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DLN: 93493293008166

Form 990

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

			C Name of organization	g 01-01-2015 , and ending 12-31-20	15	D 5		- + i fi + i
		applicable change	ROCKY MOUNTAIN ELK FOUNDATION		•	ntification number -		
Name change			Doing husinoss as	81-0	421425			
, Mai Init			Doing business as					
Fina		am		all is not delivered to street address) Room/s	uite	E Telepi	none num	ber
retu	ırn/teı	rmınated	5705 GRANT CREEK RD			(406)523-4	500
☐ Am	ended	l return	City or town, state or province, coun MISSOULA, MT 59808	try, and ZIP or foreign postal code				
☐ App	licatio	on pending	MISSOULA, MT 39808			G Gross	receipts \$	99,941,669
			F Name and address of prin	cıpal officer	H(a) I	s this a grou	p return	
			M DAVID ALLEN 5705 GRANT CREEK RD			ubordinates		ΓYes ΓNο
			MISSOULA,MT 59808			re all subord ncluded?	iinates	⊤Yes ∀ No
			<u> </u>		_ I	f "No," attac	h a lıst	(see instructions)
		mpt status		sert no) 4947(a)(1) or 527	H(c) (Group exemp	tion nur	nber ► 9462
J W	ebsit	:e:► ww	w rmef org					
K Forn	n of o	rganızatıon	Corporation Trust Association	Other 🕨	L Year	of formation 1	984 M	State of legal domicile MT
Pa	rt I	Sum	ımary					
Activities & Governance	H	HABITAT	AND OUR HUNTING HERITAG	IN ELK FOUNDATION IS TO ENSUF E OUR MISSION INCLUDES FOUR TION AND HUNTING HERITAGE				
90	2	Check th	nis box 🚩 if the organization dis	continued its operations or disposed	of more tha	an 25% of its	net as	sets
න් ර	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			3	27
ij			-	f the governing body (Part VI, line 1b			4	25
ctiv				alendar year 2015 (Part V, line 2a)			5	168
đ	6	Total nur	mber of volunteers (estimate if ne	ecessary)			6	11,000
				rt VIII, column (C), line 12			7a	1,300,460
	bΛ	Net unrela	ated business taxable income fro	m Form 990-T, line 34			7b	-14
				413		Prior Year	000	Current Year
<u>a</u>	8 9			ne 1h)		19,431		41,215,213
Revenue	10			(A), lines 3, 4, and 7d)		11,032,681		3,529,793
2	11			lines 5, 6d, 8c, 9c, 10c, and 11e)	·	13,637		14,094,599
	12		revenue—add lines 8 through 11	ne	48,275		64,448,982	
	13	Grants	s and similar amounts paid (Part	IX, column (A), lines 1-3)		1,003	,218	1,143,875
	14	Benefi	its paid to or for members (Part I	X, column (A), line 4)				0
Ø	15	Saları 5–10		e benefits (Part IX, column (A), lines		9,337,660		9,473,101
1186	16a		<i>)</i> ssional fundraising fees (Part IX,	_	108,736			
Expenses	Ь		undraising expenses (Part IX, column (D)					176,183
Ш	17			ines 11a-11d, 11f-24e)		34,167	,732	47,610,696
	18	Total	expenses Add lines 13-17 (mus		44,617	,346	58,403,855	
	19	Reven	nue less expenses Subtract line :	18 from line 12	-	3,657	,951	6,045,127
Not Assets or Fund Balances					Beginni	ing of Current	Year	End of Year
ASS⊕ Bağı	20	Total	assets (Part X, line 16)			78,530		81,095,940
E PG	21 Total liabilities (Part X, line 26)						,946	9,918,629
Æഥ Par	22		ssets or fund balances Subtract lature Block	line 21 from line 20		69,430	,988	71,177,311
Unde my kr	r pen nowle rer h	alties of edge and has any kind services any kind services and services are services and service	perjury, I declare that I have exa belief, it is true, correct, and com nowledge *** ature of officer I PARKER Treasurer	mined this return, including accompa plete Declaration of preparer (other				
			e or print name and title Print/Type preparer's name	Preparer's signature	Date	Charle F	PTIN	
Paid	ł		, Type propored a nume		_ 4.0	Check if self-employed		
Pre		er 🗄	irm's name 🕨			Fırm's EIN 🕨		
llee	•	1 1	-irm's address ►			Phone no		

May the IRS discuss this return with the preparer shown above? (see instructions)

Forn	990 (2015) Pa	age 2
Par	Statement of Program Service Accomplishments	$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u> _
1	Briefly describe the organization's mission	
HAB	MISSION OF THE ROCKY MOUNTAIN ELK FOUNDATION IS TO ENSURE THE FUTURE OF ELK, OTHER WILDLIFE, THEIR TAT AND OUR HUNTING HERITAGE OUR MISSION INCLUDES FOUR CORE PROGRAMS, LAND PROTECTION, HABITAT MARDSHIP, ELK RESTORATION AND HUNTING HERITAGE	
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 \$ 31,220,635 including grants of \$) (Revenue \$ 3,080,000)	
	PERMANENT LAND PROTECTION AND ACCESS REPRESENTS LAND ACQUISITIONS, CONSERVATION EASEMENTS, LAND EXCHANGES, HUNTER AND PUBLIC ACCERDANCE. AND REAL ESTATE DONATIONS RMEF IDENTIFIES AND PRIORITIZES THE MOST CRUCIAL ELK RANGE AND HABITAT THROUGH GIS MAPPING 100-POINT RANKING SYSTEM, PARTNERSHIPS, AND FIELD-BASED PROFESSIONAL KNOWLEDGE THE HIGHEST PRIORITY INTERESTS IN LANDS FOR HABITAT OF ACCESS ARE PROTECTED THROUGH ACQUISITION AND THEN USUALLY CONVEYED TO A GOVERNMENT AGENCY FOR MANAGEMENT AND TO INCREASE PUBLIC ACCESS CONSERVATION EASEMENTS ALLOW LANDOWNERS TO PROTECT THEIR LAND IN PERPETUITY LAND AND REAL ESTATE DONATIONS ALLOW RMEF TO PROTECT THABITAT OR RAISE FUNDS FOR MISSION ACCOMPLISHMENT AT THE CLOSE OF 2015, RMEF HAD PERMANENTLY PROTECTED 1,131,257 CUMULATIVE ACRES OF ELK HABITAT, AND OPENED OR SECURED PUBLIC ACCESS TO 852,628 ACRES	NG, A R
4b	(Code) (Expenses \$ 11,434,932 including grants of \$) (Revenue \$ 2,092,166)	
-	MEMBERSHIP SERVICES REPRESENTS THE COSTS OF PROVIDING BENEFITS TO ALL ROCKY MOUNTAIN ELK FOUNDATION MEMBERS, INCLUDING CERTAIN CORRELATED TO BUGLE MAGAZINE RMEF OFFERS SEVERAL LEVELS OF MEMBERSHIP, WITH DIFFERENT BENEFITS AT EACH LEVEL RMEF PROVIDES A VARIETY OF TO SOME OF ITS MEMBERS IN APPRECIATION OF THEIR SUPPORT ITEMS VARY WITH LEVELS OF MEMBERSHIP, INCLUDING AN ANNUAL SUBSCRIPTION TO BUG MAGAZINE, DECALS, LAPEL PINS, HATS, PERSONALIZED PLAQUES AND JACKETS MEMBERS ALSO RECEIVE EDUCATIONAL MEMBERSHIP MATERIALS AND HABITA PROTECTION AND CONSERVATION BROCHURES MEMBERS ARE ALSO INVITED TO ATTEND ANY NUMBER OF RMEF LOCAL OR NATIONAL EVENTS AT THE CLOSE 2015, RMEF HAD 219,750 MEMBERS	GIFTS GLE AT
	(Code) (Expenses \$ 5,879,722 including grants of \$ 1,122,875) (Revenue \$ 437,211)	
	CONSERVATION PROJECTS REPRESENTS PROJECTS TO IMPROVE THE ESSENTIAL FORAGE, WATER, COVER AND ACREAGE COMPONENTS OF WILDLIFE HABITATYPES OF PROJECTS INCLUDE RESTORING ASPEN COMMUNITIES, FIGHTING THE SPREAD OF NOXIOUS WEEDS, BOOSTING LAND PRODUCTIVITY WITH PRESCIPLING AND THINNING OF FORESTS RMEF FUNDS WATER DEVELOPMENT PROJECTS AS WELL AS FENCING PROJECTS TO PROVIDE BETTER DISTRIBUTION WILDLIFE AND LIVESTOCK RMEF ALSO FUNDS A VARIETY OF SCIENTIFIC RESEARCH STUDIES TO BETTER MANAGE ELK OR THEIR HABITAT RESEARCH TOPICS INCLUDE ELK CALF MORTALITY, NUTRITION, PREDATION, LIVESTOCK INTERACTION, DISEASE, MIGRATIONS AND GENETICS AT THE CLOSE OF 2015, RMEF HABITAT ENHANCED 5,650,636 CUMULATIVE ACRES OF ELK HABITAT	RIBED OF S
	Other program services (Describe in Schedule O)	
	(Expenses \$ 4,521,900 including grants of \$ 21,000) (Revenue \$)	
4e	Total program service expenses ► 53,057,189	

