		1 1	
Lia	l	disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D		25	40.503
	26	Total liabilities. Add lines 17 through 25	42,603	26	42,603
"		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🄀 and		1	
ĕ		complete lines 27 through 29, and lines 33 and 34.	262 447	1 1	71 400
ilan	27	Unrestricted net assets	269,447	27	71,480 -
B	28	Temporanly restricted net assets	1 000 500	28	0.200.000
DLI	29	Permanently restricted net assets	1,930,693	29	2,329,862
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here and	,	1 1	
ts o		complete lines 30 through 34.			
sse	30	Capital stock or trust principal, or current funds	 	30	
Net Assets of Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds	2 200 140	32	2 401 240
	33	Total net assets or fund balances	2,200,140	33	2,401,342

		2-6012	2059	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		351,6	593
2	Total expenses (must equal Part IX, column (A), line 25)	2		150,4	1 91 ´
3	Revenue less expenses Subtract line 2 from line 1	3		201,2	202 ~
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	200,1	140 -
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,	401,3	342 -
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🖾 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in] [į
	Schedule O.				ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both			•	i
	Separate basis Consolidated basis Both consolidated and separate basis			1 1	
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	į
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			1	
	Schedule O.			1	į
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2013)

EEA

. SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

<u> • </u>	Section 501(c)(4), (5), or (6) organization	s. Complete Part III				
Nan	ne of organization				Employer	identification number
II	DAHO STATE ELKS ASSOCIATION				82-601	
Pa	rt I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section	527 orga	nization.
1	Provide a description of the organization					
2	Political expenditures					
3	Volunteer hours			• • • • • • • • •	· ·	
Pa	rt I-B Complete if the organ	ization is exempt under section	on 501(c)(3).			
1	Enter the amount of any excise tax incur	red by the organization under section 4	1955		. ▶ \$	
2	Enter the amount of any excise tax incur					
3	If the organization incurred a section 495					
4a	Was a correction made?					
b	If "Yes," describe in Part IV.					
Pa	ert I-C Complete if the organ	ization is exempt under section	on 501(c), exc	ept section	501(c)(3).
1	Enter the amount directly expended by t	he filing organization for section 527 ex	empt function			
	activities				. • \$	
2	Enter the amount of the filing organization	on's funds contributed to other organiza	tions for section			
	527 exempt function activities				. • \$	
3	Total exempt function expenditures Add					
	line 17b				. • \$	
4	Did the filing organization file Form 1120	POL for this year?				. Yes No
5	Enter the names, addresses and employ	yer identification number (EIN) of all sec	ction 527 political o	organizations t	o which the	filing
	organization made payments For each	organization listed, enter the amount pa	aid from the filing o	organization's	funds. Also	enter
	the amount of political contributions rece	eived that were promptly and directly de	livered to a separa	ate political or	ganization, s	such
	as a separate segregated fund or a polit	ical action committee (PAC) If addition	al space is neede	d, provide info	rmation in P	art IV
	(a) Name	(b) Address	(c) EIN	(d) Amount filing orgar funds If none	nization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)						
(2)			-			
(3)						
(4)						
(5)						
 (6)						

****		ELKS ASSOCIA			82-6012	
Pa	complete if the organization	n is exempt ur	nder section 50	1(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
4	Check ► ☐ if the filing organization belongs to		· •		member's	
_	name, address, EIN, expenses, a			•		
3	Check ► if the filing organization checked			ipply	T	
		bying Expenditure			(a) Filing organization's totals	(b) Affiliated
_	(The term "expenditures"				Organization's totals	group totals
1a						-
b	rotar today mg onponentares to minestree a togic					
С.						
đ	outer onempt purpose on ponemarios					
e		· ·				
f	Lobbying nontaxable amount. Enter the amour	nt from the following	table in both			
	columns.					· · · · · · · · · · · · · · · · · · ·
	If the amount on line 1e, column (a) or (b) is:		nontaxable amou	nt is :	1	
	Not over \$500,000		nount on line 1e.		:	
	Over \$500,000 but not over \$1,000,000		s 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess		[
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess	over \$1,500,000	<u>}</u>	
	Over \$17,000,000	\$1,000,000			·	
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)				
h	Subtract line 1g from line 1a. If zero or less, en	ter-0				
i	Subtract line 1f from line 1c. If zero or less, enter					
j	If there is an amount other than zero on either	line 1h or line 1i, dio	the organization file	e Form 4720		
	reporting section 4911 tax for this year?	<u> </u>				Yes No
	(Some organizations that	made a section 5				
	Lobb	ying Expenditures	During 4-Year Ave	eraging Period	1	
	Calendar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

