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DLN: 93493318108727 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2016 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 Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization ROCKY MOUNTAIN ELK FOUNDATION INC D Employer identification number B Check if applicable ☐ Address change 81-0421425 ☐ Name change Doing business as ☐ Initial return Fınal ☐eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 5705 GRANT CREEK RD ☐ Amended return (406) 523-4500 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT $\,$ 59808 $\,$ G Gross receipts \$ 74,715,258 Name and address of principal officer H(a) Is this a group return for M DAVID ALLEN ☐Yes ☑No subordinates? 5705 GRANT CREEK RD H(b) Are all subordinates MISSOULA, MT 59808 ☐ Yes **☑**No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www rmef org L Year of formation 1984 M State of legal domicile MT Summary 1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE ROCKY MOUNTAIN ELK FOUNDATION IS TO ENSURE THE FUTURE OF ELK, OTHER WILDLIFE, THEIR HABITAT AND OUR HUNTING HERITAGE OUR MISSION INCLUDES FOUR CORE PROGRAMS, LAND PROTECTION, HABITAT STEWARDSHIP, ELK Activities & Governance RESTORATION AND HUNTING HERITAGE Check this box $\blacktriangleright \sqcup$ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 5 159 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) 11,000 Total unrelated business revenue from Part VIII, column (C), line 12 1.663.072 b Net unrelated business taxable income from Form 990-T, line 34 -206 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 41,215,213 19,824,880 5,609,377 7,294,171 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 3,529,793 1,492,286 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,094,599 14,884,324 64,448,982 43,495,661 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 1,143,875 1,826,729 **14** Benefits paid to or for members (Part IX, column (A), line 4) 10,160,374 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 9,473,101 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 176,183 240,901 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶4,283,947 28,778,218 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 47,610,696 58,403,855 41,006,222 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 6,045,127 2,489,439 Revenue less expenses Subtract line 18 from line 12 . Net Assets or Fund Balances End of Year Beginning of Current Year 81,095,940 84,136,936 20 Total assets (Part X, line 16) . 9,918,629 8,302,178 21 Total liabilities (Part X, line 26) . 75,834,758 71,177,311 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2017-11-14 Signature of officer Sian Here ORI PARKER Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check | If Paid self-employed Firm's name Firm's EIN 🟲 **Preparer** Firm's address Phone no **Use Only** ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016) Cat No 11282Y

Form	990 (2016)					Page 2
Par	t IIII Statement	of Program Serv	ice Accomplis	hments		
	Check if Sche	edule O contains a res	sponse or note to a	any line in this Part III		🗸
1		organization's missior	<u>'</u>	,		
HUN					OF ELK, OTHER WILDLIFE, THEIR ON, HABITAT STEWARDSHIP, EL	
2	-			vices during the year wh		☐ Yes ☑ No
3	Did the organization	ese new services on S cease conducting, or		changes in how it conduction	cts, any program	□Yes ☑No
	If "Yes," describe the	ese changes on Scheo	dule O			
4	Section 501(c)(3) ar		itions are required	to report the amount of	argest program services, as mea grants and allocations to others	
4a	(Code See Additional Data) (Expenses \$	11,037,746	including grants of \$) (Revenue \$	2,101,806)
4b	(Code See Additional Data) (Expenses \$	10,825,484	including grants of \$) (Revenue \$	5,144,000)
4c	(Code See Additional Data) (Expenses \$	7,476,865	ıncludıng grants of \$	1,808,729) (Revenue \$	48,365)
4d	Other program serv	ices (Describe in Sche 5,524,470 ir	edule O)	ф 10.00	20.) (Bevenue d	
	• •	· · ·		<u>' </u>	00) (Revenue \$	
<u>4e</u>	Total program ser	vice expenses ►	34,864,5	b5		Form 990 (2016)

Page 3

No

No

V Checklist of Required Schedules		
		١
the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	١

2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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?