Part 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
4	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	4	Yes	
5	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, Part III	5		No
6	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 "Yes," complete Schedule D, Part I	6		No
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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 employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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? If "Yes," complete Schedule L, Part I	25b		No
	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 disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
L	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No_
U	Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		Νo
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable . . | 1a 1,598 **b** 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 reportable Yes 1c 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 2b Yes b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . Yes **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . 3b Yes 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 4a Νo account)? . If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, 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? . Νo b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Νo 5b f c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? **5**c 6a Νo 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 gifts 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Yes **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to 7c Νo **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d 0 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Nο ${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f Νo If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g Νo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Νo Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time 8 Nο Nο 9a Did the sponsoring organization make any taxable distributions under section 4966? . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . Νo 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . . 11a Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Nο If "Yes," enter the amount of tax-exempt interest received or accrued during the 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for 13a Νo additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states 13b in which the organization is licensed to issue qualified health plans **c** Enter the amount of reserves on hand . 14a Did the organization receive any payments for indoor tanning services during the tax year? . 14a Νo **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .

1 01111 2 20 (.	2013)	rage v
Part VI	Governance, Management, and Disclosure	
	For each 11/2-11 response to 1/2-2 2 through 7h halour and for a 11/2-11 response to 1/2-2 0- 0h and 40h halour	

To reach the response to lines 2 and agit the below, and for a tree response to lines ba, ob, or for below	٠,
describe the circumstances, processes, or changes in Schedule O. See instructions.	
Charlest Cabadada O acuta and a superior and the superior beautiful Dark VI	

	Check if Schedule O contains a response or note to any line in this Part VI					[▽
Se	ction 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	1a	27			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	prior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		• •	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ.	ired by the Internal R	eveni	ıe Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	erests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	orsım	ıllar arrangement with a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		
Se	ction C. Disclosure					
17 18	IL , IN , K , NC , ND RI , SC , S Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable	S , K , NE SD , T		I,MN ,OH,	, MO , I OK , OF	MS,MT
	(3)s only) available for public inspection. Indicate how you made these available. Ch	2001/ -	ul that apply			

✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records DOUGLAS GREEN CPA 5705 GRANT CREEK ROAD MISSOULA, MT 59808 (406) 523-4500

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

- 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, or 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)			(C)				(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	more t	tion (han (on is	n (do not check n one box, unless is both an officer lirector/trustee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)	organization and related organizations
See Additional Data Table										
						<u> </u>				Form 990 (2015)

4416 STABLE LN FORT COLLINS, CO 80525

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t	than o	one both	box, ıan	check unles officer		Repo compe from organiza	D) rtable nsation n the ation (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table				\vdash							
				\vdash							
				\vdash							
			-	_	-	<u> </u>					
				_							
				\vdash	-	<u> </u>					
			-	_	_						
				_	_	<u> </u>					
						<u> </u>				<u> </u>	
1b Sub-Total	 ets to Part VII, S	· · · ection /	· 4 .	•							
d Total (add lines 1b and 1c) .						•		1,29	94,964		114,716
Total number of individuals (i \$100,000 of reportable comp						d abov	/e) w	ho receive	ed more tl	han	
										_	Yes No
3 Did the organization list any 1 on line 1a? If "Yes," complete					key -	emple -	oyee,	or highes,	t comper	nsated employee	
For any individual listed on ling organization and related organization.	ne 1a, is the sum	of repo	rtabl	e co							3 No
ındıvıdual		•		•	•	•	•				4 Yes
5 Did any person listed on line services rendered to the orga			-				-	_	-		5 No
Section B. Independent Co	ontractors										
1 Complete this table for your f compensation from the organ											
	(A)		4 2.1011			curciiu	u. , c	.ar chang		(B)	(C)
BIG TIME ENTERTAINMENT	Name and business	address								scription of services N PRODUCER	Compensation 476,560
1984 NORWAY LAKE RD SW											
FEDERAL EXPRESS									SHIPPING		240,417
PO BOX 94515 PALANTINE, IL 60094											
OUTDOOR CHANNEL									TV PRODU	CTION	220,155
PO BOX 809280 CHICAGO, IL 60680											
HERITAGE FRAMES & FINE ART									FRAMING		178,999

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 4

Part V	4 + + +	Statement o						_
		Check if Schedi	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
			_			revenue		512-514
its nts	1a	Federated cam	<u>-</u>	0.024.422				
ran	Ь	Membership du	es 1b	8,821,122				
s, G Am	С	Fundraising eve	ents 1c					
Gift Ilar	d	Related organiz	rations 1d					
imi	e	Government grants	s (contributions) 1e	1,944,471				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	30,449,620				
ntrib I Oth	g	Noncash contribution 1a-1f \$	ons included in lines	21,713,372				
Cor	h	Total. Add lines	s 1 a - 1 f		41,215,213			
				Business Code				
enn	2a	CONTRACT REVEN	UE	900099	437,211	437,211		
Re s	ь	LAND SALES		900099	3,080,000	3,080,000		
Ce l	c	MEMBERSHIP REVE	ENUE	900099	2,092,166	2,092,166		
юrи	d							
ខ	e							
Program Serwce Revenue	f	All other progra	am service revenue					
Ř	g	Total. Add lines	s 2a – 2f		5,609,377			
	3		ome (including dividen		1 145 775			1,145,77!
	_		ar amounts) stment of tax-exempt bond		1,145,775			1,143,77.
	4 5				242,246			242,246
		Royalties :	(ı) Real	(II) Personal	,			,
	6a	Gross rents	. ,					
	ь	Less rental						
		expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(I) Securities 18,469,036	(II) O ther				
	ь	Less cost or other basis and sales expenses	16,085,018					
	C	Gain or (loss)	2,384,018		2,384,018			2,384,018
venue	8a	Gross income f events (not inc \$	luding	· · · · •	2,304,010			2,304,010
Other Kevenue		of contributions See Part IV, lin	s reported on line 1c) ne 18 a	- 22,200,319				
5	ь	Less direct ex	penses b	15,249,724				
-	С	Net income or ((loss) from fundraising	events 🛌	6,950,595			6,950,595
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19					
			а	6,774,147				
	b		penses b	, ,	3,892,687			3,892,687
		Net income or (Gross sales of	(loss) from gaming activ	vicies	3,892,687			3,092,087
	100	returns and allo						
			a	2,946,123				
	b	_	oods sold b	1,276,485				
	С		(loss) from sales of inve		1,669,638		1,649	1,667,989
	11a	Miscellaneous		Business Code 541800	1,298,811		1,298,811	
	b	-	G/TELEVISION	900099	40,622		1,230,011	40,62
	C	MISCELLANEC		300033	.0,022			10,02
	d	All other reven	ue					
	e e		s 11a-11d	🕨				
	12		See Instructions .		1,339,433			
	**	rocar revenue.	See Thistructions .	· · · · •	64,448,982	5,609,377	1,300,460	16,323,932