EEA

Schedule C (Form 990 or 990-EZ) 2013

-nr	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed		a)	<u> </u>	(b)	
	cription of the lobbying activity.	Yes	No		Amou	nt
1	Dunng the year, did the filing organization attempt to influence foreign, national, state or local	 		<u> </u>		
	legislation, including any attempt to influence public opinion on a legislative matter or			Ī		
	referendum, through the use of:			Ī		
а	Volunteers?			_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?]		
С	Media advertisements?					
ď	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?			<u> </u>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			ļ		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			<u> </u>		
i	Other activities?			<u> </u>		
j	Total. Add lines 1c through 1i	F		 		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			-		
þ	If "Yes," enter the amount of any tax incurred under section 4912	ŧ				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ŀ		ļ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<u> </u>	<u> </u>		
Pa	complete if the organization is exempt under section 501(c)(4), section 501(c))(5), c	or se	ctio	n	
	501(c)(6).					T
				r-	Yes	No
1	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	
_						1
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			1_	3	
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c))(5), c	or se	ctio	n	3 id
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O)(5), c	or se	ctio	n	3, is
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes.")(5), c R (b)	Par	ctio	n	3, is
Pa 1	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members)(5), c R (b)	or se	ctio	n	3, is
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members)(5), c R (b)	Par	ctio	n	3, is
Pa 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members)(5), c R (b)	Par	ctio	n	3, is
Pa 1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members)(5), c R (b)	Par	ctio	n	3, is
Pa 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members)(5), c R (b)	Par 1 2a 2b	ctio	n	3, is
Pa 1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year)(5), c R (b)	Par 1 2a 2b 2c	ctio	n	3, is
1 2 a b c 3	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members)(5), c R (b)	Par 1 2a 2b	ctio	n	3, is
Pa 1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members)(5), c R (b)	Par 1 2a 2b 2c	ctio	n	3, is
1 2 a b c 3	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members)(5), c R (b)	Par 1 2a 2b 2c 3	ctio	n	3, is
1 2 a b c 3 4	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members)(5), c R (b)	2a 2b 2c 3	ctio	n	3, is
Pa 1 2 a b c 3 4 5	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members)(5), c R (b)	Par 1 2a 2b 2c 3	ctio	n	3, is
1 2 a b c 3 4 Frov	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? Taxable amount of lobbying and political expenditures (see instructions).)(5), c	2a 2b 2c 3	ectio	n	3, i
1 2 a b c 3 4 Frov	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions). Taxable amount of lobbying and political expenditures (see instructions). Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A)(5), c	2a 2b 2c 3	ectio	n	3, i
1 2 a b c 3 4 Frov	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions). Taxable amount of lobbying and political expenditures (see instructions). Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A)(5), c	2a 2b 2c 3	ectio	n	3, i
1 2 a b c 3 4 Frov	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions). Taxable amount of lobbying and political expenditures (see instructions). Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A)(5), c	2a 2b 2c 3	ectio	n	3, i
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Inspection Employer identification number

IDAHO STATE ELKS ASSOCIATION INC	82-6012059
01. Governing body meeting documentation (Part VI, line	8a)
THER ARE 2 MEETINGS REQUIRED PER YEAR. MINUTES ARE RECORDED AND KEPT FO	R THE GOVERNING
BODY ALONG WITH COMMITTE REPORTS AND ANY OTHER DECISIONS TO BE IMPLEMENT	ED.
02. Committee meeting documentation (Part VI, line 8b)	
THERE ARE 2 MEETINGS REQUIRED PER YEAR. MINUTES ARE RECORDED AND KEPT F	OR THE GOVERNING
BODY ALONG WITH COMMITTE REPORTS AND ANY OTHER DECISIONS TO BE IMPLEMENT	CED.
03. Form 990 governing body review (Part VI, line 11)	
AT THE FALL MEETING THE FORM 990 WILL BE REVIEWED EACH YEAR, IF AVAILABL	E OR THE
SUBSEQUENT MEETING WHEN AVAILABLE. AS SOON AS THE DOCUMENTS ARE APPROVE	D THEY ARE
AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST TO AN OFFICER.	
04. Governing documents, etc, available to public (Part	VI, line 19)
AT THE FALL MEETING THE FORM 990 WILL BE REVIEWED EACH YEAR, IF AVAILABL	E OR THE
SUBSEQUENT MEETING WHEN AVAILABLE. AS SOON AS THE DOCUMENTS ARE APPROVE	D THEY ARE
AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST TO AN OFFICER.	
05. General explanation attachment	
PART I (1) AND PART III (1) MISSION OF ORGANIZATION - A CHARITABLE ORGAN	IZATION HELPING
FUND THE OPERATIONS OF THE ELKS REHAB. HOSPITAL IN BOISE, ID AND TO HELF	FUND YOUTH
ACTIVITIES IN IDAHO. BOTH ENTITIES RECEIVING THE FUNDS ARE 501(C)3 ENTIT	TIES. 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.	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization IDAHO STATE ELKS ASSOCIATION INC	Employer identification number 82 - 6012059
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. GA	
SECURITIES ARE REPORTED CONSISTENTLY WITH IRS REGULATIONS. THERE IS NO REC	
ENTITY TO FILE A FORM 990-T. THE ORGANIZATION IS WORKING ON ESTABLISHING V	VARIOUS POLICIES
AND PROCEDURES THAT WILL HELP THE ORGANIZATION.	
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(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