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?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ঙ 뉰

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Yes

4 5

6

7

11c

11d

11e

11f

12a

12b

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14a

14h

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Yes

Yes

Yes

Yes

Yes

Form 990 (2016)

No No Yes

Yes Yes

Nο

Nο

Nο

No

Nο

No

No

No

No

- Did the organization maintain collections of works of art, historical treasures, or other similar assets? R 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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸
- No If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 11b

29

Part IV Checklist of Required Schedules (continued) Yes **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Page 4

Νo

No

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Yes

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24d

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25b

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35a

35h

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Yes

Yes

Yes

Form 990 (2016)

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 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 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? If "Yes,"

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 📆

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . $\$

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

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

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 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," b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1,884			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 159			
		2b	Yes	
D	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)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	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 (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
y	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		No
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during			
	the year?	8		No
Ω-	Did the annual annual makes makes and to say the sakes distance and an archive 40002			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
b	12b			
b	Section 501(c)(29) qualified nonprofit health insurance issuers.			
				i
3 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
3 a		13a		No
3 a b	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		No
3 a b	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a 14a		No No

υ (.	2016)			Pag
	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" re 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	esponse	to lın	es
	Check if Schedule O contains a response or note to any line in this Part VI			✓

	ba, bb, or 10b below, describe the circumstances, processes, or changes in Schedule of See instructions			_
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	✓
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 11a 25		Yes	No
	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 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	⊋.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	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 annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	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)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
.7 L7	List the States with which a copy of this Form 990 is required to be filed▶			
	AK , AL , AR , AZ , CA , CO , CT , DE , FL , IN , KS , KY , LA , MD , ME , ME , MI , MN ND , NE , NH , NJ , NM , NV , NY , OH , OK SD , TN , TX , VA , VT , WA , WI , WV , WY	, MO , (, OR ,	MS, MT	, NC ,
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

- ☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 19
 - Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records •RODNEY TRIEPKE SECRETARY 5705 GRANT CREEK ROAD MISSOULA, MT 59808 (406) 523-4500

Page 7

amount of other

compensation

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

year List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, 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

hours per

compensated employees, and former such persons L Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (F) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average

than one box, unless person

compensation

	week (list any hours	ıs b	oth a direct	n of or/t	ficer rust	and a		from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099-	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊬ë	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

Page 8

Form 990															Page 8
Part VI		1	, Key	Emp			and	Higl			sate	I	(cont		
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, un of tor/t	t che inle: ficer rust	and a	son	Rep comp fro organiz	(D) ortable ensation m the zation (99-MISO	on [W-	(E) Reportable compensation from related organizations (2/1099-MISC	w-	Estima amount of compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,103	·				relat organiza	ed
See Addıt	tional Data Table												+		
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_	al from continuation sheets to F al (add lines 1b and 1c)	Part VII, Sectio		٠.		•	P		1.	318,614	1		+		135,068
2 To	otal number of individuals (including reportable compensation from the	g but not limited	to thos			bove	e) who	rec	eived mo	re than	n \$10	00,000			<u> </u>
	<u> </u>	-												Yes	No
	d the organization list any former e 1a ⁷ If "Yes," complete Schedule			ee, k	•		oyee,	or hi	ghest co	mpens:	ated •	employee on	3		No
org	r any individual listed on line 1a, is ganization and related organization dividual											the		Vaa	
5 Dic	d any person listed on line 1a rece									tion or	ındı	vidual for	4	Yes	
	rvices rendered to the organization on B. Independent Contrac		ete Sch	edule	J fo	or su	ich pei	rson	• •		•		5		No
1 Co	omplete this table for your five high om the organization Report compe	nest compensate											mpen	sation	
	· · · · · · · · · · · · · · · · · · ·	(A) and business addre								Ī		(B) ription of services		(C Comper	
BIG TIME	ENTERTAINMENT	una basiness adare	.33									PRODUCER		compe	456,970
	RWAY LAKE RD SW ER, MN 56474														
	POSITION SERVICES UNSET RD									EXPOS	ITION	SERVICE			435,690
AS VEGA	S, NV 89118 R CHANNEL									TV PRO	DUCT	ΓΙΟΝ			381,635
O BOX 80 CHICAGO,	09280 , IL 60680														
EDERAL I	EXPRESS									SHIPPI	NG				247,421
PO BOX 94 PALANTIN ADVANCEI	E, IL 60094									PRINTI	NG				156,100
1702 RAN	KIN ST									LKTINII	U				130,100
	4, MT 59808 Linumber of undependent contracto	ers (including but	not lim	utod 1	o th	056	licted	ahov	(a) who	receive	d ma	ore than \$100.00	10 of		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 7