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 1,122,875 1,122,875 Grants and other assistance to domestic individuals See Part IV, line 22 21,000 21,000 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 659,736 key employees . . . 261,543 234,144 164.049 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 6,764,708 5,472,406 602,503 Other salaries and wages . . . 689,799 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 333,922 267,994 28,028 37,900 Other employee benefits 1,081,113 679,157 301,976 99,980 10 633,622 485,415 77,344 70,863 11 Fees for services (non-employees) Management 17,308 11,825 4,976 507 57,986 34,456 22,690 840 Accounting Lobbying 7,154 4,266 2,483 405 Professional fundraising services See Part IV, line 17 176,183 176,183 Investment management fees 185,071 181,055 2,941 1,075 Other (If line 11g amount exceeds 10% of line 25, column (A) 1,331,506 1,177,785 51,594 102,127 amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 1,266,334 941,433 35,876 289,025 13 Office expenses 8,612,276 6,910,596 132,926 1,568,754 Information technology 14 144 116 8 20 15 Royalties . 16 273,657 225,968 31,989 15,700 17 1,409,618 1,104,356 91,707 213,555 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 188,830 130.003 34,957 23,870 Interest 0 20 21 Payments to affiliates 0 448,972 22 Depreciation, depletion, and amortization 337,036 76,115 35,821 23 15,926 46,543 29,295 1,322 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) CONSERVATION EASEMENTS 22,789,000 22,789,000 LAND PROTECTION 4,416,791 4,416,791 CONSERVATION PROJECTS 3,568,750 3,568,750 d MEMBERSHIP BENEFITS 2,725,511 2,725,511 e All other expenses 265,245 158,557 47,915 58,773 Total functional expenses. Add lines 1 through 24e 25 58,403,855 53,057,189 1,796,098 3,550,568 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) 6,252,000 5,107,000 289,000 856,000

Form 990 (2015)

Part X Balance Sheet

Par	t X	Balance Sheet							
		Check if Schedule O contains a response or note to any	line in th	ıs Part X			· · · · <u> </u>		
					(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing			5,295,792	1	9,865,113		
	2	Savings and temporary cash investments			2,025,566	2	2,533,053		
	3	Pledges and grants receivable, net			1,819,249	3	1,436,944		
	4	Accounts receivable, net	809,915	4	1,138,072				
	5	Loans and other receivables from current and former of key employees, and highest compensated employees. Schedule L							
						5	0		
Assets	6	section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of	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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L						
						6	0		
ď	7	Notes and loans receivable, net				7	0		
	8	Inventories for sale or use			4,088,810	8	4,286,813		
	9	Prepaid expenses and deferred charges	· · ·		1,696,441	9	1,262,595		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	17,234,905					
	b	Less accumulated depreciation	5,522,291	12,021,494	10 c	11,712,614			
	11	Investments—publicly traded securities	47,695,467	11	46,032,536				
	12	Investments—other securities See Part IV, line 11 .			12	0			
	13	Investments—program-related See Part IV, line 11 .	2,624,000	13	2,374,000				
	14	Intangible assets		14	0				
	15	Other assets See Part IV, line 11			454,200	15	454,200		
	16	Total assets.Add lines 1 through 15 (must equal line 3	4)		78,530,934	16	81,095,940		
	17	Accounts payable and accrued expenses			3,991,585	17	5,142,555		
	18	Grants payable				18	_		
	19	Deferred revenue		1,207,436	19	1,291,054			
	20	Tax-exempt bond liabilities			2,627,210	20	2,234,055		
	21	Escrow or custodial account liability Complete Part IV	dule D		21				
Liabilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and o							
g e		persons Complete Part II of Schedule L			22				
	23	Secured mortgages and notes payable to unrelated thir	d parties			23			
	24	Unsecured notes and loans payable to unrelated third p	arties			24			
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ed third parties,						
					1,273,715	25	1,250,965		
	26	Total liabilities. Add lines 17 through 25			9,099,946	26	9,918,629		
φ		Organizations that follow SFAS 117 (ASC 958), check have lines 27 through 29, and lines 33 and 34.	nere ► 🔽	and complete					
ž	27	Unrestricted net assets			24,285,191	27	28,503,793		
<u></u>	28	Temporarily restricted net assets			13,480,695	28	10,876,489		
=	29	Permanently restricted net assets			31,665,102	29	31,797,029		
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check he	re ► ┌ and					
5 or	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipmen				31			
ASS	32	Retained earnings, endowment, accumulated income, o				32			
Net	33	Total net assets or fund balances			69,430,988	33	71,177,311		
Z	34	Total liabilities and net assets/fund balances			78,530,934	34	81,095,940		
	L	· · · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , , ,				

	1990 (2015)				Page ⊥ ∡
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		64,4	448,982
2	Total expenses (must equal Part IX, column (A), line 25)	2		58,	403,855
3	Revenue less expenses Subtract line 2 from line 1	3		6,0	045,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		69,4	430,988
5	Net unrealized gains (losses) on investments	5		-4,:	148,292
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		-:	150,512
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			177,311
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revalue a separate basis, consolidated basis, or both	rewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion of the audit, review, or compilation of its financial statements and selection of an independent accountar		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ı ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	За		No
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		

Software ID: 15000324 **Software Version:** 2015v2.0 **EIN:** 81-0421425

Name: ROCKY MOUNTAIN ELK FOUNDATION INC

Form 990, Part VII - Compensation Compensated Employees, and Ind				Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	per Position (do not check more than one box, unless (list person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
PHILIP BARRETT Director	5 00	x						0	0	0
MIKE BAUGH Director	5 00	х						0	0	0
RUSS BUMGARDNER Director	5 00	х						0	0	0
SCOTT CHESTER	5 00	х						0	0	0
CURTIS CHRISTIANSEN	0 00	X						0	0	0
Director CHARLIE DECKER	0 00	×						31,000	0	0
Director SWEDE FRENCH	0 00									
Director LEE GAMBLE	0 00 5 00	X						0	0	0
Director T W GARRETT	0 00	X						0	0	0
Director	0 00	Х						0	0	0
ANDREW HOXSEY Director	0 00	х						0	0	0
LARRY IRWIN Director	6 00 0 00	х						0	0	0
ERIC JOHNSON Director	2 00 0 00	х						0	0	0
FRED LEKSE Director	5 00	x						0	0	0
BILL MADISON Director	5 00	х						0	0	0
DON MOSS Director	5 00	х						0	0	0
ROBERT MUNSON	30 00	х						60,000	0	0
RANDY NEWBERG	5 00	X						0	0	0
Director VICKI PELTONEN	0 00	×						0	0	0
Director JERRY PIONESSA	0 00	×						0	0	0
Director LINDA POWELL	0 00 5 00									
Director LOU PRUSINOVSKI	0 00	X						0	0	0
Director	0 00	Х						0	0	0
DIRECTOR	0 00	х						0	0	0
CHUCK ROADY Chairman	15 00 0 00	х						0	0	0
DIANA RUPP Director	5 00 0 00	x						0	0	0
MICHAEL STEUERT Director	5 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde						, -	•		1	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former			organizations
TERRY SWEET	5 00								0	_
Director	0 00	X						0	U	0
JOE TREADWAY	5 00	х						0	0	0
Director	0 00									
BOB WELLMAN	3 00	x						0	0	0
Director	0 00									
JIM ZUMBO	5 00							_		
Director	0 00	X						0	0	0
M DAVID ALLEN	50 00							265.060		10.530
President & CEO	0 00			X				265,868	0	18,529
RODNEY TRIEPKE	50 00			×				175 027	0	15.002
Secretary	0 00			^				175,827	U	15,993
LORI PARKER	50 00									
Treasurer	0 00			Х				147,372	0	14,320
GRANT PARKER	50 00									
GENERAL COUNSEL	0 00					Х		142,724	0	13,425
BLAKE HENNING	50 00								_	
VP LANDS & CONSERV	0 00					Х		126,247	0	12,624
STEVE DECKER	50 00					l				
VP MARKETING	0 00					Х		121,423	0	13,587
DONALD BLAKLEY	50 00									
VP OPERATIONS	0 00					Х		114,895	0	13,983
RALPH M CINFIO III	50 00					l v		100.500		42.255
VP FUNDRAISING SER	0 00					X		109,608	0	12,255