▶ File a separate application for each return.

OMB No 1545-1709

Internal Revenue			nstructions is at www.irs.g		<u></u>		
• "If you are	filing for an Automatic 3-Month Extension	, complete only	Part I and check this box			▶ 🏻	
• If you are	filing for an Additional (Not Automatic) 3-l	Month Extensio	n, complete only Part II (on	page 2 of this form).			
	plete Part II unless you have already been				8868		
a corporation 8868 to reque Return for Tra	iing (e-file). You can electronically file Form required to file Form 990-T), or an addition est an extension of time to file any of the for ansfers Associated With Certain Personal B For more details on the electronic filing of t	al (not automation rms listed in Par senefit Contracts	c) 3-month extension of time. t I or Part II with the exception , which must be sent to the If	You can electronically n of Form 8870, Inform RS in paper format (se	/ file Form lation e		
Part I	Automatic 3-Month Extension o						
1	required to file Form 990-T and requesting						
	· · · · · · · · · · · · · · · · · · ·			box and complete		. .	
	orations (including 1120-C filers), partnersh			to request an extens	on of time		
to file income		iips, itciviios, ai	io dusts must use i omi i oo-	to request an extens	ion or une		
to the irrodine	tax retains.		Ento	r filer's identifying n	ımhar saa	instructions	
Type or	·				s identifying number, see instructions ployer identification number (EIN) or		
print	· ·			82-6012059			
File by the Number, street, and room or suite no. If a P.O. box, see instructions		instructions	Social security number (SSN)				
due date for				Codar Scourty Harri	Social Security Humber (SSIV)		
filing your return See	City, town or post office, state, and ZIP of	ode For a forei					
Instructions	SALMON, ID 83467		,				
							
Enter the Ret	urn code for the return that this application	is for (file a sepa	rate application for each retu	rm)		0 1	
Application	Application		Application	Application		Return	
ls For	s For Code Is For			Code			
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-B	3L	02	Form 1041-A			08	
Form 4720	(ındıvıdual)	03	Form 4720 (other than individual)			09	
_Form 990-P	PF	04	Form 5227		·	10	
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T	(trust other than above)	06	Form 8870			12	
	are in the care of . Riket E. 1	Salu 4.	J				
· ·	No. ► 208-756-4970		AX No. >			, _	
	nization does not have an office or place of a Group Retum, enter the organization's fo					▶ ⊔	
	group, check this box ▶			II this is	.h		
	names and EINs of all members the extens	•	of the group, check this box	P 🔲 and attac	in .		
	st an automatic 3-month (6 months for a con		d to file Form 990-T) extensi	on of time			
until	01-15 , 20 15 , to file the exem				acion ic		
	organization's return for:	prorgamento.	oldin for the organization na	ined above The exter	13/01/13		
_	calendar year 20 or						
► ⊠ t	ax year beginning 06-	01 2013	and ending	05-31 ,20	14		
	x year entered in line 1 is for less than 12 m			Final return	 -		
_	nge in accounting period	iomaio, arcakira	ason maarretam	T marrotam			
		-T. 4720 or 606	9 enter the tentative tay lee	sanv	1		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$							
	oplication is for Forms 990-PF, 990-T, 4720	or 6069 enter	any refundable credits and		+*		
				21	او		
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using					<u> </u>		
	(Electronic Federal Tax Payment System).			-	•		
	u are going to make an electronic funds wit			2 Form 9453 FO and		EO for	
noumont in the	ushana	narawai (ullect (reprir with this Fulfil 0000, Se	e i onii 0455-EO and	. OIII 00/9-	LO 101	