Part	VI:										- age 3
		Check If Schedu	le O contains	a respo	onse or note to any	(his Part VIII A) revenue	(Relai exe	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	14.	a Federated campaig	nc	1 4 - 1					enue		512-514
ats ut		b Membership dues		1a	8,892,721						
ran				1b	8,892,721						
Gifts, Grants illar Amounts		c Fundraising events		1c							
iit Ia		d Related organization		1d	1 157 100						
S, G		e Government grants (c	•	1e	1,467,122						
<u>s</u> is	1	f All other contributions and similar amounts n		1f	9,465,037						
Contributions, Gifts, Grants and Other Similar Amounts	į	above g Noncash contribution in lines 1a-1f \$									
Cont	ŀ	Total. Add lines 1a-1	lf		•	19	,824,880				
Пė					Business	Code					
Ven	2 a	CONTRACT REVENUE				900099		48,365	48,	365	
å.		LAND SALES				900099		44,000	5,144,		
MCE	С	MEMBERSHIP REVENUE				900099	2,1	01,806	2,101,	806	
₹	d	l ————									
ram	e										
Program Service Revenue		All other program se			7,:	294,171					
<u> </u>		Total.Add lines 2a-2			<u> </u>			T	Т		T
		Investment income (i similar amounts) .			nterest, and other		1,163,784	1			1,163,784
	4	Income from investm	ent of tax-exe	empt bo	ond proceeds	•	()			
	5	Royalties			•	•	238,046	5			238,046
	_		(ı) Rea	I	(II) Personal						
	6a	Gross rents									
	b	Less rental expenses									
	,	Rental income or				_					
	Ì	(loss)									
	C	Net rental income o					(
		Cross amount	(ı) Securi	ties	(II) Other	_					
	/a	Gross amount from sales of assets other than inventory	13,3	396,732	91	7					
	Ł	Less cost or other basis and sales expenses	13,0	069,147							
	c	Gain or (loss)	3	327,585	91	7					
	c	d Net gain or (loss)			*		328,502	2			328,502
Other Revenue	8a	Gross income from f (not including \$ contributions reporte	ed on line 1c)	of							
eve		See Part IV, line 18		. a b	21,549,732 13,840,735	_					
F.		Less direct expense Net income or (loss)		_			7,708,99	7			7,708,997
the		Gross income from g	aming activit			1					
0		See Part IV, line 19		_ 1	6.044.664						
	ŀ	Less direct expense		a b	6,911,664 3,072,519						
		: Net income or (loss)					3,839,145	5			3,839,145
		aGross sales of invent	tory, less								
		returns and allowand	ces	a	2,725,024						
	ŀ	Less cost of goods s	sold .	a b	1,237,196						
		Net income or (loss)		_	ory . •	_	1,487,828	3		3,590	1,484,238
		Miscellaneous			Business Code						
	11	^{La} ADVERTISING / TEL	EVISION		54180	o	1,659,482	2		1,659,482	
	Ŀ	BOND RETIREMENT			90009	9	-34,42!	5			-34,425
	ď	MISCELLANEOUS			90009	9	90,25:	L			90,251
		i All other revenue .					-105,000				-105,000
		a All other revenue . • Total. Add lines 11a			•		-103,000	1			-103,000
		2 Total revenue. See		•	·		1,610,308	3			
		- TOLATTEVENUE, 566	: Instructions	• •	• • • •		43,495,66	ı	7,294,171	1,663,072	14,713,538 Form 990 (2016)

10 Payroll taxes .

b Legal .

c Accounting

11 Fees for services (non-employees)

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

23 Insurance .

15 Royalties .

16 Occupancy .

17 Travel .

14 Information technology

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ✓ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O) a LAND PROTECTION

b CONSERVATION PROJECTS

d RENT & MAINTENANCE - OTHER

c MEMBERSHIP BENEFITS

e All other expenses

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

a Management . . .

d Lobbying

73,941

396

821

369

240,901

1,439

40,311

372,356

2,169,815

17

13,255

110.491

38,139

35,091

21,125

48,829

4,283,947

879,000

Form 990 (2016)

841

536

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other org	anizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	/ line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,808,729	1,808,729		
2 Grants and other assistance to domestic individuals See Part IV, line 22	18,000	18,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	686,341	260,306	232,750	193,285
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7 Other salaries and wages	7,129,364	5,763,971	617,403	747,990
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	360,264	287,075	29,996	43,193
9 Other employee benefits	1,363,696	846,981	385,909	130,806