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As Filed Data -

DLN: 93493293008166

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

		ne organization					Employer identifica	ation number	
RUCK	Y MOOR	NTAIN ELK FOUNDATION INC					81-0421425		
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this r		ons.	
		zation is not a private fo					•		
1	- Gain.	A church, convention							
	<u>'</u>	•				=			
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
3	<u> </u>								
4	ı	A medical research or hospital's name, city,	and state						
5	Γ	An organization opera 170(b)(1)(A)(iv). (C		nefit of a college or un I)	iversity owned	or operated by	a governmental unit o	described in section	
6	\sqcap	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	L)(A)(v).		
7	<u>~</u>	An organization that n described in section 1				om a governme	ental unit or from the o	general public	
8	\sqcap	A community trust de				tII)			
9	Г	receipts from activition from gross investmen	es related to it it income and e 30, 1975 S	ves (1) more than 33 is exempt functions—s unrelated business tax eesection 509(a)(2).	subject to certa xable income (lo (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 tax) from businesse	331/3% of its suppor	
	<u>'</u>								
11	1	An organization organ one or more publicly s	upported orga	nızatıons described in	section 509(a)	(1) or section	509(a)(2) See section	on 509(a)(3). Check	
а	Γ	the box in lines 11a th Type I. A supporting of supported organization organization You mus	organization op n(s) the power	perated, supervised, or to regularly appoint o	r controlled by 1 r elect a majori	ts supported o	rganızatıon(s), typıcal	lly by giving the	
b	Γ	Type II. A supporting management of the su	organization s pporting organ	upervised or controlle	d in connection				
_	$\overline{}$	must complete Part IV Type III functionally			n operated in c	onnection with	and functionally inte	arated with its	
С	'	supported organization						grated with, its	
d		Type III non-function						ianization(s) that is	
	·	not functionally integr							
	_	(see instructions) Yo							
е		Check this box if the o					s a Type I, Type II, T	ype III functionally	
_		integrated, or Type III							
f	Ente	r the number of support					· · · · · · · —		
g		Provide the following i	nformation abo	out the supported orga	inization(s)				
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)	
Name of supported organization				Type of organization (described on lines 1-9 above (see instructions))	Is the organ listed in your docume	nization governing	A mount of monetary support (see instructions)	A mount of other support (see instructions)	
					Yes	No			

supported organization

instructions

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 38,102,697 49,400,311 23,846,887 19,431,088 41,215,213 171,996,196 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a 0 governmental unit to the organization without charge 38,102,697 49,400,311 23,846,887 19,431,088 41,215,213 171,996,196 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly 55,804,135 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 116,192,061 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 **(c)**2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 38,102,697 49,400,311 23,846,887 19,431,088 41,215,213 171,996,196 Gross income from interest, dividends, payments received 414,957 803,793 1,188,550 1,302,976 1,388,021 5,098,297 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or 8,806,190 10,036,827 12,512,920 11,864,439 12,119,561 55,339,937 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 266,781 471,588 121,725 13,626 40,622 914,342 capital assets (Explain in Part VI) 11 Total support. Add lines 7 233,348,772 through 10 Gross receipts from related activities, etc (see instructions) 12 12 52,014,920 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 49 790 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 66 270 % 16a 33 1/3% support test - 2015. 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 33 1/3% support test -2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 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 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity			
3 Administrative expenses paid to accomplish exemp			
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493293008166

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** ROCKY MOUNTAIN ELK FOUNDATION INC Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ┌ Yes ▼ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
2				
3				
4				
5		_		
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobb	ying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	5,160		
b	Total lobbying expenditures to influence a legis	20,787		
c	Total lobbying expenditures (add lines 1a and 1	b)	25,947	_
d	Other exempt purpose expenditures		76,249,502	
e	Total exempt purpose expenditures (add lines 1	76,275,449		
f	Lobbying nontaxable amount Enter the amount	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	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	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	
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, ent	er -0-		
	7646			

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ▽No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total				
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
c	Total lobbying expenditures	9,442	27,024	14,436	25,947	76,849				
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f	Grassroots lobbying expenditures	2,140	2,227	3,315	5,160	12,842				

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				ige S
<i></i>	1	(a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
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	Tes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add 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					
C	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?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01(c)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
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				
4	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 (see instructions)	5				
Pa	art IV Supplemental Information					

Provide 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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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DLN: 93493293008166

OMB No 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

	al Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u>	s.gov/form990.	Inspection
	ame of the organ			Employer identif	ication number
RU				81-0421425	
Pa			Advised Funds or Other Similar F	unds or Accoun	its.
	Compi	ete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.	(L) [Ab
1	Total numbe	er at end of year	(a) Donor advised funds	(b)Funds and o	tner accounts
2		value of contributions to (during			
_	year)				
3		value of grants from (during year)			
4		value at end of year	ladvisors in writing that the assets held in doi	nor advised	
5			the organization's exclusive legal control?	nor advised	┌ Yes
6	used only for c		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		┌ Yes ┌ No
Dа		•	ete if the organization answered "Yes"	on Form 990 Par	
2	Preservation Protection Preservation Complete lines	on of land for public use (e g , recre of natural habitat on of open space		n historically import certified historic sti the form of a conser	ructure
	easement on t	nie last day of the tax year		Held at 1	the End of the Year
а	Total number o	of conservation easements		2a	20
b	Total acreage	restricted by conservation easeme	ents	2b	3
c	Number of con	servation easements on a certified	historic structure included in (a)	2c	
d		servation easements included in (o ure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
3	Number of con tax year ►	•	nsferred, released, extinguished, or terminat	ed by the organizati	on during the
4	Number of stat	tes where property subject to cons	ervation easement is located 🛌 16		
5	Does the orga		ding the periodic monitoring, inspection, han	idling of	Yes
6	Staff and volur year	nteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing conservation ea	sements during the
	▶ 12				
7		enses incurred in monitoring, inspe 22,843	ecting, handling of violations, and enforcing o	conservation easem	ents during the year
8	Does each cor	nservation easement reported on lii lion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		Yes
9	balance sheet,		ts conservation easements in its revenue an of the footnote to the organization's financia sements		
Pa	rt IIII Organ Compl	nizations Maintaining Collect ete if the organization answere	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Other Simila	r Assets.
1a	works of art, h	istorical treasures, or other similar	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education, note to its financial statements that describe	or research in furth	
b	works of art, h		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items		
	(i) Revenue incli	uded on Form 990, Part VIII, line 1	L	► \$	
((ii) Assets includ	led in Form 990, Part X		► \$	454,200
2	If the organiza	tion received or held works of art, h	nistorical treasures, or other similar assets f FAS 116 (ASC 958) relating to these items	or financial gain, pro	
а	Revenue inclu	ded on Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Par	Continued (continued)	Collections of	Art, His	torica	il Tre	easures, d	or Ot	her Similar <i>A</i>	ssets	}	
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other re	cords, ch	ieck an	y of the	e following t	hat ar	e a significant us	se of its		
а	Public exhibition		d		oan or	exchange p	rogra	ms			
b	Scholarly research		е	I	ther	HUNTING	HERIT	AGE			
С	Preservation for future generations										
1	Provide a description of the organization Part XIII	's collections and ex	kplaın hov	v they f	urther	the organiza	ation's	exempt purpose	e in		
5	During the year, did the organization sol assets to be sold to raise funds rather th								s দ।	No	
Pai	rt IV Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form 9	990, P	art IV	, line 9, or	repo	orted an amou	nt on F	orm 9	90,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inte	rmediary	for con	trıbutı	ons or other	asse	ts not / Ye s	. Г	No	
ь	If "Yes," explain the arrangement in P	art XIII and comple	te the fol	lowing t	able			An	nount		
c	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					Ī	1f				
2a	Did the organization include an amount o	on Form 990, Part X,	, line 21, 1	for esci	ow or	ے custodial ac	count	liability? Ye s	<u>. Г</u>	No	
b Pa	If "Yes," explain the arrangement in Parrt V Endowment Funds. Comple									. !	
		(a)Current year	(b) Prio	r year	b (c	Two years ba	ick (c	1)Three years back	(e) Fοι	ır years	back
a	Beginning of year balance	46,758,000	4	5,773,00	0	39,451,0	000	12,437,000		11,24	4,000
b	Contributions 	218,000		453,00	0	1,501,0	000	24,175,000		1,00	3,000
С	Net investment earnings, gains, and losses	-560,564		3,079,40	4	6,671,2	263	2,910,619		9	9,39
d	Grants or scholarships				_						
е	Other expenditures for facilities and programs	1,499,000		2,336,00	0	1,643,0	000	30,000		11	.9,000
f	Administrative expenses	-174,436		-211,40	4	-208,2	263	-101,619		-2	8,391
g	End of year balance	44,742,000	4	6,758,00	0	45,773,0	000	39,451,000		12,43	7,000
2	Provide the estimated percentage of the	current year end ba	lance (lın	e 1g, c	olumn	(a)) held as	·				
а	Board designated or quasi-endowment 🕨	9700%									
b	Permanent endowment ► 70 100 %										
С	Temporarily restricted endowment From The percentages on lines 2a, 2b, and 2c	20 200 % should equal 100%	,								
Ba	Are there endowment funds not in the po	ssession of the orga	nızatıon t	that are	held a	and adminis	tered	for the			
	organization by							<u> </u>	-	es N	
	(i) unrelated organizations				•	•		<u> </u>	a(i)	N	
b	(ii) related organizations If "Yes" on 3a(ii), are the related organizations.	zations listed as req							a(ii) 3b	N N	0
1	Describe in Part XIII the intended uses		endowm	ent fund	ds						
a۱	rt VI Land, Buildings, and Equip		Form O	00 Da	-+ T\/	lina 115 C	00 Fc	000 Dart	v lina	10	
	Complete if the organization Description of property	answered res to	FORITI 9:	90, Pa (a)	rt IV,	(b)	ee ro	Accumulated		Book va	
	Description of property			st or othe (investme		Cost or other		(c) depreciation		, Dook Ta	
.a	Land		[2,3	80,000			2,38	30,000
b	Buildings					12,1	10,268	3,281,93	30	8,82	18,338
	Leasehold improvements					1.6	19,383	1,161,35	58	15	58,025
	Other		·				25.254				6 251

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

11,712,614

(a) Description of security or category (including name of security)		(b) Book value	(c)Method of valuation Cost or end-of-year market value
1)Financial derivatives			
2)Closely-held equity interests 3)Other			
5)O ther			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	۰		
Part VIII Investments—Program Related.	l'Vas' on Form 000. De	wet TV/ lung 11c	
Complete if the organization answered			ee Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment	'	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+		
Part IX Other Assets. Complete if the organization		990, Part IV, line	
(a) Descr	ription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	(5.)		
Part X Other Liabilities. Complete if the organization		es' on Form 990,	
Other Liabilities. Complete if the organizer See Form 990, Part X, line 25.	anızatıon answered 'Ye		
Other Liabilities. Complete if the organizer See Form 990, Part X, line 25.			
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25. (a) Description of liability	anızatıon answered 'Ye		
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value		
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	anızatıon answered 'Ye		
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value		
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value		
Part X Other Liabilities. Complete if the organise Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value		
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book value		
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book value		
Part X Other Liabilities. Complete if the organise Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book value		
See Form 990, Part X, line 25.	(b) Book value		
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book value		
Part X Other Liabilities. Complete if the organise Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book value		
Part X Other Liabilities. Complete if the organise Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book value		
Part X Other Liabilities. Complete if the organise Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book value		

Sched	idie D (Form 990) 2015		Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	60,150,175
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -4,148,292		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-4,298,807
3	Subtract line 2e from line 1	3	64,448,982
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	64,448,982
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	58,403,855
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	58,403,855
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	58,403,855

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Return Reference	Explanation
Part II, Line 3 Explanation of Each Easement Change	DURING 2015, TWO CONSERVATION EASEMENTS WERE ASSIGNED TO ANOTHER QUALIFIED LAND TRUST
Part II, Line 5 Summarized Policy	THE ROCKY MOUNTAIN ELK FOUNDATION (RMEF) HAS ADOPTED THE LAND TRUST ALLIANCE'S STANDARDS AND PRACTICES FOR COMPLETING AND HOLDING PERMANENT LAND CONSERVATION PROJECTS THESE STANDARDS GUIDE HOW WE AS AN ORGANIZATION MONITOR, INSPECT, AND ENFORCE CONSERVATION EASEMENTS IN ADDITION, RMEF HAS A NUMBER OF OUR OWN POLICIES AND PROCEDURES IN PLACE WHICH DICTATE HOW WE WILL MONITOR, ENFORCE, AND PROTECT CONSERVATION EASEMENTS WE HOLD THESE PROCEDURES INCLUDE, AMONG OTHER THINGS, HOW WE WILL NOTIFY LANDOWNERS OF AN UPCOMING INSPECTION, HOW WE WILL DOCUMENT AND CONDUCT THE ANNUAL MONITORING INSPECTION, AND HOW WE WILL REPORT, INVESTIGATE, AND ACT UPON THE FINDINGS AND ANY POTENTIAL VIOLATIONS RMEF'S PROCEDURES AND OBLIGATIONS TO PROTECT THE CONSERVATION VALUES UNDER THE CONSERVATION EASEMENT ARE ALSO DESCRIBED IN THE EASEMENT DOCUMENT RMEF ALSO HAS REGULAR COMMUNICATION WITH LANDOWNERS AS WELL AS OUR BOARD OF DIRECTORS ON THE STATUS OF THE EASEMENTS WHICH THE ORGANIZATION HOLDS
Part II, Line 9 Organization Reporting of conservation easements	RMEF'S POLICY FOR CONSERVATION EASEMENTS PRESUMES THAT THE BENEFITS OF CONSERVATION EASEMENTS FLOW THROUGH TO THE GENERAL PUBLIC CONSERVATION EASEMENTS ARE RECORDED AS REVENUE AND PROGRAM EXPENSE IN THE YEAR THE APPRAISED VALUE IS MADE AVAILABLE CONTRIBUTED CONSERVATION EASEMENTS ARE RECORDED AT ESTIMATED VALUE WHEN AN APPRAISAL IS NOT AVAILABLE
Part III, Line 4 Description of organization's collections and how it furthers its purpose	THE PERMANENT COLLECTIONS CONSIST OF ARTWORK, BRONZES, MOUNTS, HISTORICAL OBJECTS, AND OTHER ITEMS OF CONTINUING VALUE AND INTEREST THESE ITEMS FURTHER OUR EXEMPT PURPOSE BY PROVIDING EDUCATION ABOUT CONSERVATION AND HUNTING, AND THEIR IMPORTANCE TO ELK AND ELK HABITAT THE ITEMS ON PUBLIC EXHIBITION HELP TO DRAW INTEREST AND ATTENTION TO OUR ELK COUNTRY VISITOR CENTER, WHICH SHOWCASES OUR MISSION WORK, PROVIDES EDUCATION ABOUT WILDLIFE AND THEIR HABITAT, AND HIGHLIGHTS THE HISTORY OF THE ROCKY MOUNTAIN ELK FOUNDATION
Part V, Line 4 Intended uses of the endowment fund	THE CONSERVATION EASEMENT PROTECTION FUND WAS ESTABLISHED TO SUPPORT RMEF'S CONSERVATION EASEMENT PROGRAM WHEN RMEF ACCEPTS A CONSERVATION EASEMENT, IT TAKES ON THE OBLIGATION TO MONITOR AND DEFEND THAT EASEMENT IN PERPETUITY DISTRIBUTIONS FROM THE FUND ARE USED TO COVER MONITORING COSTS OR TO LEGALLY DEFEND EASEMENTS THE STRATEGIC LAND PROTECTION FUND WAS ESTABLISHED TO PROVIDE ACTIVE CAPITAL FOR COMPLETING PERMANENT LAND PROTECTION PROJECTS THE GENERAL ENDOWMENT WAS ESTABLISHED FOR LONG TERM STABILITY THE EARNINGS FROM THE FUND WILL GO TO SUPPORT RMEF'S GENERAL ACTIVITIES THE RMEF'S RESTRICTED TORSTENSON FAMILY ENDOWMENT (RTFE) WAS ESTABLISHED WITH THE PROCEEDS FROM THE SALE OF THE TORSTENSON WILDLIFE CENTER IN 2012 THE RTFE FUNDS ARE USED TO SUPPORT RMEF'S CORE MISSION PROJECTS OF PERMANENT LAND PROTECTION, HABITAT STEWARDSHIP, ELK RESTORATION AND HUNTING HERITAGE THE MIDWAY YOUTH ENDOWMENT WAS ESTABLISHED TO SUPPORT YOUTH ACTIVITIES THE EARNINGS ARE USED TO EDUCATE YOUTH ON RMEF'S MISSION AND THE RELEVANCE OF WILDLIFE AND LAND CONSERVATION

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493293008166

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization ROCKY MOUNTAIN ELK FOUNDATION INC 81-0421425

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- Mail solicitations
 - e 🔽 Solicitation of non-government grants
 - Solicitation of government grants Internet and email solicitations
 - ▼ Special fundraising events Phone solicitations In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
BENTZ WHALEY FLESSNER 7251 OHMS LN MINNEAPOLIS, MN	CONSULTING	Yes	No No		71,470	
55439 2 ROBERT MUNSON 1203 CRAWFORD RD LYNNWOOD, WA 98036	CONSULTING		No		60,000	
3 CHARLIE DECKER 160 HAMMER CUTOFF RD LIBBY, MT 59923	CONSULTING		No		31,000	
JAMES C SOFT PO BOX 80114 BILLINGS, MT 59810	CONSULTING		No		8,000	
5 ASSET SENTRY ALC 4901 MORENA BLVD 124	CONSULTING		No		5,713	
SAN DIEGO, MT 92117			No			
7			No			
8						
9						
10						
Total	•		•		176,183	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

	fundraising event contributio receipts greater than \$5,000		on Form 990-EZ, line	s 1 and 6b. List even	ts with gross						
		(a)Event #1 NATL CONVENTION (event type)	(b)Event #2 TUCSON AZ (event type)	(c)O ther events 44 (total number)	(d) Total events (add col (a) through col (c))						
Revenue	1 Gross receipts	2,160,929	449,720	19,589,670	22,200,319						
	2 Less Contributions	2,160,929	449,720	19,589,670	22,200,319						
	4 Cash prizes	6,000		28,476	34,476						
	5 Noncash prizes	17,682	130,943	6,265,235	6,413,860						
မှာ	6 Rent/facility costs	438,792	14,209	552,534	1,005,535						
Expenses	7 Food and beverages	276,457	56,553	2,199,130	2,532,140						
ă ă	8 Entertainment	307,013		149,955	456,968						
_ Direct	9 Other direct expenses	624,328	5,633	4,176,784	4,806,745						
à	10 Direct expense summary Add lines 4 through 9 in column (d)										
	11 Net income summary Subtract line 1	0 from line 3, column (d)		6,950,595						
Pa	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on						
wenue		(a)Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))						
5.	I										

Revenue		(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue			6,774,147	6,774,147
ses	2 Cash prizes			22,677	22,677
Expenses	3 Noncash prizes			2,343,171	2,343,171
Direct E	4 Rent/facility costs			170,017	170,017
<u>ā</u>	5 Other direct expenses			345,595	345,595
	6 Volunteerlabor	Yes% √ Nο	Yes% √ Nο	✓ Yes96 620 % No	
	7 Direct expense summary Add lines	2,881,460			
	8 Net gaming income summary Subtra	3,892,687			

9 a	Enter the state(s) in which the organization conducts gaming activities See Additional Data Table Is the organization licensed to conduct gaming activities in each of these states?	✓Yes No
b	If "No," explain	
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	「Yes ✓No
b	If "Yes," explain	

Part III, Line 17b -Distributions Required Under State Law

11	Does the organization conduct gaming activities with nonmembers?				Yes No			
12	Is the organization a grantor, benef	ficiary or trustee of a trust	or a member of a partnership or other e	entity				
	formed to administer charitable gar				_ Yes			
13	Indicate the percentage of gaming	_			•			
а	The organization's facility	·		13a	1 000 %			
b	An outside facility			13b	99 000 %			
14	Enter the name and address of the	person who prepares the o	organization's gaming/special events bo	ooks and record	s			
	Name ► LORI PARKER							
	Name LORI PARKER							
	Address ► 5705 GRANT CREE MISSOULA,MT 59	808						
15a	Does the organization have a contr		whom the organization receives gaming					
	revenue?			Г	Yes ✓ No			
b	If "Yes," enter the amount of gamır	ng revenue received by the	organization 🟲 \$	and the				
	amount of gaming revenue retained	amount of gaming revenue retained by the third party 🟲 \$						
С	If "Yes," enter name and address o	of the third party						
	Name 🟲							
	Address -	Address 🟲						
16	Gaming manager information							
	Name UNPAID VOLUNTEE	RS TWO PART-TIME EMP						
	Description of services provided	GAMING COMPLIANCE						
	Director/officer	▼ Employee	☐ Independent contractor					
17	Mandatory distributions							
а		state law to make charitab	le distributions from the gaming procee	ds to				
	retain the state gaming license?			F	Yes No			
b	Enter the amount of distributions re	Enter the amount of distributions required under state law distributed to other exempt organizations or spent						
	in the organization's own exempt activities during the tax year ► \$ 3,892,687							
Pai		, 15b, 15c, 16, and 17b	lanations required by Part I, line 2 , as applicable. Also complete this					
	Return Reference Explanation							
STM	01	EVENTS IS LISTED DE FUNDRAISING EVEN PRIZEWINNERS ARE MOUNTAIN ELK FOU 1,598 FORMS FOR THE FUNDRAISERS BENT TO PROVIDE TECHN TO ADMINISTER OU SOLICITATIONS RO	ON SCHEDULE G PART II COLUMN C THE INCORRECT TOTAL NUMBER OF FUNDRAISING EVENTS IS LISTED DUE TO SOFTWARE LIMITATIONS THE CORRECT TOTAL NUMBER OF FUNDRAISING EVENTS IN COLUMN C SHOULD BE 755 FORM 990 PART V LINE 1A QUALIFIED PRIZEWINNERS ARE REPORTED TO THE IRS ON FORM 1099-MISC, WHICH IS ISSUED BY ROCK MOUNTAIN ELK FOUNDATION, INC UNDER ITS PRIMARY EIN RMEF INC ISSUED A TOTAL OF 1,598 FORMS FOR THE 2015 REPORTING YEAR SCHEDULE G PART I LINE 2B PROFESSIONAL FUNDRAISERS BENTZ WHALEY FLESSNER, JAMES C SOFT, AND ASSET SENTRY ARE UTILIZED TO PROVIDE TECHNICAL SUPPORT AND TRAINING TO FUNDRAISING STAFF THEY HELP US TO ADMINISTER OUR FUNDRAISING PROGRAMS, AND ARE NOT INVOLVED IN ANY DIRECT SOLICITATIONS ROBERT MUNSON AND CHARLIE DECKER ARE FOUNDERS OF OUR ORGANIZATION THEY REPRESENT RMEF, AND ARE NOT INVOLVED IN DIRECT					

AK \$55404 CO \$414992 ID \$287109 IL \$79976 IA \$81901 MI \$191038 MN \$247676 ND \$174091 OR \$590976 PA \$338451 WA \$450713 WI \$466121 WY \$514239

Additional Data

Software ID: 15000324

Software Version: 2015v2.0

EIN: 81-0421425

Name: ROCKY MOUNTAIN ELK FOUNDATION INC

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates	AK,CO,ID,IL,IA,MI,MN,ND,OR,PA,WA,WI,WY
gaming activities	

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Schedule I

General Information on Grants and Assistance

DLN: 93493293008166

2015

2015

OMB No 1545-0047

Open to Public Inspection

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
ROCKY MOUNTAIN ELK FOUNDATION INC
81-0421425

Describe in Part IV the org Part II Grants and Other As that received more to	sistance to Domesti	ic Organizations and D	<u> </u>	Complete If the organi	zation answered "Yes" (on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
BUREAU OF LAND (1) MANAGEMENT 1849 C STREET NW RM 5665 WASHINGTON, DC 20240	84-0437540	BLM	96,000	0			HABITAT ENHANCEMENT
(2) USDA FOREST SERVICE 1400 INDEPENDENCE AVE SW WASHINGTON, DC 20250	72-0564834	USFS	1,026,875	0			HABITAT ENHANCEMENT

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	ce	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIP		7	21,000			
			[<u></u>			
		1	1	1		
		1	1	1		
		1	1	1		1
		1	1	1		
		1	1	1		
Part IV Supplemental Ir	nformati	on. Provide the infor	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanation	·n				

Return Reference	Explanation
Additional Supplemental	EVERY YEAR THE ROCKY MOUNTAIN ELK FOUNDATION AWARDS SCHOLARSHIPS TO COLLEGE STUDENTS PURSUING CAREERS IN
Information	WILDLIFE AND CONSERVATION WHO EXHIBIT OUTSTANDING LEADERSHIP APPLICANTS MUST LIST THEIR LEADERSHIP ACTIVITIES,
	HOBBIES, EMPLOYMENT AND ACCOMPLISHMENTS AS THEY RELATE TO WILDLIFE OR NATURAL RESOURCES IN THEIR COMMUNITIES
	THEY MUST ALSO WRITE ESSAYS DESCRIBING IMPORTANT CONSERVATION ISSUES FACING NORTH AMERICA, THE ROLE OF HUNTING IN
	CONSERVATION, AND HOW THE SCHOLARSHIP WOULD BENEFIT THEM IN ACHIEVING THEIR CAREER GOALS ESTABLISHED IN 1991, THIS
	PROGRAM IS UNIQUE IN THE CONSERVATION WORLD AND IS WELL KNOWN AND HIGHLY REGARDED IN ACADEMIA THE BLM AND USFS
	WERE RECIPIENTS OF GRANT FUNDS USED TO COMPLETE HABITAT ENHANCEMENT PROJECTS BEFORE GRANTS ARE AWARDED, THE
	AGENCY MUST SUBMIT A PROJECT PROPOSAL THAT DETAILS THE SPECIFIC HABITAT ENHANCEMENT WORK TO BE FUNDED A
	COMMITTEE WITH REPRESENTATIVES FROM MULTIPLE AGENCIES AND ORGANIZATIONS SCREENS ALL PROPOSALS TO DETERMINE
	WHICH PROJECTS HAVE THE GREATEST BENEFIT TO ELK, OTHER WILDLIFE, AND THEIR HABITAT RMEF ALSO REQUIRES SUBMISSION OF
	A PROJECT COMPLETION REPORT WITHIN 60 DAYS OF THE END OF THE ACTIVITIES THE COMPLETION REPORT MUST INCLUDE A FULL
	ACCOUNTING OF EXPENDITURES, PHOTO DOCUMENTATION OF PROJECT ACTIVITIES, LISTING OF THE SPECIFIC WORK ACCOMPLISHED,
	AND RECOGNITION OF RMEF'S CONTRIBUTION BY APPROPRIATE MEANS
Grantmaker's Description of How	AT THE TIME OF APPLICATION, RMEF REQUIRES A VERIFICATION SIGNED BY THE APPLICANTS DEPARTMENT HEAD OR CHAIRPERSON
Grants are Used	INDICATING ENROLLMENT IN THE UNIVERSITYS WILDLIFE CURRICULUM, CLASS STANDING OF JUNIOR OR SENIOR, AND STUDENTS

INDICATING ENROLLMENT IN THE UNIVERSITYS WILDLIFE CURRICULUM, CLASS STANDING OF JUNIOR OR SENIOR, AND STUDENTS
GRADE POINT AVERAGE TWO LETTERS OF RECOMMENDATION ARE REQUIRED WITH THE APPLICATION, WHICH SHOULD FOCUS ON THE
APPLICANT'S LEADERSHIP QUALITIES DUE TO AN INCREASE IN STUDENTS RECEIVING EDUCATION REMOTELY VIA THE INTERNET, RMEF
ALLOWS LETTERS OF RECOMMENDATION FROM EMPLOYERS AND VOLUNTEER SUPERVISORS ONCE A SCHOLARSHIP IS AWARDED, AND
BEFORE FUNDS ARE DISBURSED, A SECOND UNIVERSITY VERIFICATION SIGNED BY THE STUDENTS FACULTY ADVISOR AND DEPARTMENT
HEAD CONFIRMING THE STUDENTS ENROLLMENT FOR THE UPCOMING PERIOD IS REQUIRED

DLN: 93493293008166

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Internal Revenue Service Name of the organization ROCKY MOUNTAIN ELK FOUNDATION INC

Employer identification number

81-0421425

-6	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
-	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
Ь	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	a		N.o.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	FW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
Base (ii) (iii) (iii) (i) compensation Bonus & incentive compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990			
1 GRANT PARKER GENERAL COUNSEL	(i)	142,724			7,610	5,815	156,149	
	(ii)							
2 LORI PARKERTreasurer	(i)	137,372	10,000		7,897	6,423	161,692	
	(ii)							
3 M DAVID ALLEN President & CEO	(i)	215,868	50,000		13,250	5,279	284,397	
	(ii)							
4 RODNEY TRIEPKE Secretary	(i)	160,827	15,000		9,682	6,311	191,820	
	(ii)							

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference

Explanation

Part I, Line 7 Non-Fixed payments not listed above THE CEO MAY BE AWARDED A BONUS BASED ON THE DISCRETION OF THE EXECUTIVE COMMITTEE OF THE BOARD OTHER OFFICERS AND HIGHLY COMPENSATED EMPLOYEES MAY RECEIVE A BONUS AT THE DISCRETION OF THE CEO

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. DLN: 93493293008166 OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

(Form 990)

Internal Revenue Service

	e of the organization CKY MOUNTAIN ELK FOUNDAT	IONINC								Emp	oloyer id	lentifica	tion nur	nber	
										81	-04214	25			
Pa	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pr	псе	(f) Description of purpose			(g) De	feased	beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	MISSOULA COUNTY MONTANA	81-6001397		12-23-2010	4,097		REFIN <i>I</i> ISSUE		STRUCTION		Х		Х		Х
Pa	rt III Proceeds														<u> </u>
						Α			В		С			D	
1	A mount of bonds retired					1,863	3,445								
2	A mount of bonds legally defea	sed													
3	Total proceeds of issue					4,097	7,500								
4	Gross proceeds in reserve fun	nds													
5	Capitalized interest from proc	eeds													
6	Proceeds in refunding escrows	5													
7	Issuance costs from proceeds	5													
8	Credit enhancement from proc	eeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	ceeds													
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion	1			20	05									
					Yes	N	lo	Yes	No	Yes	1	No.	Yes		No
14	Were the bonds issued as part	t of a current refundı	ngıssue?		X										
15	Were the bonds issued as part	t of an advance refur	ndıng ıssue?			×	×								
16	Has the final allocation of prod	ceeds been made? .			Х										
17	Does the organization maintai allocation of proceeds?				Х										
Pai	rt IIII Private Business U														
								E			C			D	
	Was the same			I Cle le	Yes	No	0	Yes	No	Yes	<u> </u>	No.	Yes		No
1	Was the organization a partne property financed by tax-exen					Х	(

Are there any lease arrangements that may result in private business use of bond-

Х

<u> </u>	date it (1 offin 330) 2013									raye z
Par	Private Business Use (Continued)									
				<u> </u>	В			c		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a 	Are there any management or service contracts that may result in private of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final									
prop	erty?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		×						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government							1		
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government	ersection								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the borussued?			Х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations	sections								
9	1 141-12 and 1 145-2?			Х						
Par	t IV Arbitrage					•				
		Α			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х							
2	If "No" to line 1, did the following apply?									
<u>а</u>	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?	×								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed						l .			
3	Is the bond issue a variable rate issue?									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
ь	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

Pai	t IV Arbitrage (Continued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х						
7	Has the organization established written procedures to monitor the requirements of section 148?		х						
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	×							
Pa	rt VI Supplemental Information. Provide additional information	mation for resp	onses to qu	uestions on S	chedule K (:	see instructio	ns).		
					·				

Return Reference	Explanation
	THE OUTSTANDING BOND ISSUE WAS NOT SUBJECT TO A REBATE PROCEEDS WERE USED IMMEDIATELY FOR DEBT SERVICE A CALCULATION WAS DONE ON 12/23/10, THE DATE OF ISSUE,
	TO DETERMINE THAT THE REBATE WAS NOT APPLICABLE

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▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

DLN: 93493293008166

OMB No 1545-0047

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Noncash Contributions

Open to Public Inspection

	ne of the organization CY MOUNTAIN ELK FOUNDATION INC				Employer identificat	ion nu	mber	
KOCI	AT MOONTAIN LER FOUNDATION INC				81-0421425			
Pa	rt I Types of Property			-				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermi		ts
	Art—Works of art							
	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	2	4,372	AVG ON RECEIPT			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation	Х	6	21,589,000	APPRAISAL			
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other	X	1	120,000	APPRAISAL			
18	Collectibles							
19	· · · · · · · · · · · · · · · · · · ·							
20	Drugs and medical supplies . Taxidermy							
21 22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ► ()							
	Other • ()							
	Other►()							
29	Number of Forms 8283 received	by the orga	nization during the tax yea	r for contributions				
	for which the organization comple	eted Form 8	283, Part IV, Donee Ackno	owledgement	29			4
							Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to be used			
	for exempt purposes for the enti	re holding p	period ⁷			30a		No
t	If "Yes," describe the arrangement	ent in Part	II					
31	Does the organization have a gif					31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third part		to solicit, process, or sell	noncash 	32a	Yes	
	If "Yes," describe in Part II If the organization did not report describe in Part II	t an amount	: in column (c) for a type of	property for which column ((a) is checked,			

-	•		٠.	_	•	•	٧.	_	•	•••	_	-	٠,	١-	. • •	٠,	
	F									_	_			-			
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Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 32, Hire and Use of Third	NON-CASH CONTRIBUTIONS IN THE FORM OF REAL ESTATE ARE SOMETIMES SOLD BY
Parties	UTILIZING THE SERVICES OF A REAL ESTATE AGENT

Schedule M (Form 990) (2015)

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DLN: 93493293008166

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
ROCKY MOUNTAIN ELK FOUNDATION INC	81-0421425

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 HUNTING HERITAGE AND OUTREACH REPRESENTS PROGRAMS TO NURTURE A BETTER UNDERSTANDING OF THE ROLE HUNTERS PLAY IN CONSERVING ELK, OTHER WILDLIFE AND THEIR HABITAT THE GOAL OF OUR HUNTING HERITAGE PROGRAM IS TO CULTIVATE FUTURE GENERATIONS OF HUNTER-CONSERVATIONISTS BY PROVIDING IN-DEPTH TRAINING, OUTDOOR SKILLS ACTIVITIES, AND TOURS AND EDUCATIONAL PROGRAMS RMEF HOPES TO ENCOURAGE MORE CONSERVATION LEADERS AMONG YOUNG AND OLD ALIKE RMEF ACHIEVES THE EDUCATION THROUGH OUR ELK COUNTRY VISITOR CENTER, CHAPTER EVENTS, STATE GRANTS, MEDIA OUTREACH, WILDLIFE SCHOLARSHIPS, AND VARIOUS WORKSHOPS OTHER PROGRAM SERVICES 5 ELK RESTORATION REPRESENTS RESTORING ELK BACK TO THEIR HISTORIC RANGES THIS PROCESS BEGINS WITH A FEASIBILITY STUDY TO DETERMINE IF WILD, FREE-RANGING ELK STILL HAVE A PLACE IN THEIR FORMER HABITATS IN PARTNERSHIP WITH STATE AGENCIES, RMEF WILL HELP TRANSFER WILD ELK TO THEIR HISTORIC RANGES STATE AGENCIES ARE RESPONSIBLE FOR MANAGING THE RELOCATED HERDS SINCE 1995, RMEF HAS HELPED LAUNCH SEVEN SUCCESSFUL ELK RESTORATIONS

Return Reference	Explanation
Form 990, Part VI, Line 1a Explanation of Delegated Broad Authority to Committee	THE EXECUTIVE COMMITTEE OF THE BOARD HAS THE AUTHORITY TO ACT ON BEHALF OF THE ENTIRE BOARD HOWEVER, THIS AUTHORITY EXCLUDES THE ABILITY TO CHANGE CORPORATE BYLAWS OR TO REMOVE A BOARD MEMBER FROM SERVICE

Return Reference	Explanation
Line 11b Form 990	MANAGEMENT PREPARES THE RETURN, WITH A PRELIMINARY REVIEW CONDUCTED BY THE TREASURER A TECHNICAL REVIEW IS ALSO COMPLETED BY A THIRD PARTY ACCOUNTING FIRM THE FINAL REVIEW IS CONDUCTED BY THE TREASURER, SECRETARY AND GENERAL COUNSEL THE RETURN IS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING EACH BOARD MEMBER HAS THE OPPORTUNITY TO PARTICIPATE IN THE REVIEW CONDUCTED WITH THE EXECUTIVE COMMITTEE OF THE BOARD THE EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE ENTIRE BOARD OF DIRECTORS

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Board Members, Business Professionals who serve on Board Committees, Officers, and Key Employees are required to disclose or update annually their interests and those of their family members that could give rise to conflicts of interest insiders must avoid any actual or apparent conflicts of interest, or shall appropriately manage the conflict or apparent conflict through disclosure and recusal. The conflicted party or potential conflicted party shall recuse him or herself from any discussion and voting on the matter. In addition, other techniques shall be used as necessary to ensure that the letter and spirit of this conflict of interest policy are followed. Actual or apparent conflicts of interest may occur because persons associated with the Elk Foundation may have multiple interests and affiliations, and various positions of responsibility. It is possible that an individual may owe duties of loyalty to more than one organization. Nonetheless, any conflict of interest, or situations potentially involving conflicts of interest, shall be fully disclosed, and shall be managed so that the integrity, reputation and tax exempt tax status of the Elk Foundation will be maintained, including recusal of the conflicted party from consideration of the issue. When engaging in land and easement transactions with insiders, RMEF shall follow this Conflict of interest policy, document that the project meets the RMEFs mission, follow all transaction policies and procedures, and ensure that there is no private inurement or impermissible private benefit. For purchases from and sales of property to Insiders, RMEF shall obtain a qualified independent appraisal prepared in compliance with the Uniform Standards of Professional Appraisal Practice by a state-licensed or state-certified appraiser who has verifiable conservation easement or conservation real estate experience. Additionally, when selling property to Insiders, the RMEF shall widely market the property in a manner sufficient to ensure that the property is sold at or above

Return Reference	Explanation
Compensation Review & Approval Process - CEO, Top	IN ORDER TO ESTABLISH COMPENSATION FOR THE PRESIDENT & CEO, RMEF CONDUCTED A COMPENSATION REVIEW THE REVIEW CONSISTED OF SEVERAL SOURCES, INCLUDING FORM 990 OF OTHER ORGANIZATIONS A WRITTEN EMPLOYMENT CONTRACT WAS THEN EXECUTED AND APPROVED BY THE BOARD OF DIRECTORS A COMPENSATION REVIEW WAS CONDUCTED IN THE FALL OF 2014

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	A MARKET ANALYSIS OF COMPARABLE POSITIONS IS CONDUCTED BY THE HUMAN RESOURCES DEPARTMENT TO DETERMINE APPROPRIATE SALARIES FOR OPEN POSITIONS AS WELL AS EXISTING POSITIONS

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	RMEF'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THESE DOCUMENTS ARE ALSO ON FILE WITH MOST SECRETARY OF STATES OFFICES AS PART OF RMEF'S CHARITABLE SOLICITATION COMPLIANCE THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON OUR WEB SITE, WWW RMEF ORG IN ADDITION, RMEF'S FINANCIAL INFORMATION IS PUBLISHED ON CHARITY NAVIGATOR AND GUIDESTAR WEB SITES

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	CHANGE IN VALUE GIFT ANNUITIES = -\$150512

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DLN: 93493293008166

SCHEDULE R (Form 990)

Name of the organization

ROCKY MOUNTAIN ELK FOUNDATION INC

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury

Internal Revenue Service

Attach to Form 990.

D. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

				81-0421	425			
Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes" or	n Form 990, Pa	art IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	[(f) Direct controlling entity		
								
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		he organization an			art IV,	line 34 because it	had on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity (if section 50)	status L(c)(3))	(f) Direct controlling entity	(g) Section 512 (13) contro entity?	
								No
							$\overline{}$	ı
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(a) Name, address, and f related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	unrelated, excluded from tax under sections 512-	`	(g) Share of e end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI Ger amount in box ma	Gene mana part		Perc owr
					514)			Yes	No		Yes	No	
IV Identification of Related 34 because it had one or mo							ation ansv	wered	"Yes" (on Form 9	90, I	² art	ΙV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicil (state or fo country	e oreign	Direct	entity (C o	(e) e of entity orp, S corp, or trust)	(f) Share of total Income	Share	(g) of end-of year assets	(h) f- Percent owners	tage		Section (b) cont
ARITABLE REMAINDER	TRUST	MT		N/A	TRUS	<u> </u> т				-		F	Yes

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	1 512 L3) olled
								Yes	No
CHARITABLE REMAINDER (1)TRUST 2 5705 GRANT CREEK RD MISSOULA, MT 59808	TRUST	МТ	N/A	TRUST					No
							_		

Part V	Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations li	sted in Parts II-IV?				
a Rec	eipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity				1a		No
b Gift	grant, or capital contribution to related organization(s)				1b		No
c Gıft	grant, or capital contribution from related organization(s)				1 c		No
d Loa	ns or loan guarantees to or for related organization(s)				1d		No
e Loa	ns or loan guarantees by related organization(s)				1e		No
f Divi	dends from related organization(s)				1f		No
g Sale	of assets to related organization(s)				1g		No
h Pur	hase of assets from related organization(s)				1h		No
i Excl	ange of assets with related organization(s)				1i		No
j Leas	e of facilities, equipment, or other assets to related organization(s)				1j		No
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k		No
I Perf	ormance of services or membership or fundraising solicitations for related organization(s)				11		No
m Perf	ormance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Shar	ing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sha	ring of paid employees with related organization(s)				10		No
p Reii	nbursement paid to related organization(s) for expenses				1p		No
q Reii	nbursement paid by related organization(s) for expenses				1q		No
r Oth	er transfer of cash or property to related organization(s)				1r		No
s Oth	er transfer of cash or property from related organization(s)				1s		No
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt in	volved	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (a) Name, address, and EIN of entity (b) Primary activity Legal (c) Legal Predominant Are all partners Are all partners Share of Share of Disproprtionate Code V-UBI General or Percentage													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) (g Share of Shar total end-of	(g) Share of end-of-year assets						(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	ı
	•		•		•		•	•	•	•		•	•

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015