620,709

15,736

56,680

8,525

240,901

175,214

1,084,434

1,552,275

9,199,865

254,280

214,678

440,368

38,818

6,516,240

5,118,478

2,424,996

198,362

149,808

41,006,222

6,387,000

9,958

0

1,319,379

124

0

0

0

479,735

13,816

33,679

7,173

170,800

990,495

1,139,820

6,891,203

210,714

154,411

331,217

23,340

6,516,240

5,118,478

2,424,996

132,502

96,236

34,864,565

5,208,000

7,961

1,136,587

100

67,033

1,524

22,180

983

2,975

53,628

40.099

138,847

30,311

72.301

22,128

1,461

74,060

14,637

44,735

4,743

1,857,710

300,000

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX .	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			9,865,113	1	12,057,747
	2	Savings and temporary cash investments .			2,533,053	2	1,569,812
	3	Pledges and grants receivable, net		•	1,436,944	3	1,234,637
	4	Accounts receivable, net			1,138,072	4	1,064,565
ts	6	Loans and other receivables from current and for trustees, key employees, and highest compensations of Schedule L. Loans and other receivables from other disqualisection 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations.	ited en fied pe n 4958 itions d	rsons (as defined under s(c)(3)(B), and of section 501(c)(9)		6	0
ssets	8	Notes and loans receivable, net			4,286,813	<u> </u>	4,358,757
As	9	Prepaid expenses and deferred charges	1,262,595		1,560,298		
	_	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 17,555,2:					1,500,250
	b	Less accumulated depreciation	10b	6,004,169	11,712,614	10c	11,551,061

46.032.536

2.374.000

454.200

81,095,940

5,142,555

1,291,054

2,234,055

1.250.965

9,918,629

28.503.793

10,876,489

31.797.029

71,177,311

81.095.940

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22 23

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29

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31 32

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48.171.360

2.114.499

454,200

84.136.936

3.990,279

1,405,712

1.679.386

1.226.801

8,302,178

31,473,866

12,524,700

31.836.192

75,834,758

84.136.936 Form **990** (2016)

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Liabilities 22

Fund Balances

Assets or 30

Net

Investments—publicly traded securities .

Intangible assets

Accounts payable and accrued expenses

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Secured mortgages and notes payable to unrelated third parties . . .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

Yes

Nο

Form 990 (2016)

2c

3a

3b

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID: 16000303

Software Version: 2016v3.0 **EIN:** 81-0421425

Name: ROCKY MOUNTAIN ELK FOUNDATION INC

Form 990 (2016)

MEMBERS

Form 990, Part III, Line 4a:

MEMBERSHIP SERVICES REPRESENTS THE COSTS OF PROVIDING BENEFITS TO ALL ROCKY MOUNTAIN ELK FOUNDATION MEMBERS, INCLUDING CERTAIN COSTS RELATED TO BUGLE MAGAZINE RMEF OFFERS SEVERAL LEVELS OF MEMBERSHIP, WITH DIFFERENT BENEFITS AT EACH LEVEL RMEF PROVIDES A VARIETY OF GIFTS TO SOME OF ITS MEMBERS IN APPRECIATION OF THEIR SUPPORT ITEMS VARY WITH LEVELS OF MEMBERSHIP, INCLUDING AN ANNUAL SUBSCRIPTION TO BUGLE MAGAZINE, DECALS, LAPEL PINS, HATS, PERSONALIZED PLAQUES AND JACKETS MEMBERS ALSO RECEIVE EDUCATIONAL MEMBERSHIP MATERIALS AND HABITAT PROTECTION AND CONSERVATION BROCHURES MEMBERS ARE ALSO INVITED TO ATTEND ANY NUMBER OF RMEF LOCAL OR NATIONAL EVENTS AT THE CLOSE OF 2016, RMEF HAD 222.325

PERMANENT LAND PROTECTION AND ACCESS REPRESENTS LAND ACQUISITIONS, CONSERVATION EASEMENTS, LAND EXCHANGES, HUNTER AND PUBLIC ACCESS RELATED PROJECTS, AND REAL ESTATE DONATIONS RMEF IDENTIFIES AND PRIORITIZES THE MOST CRUCIAL ELK RANGE AND HABITAT THROUGH GIS MAPPING, A 100-POINT RANKING SYSTEM, PARTNERSHIPS, AND FIELD-BASED PROFESSIONAL KNOWLEDGE THE HIGHEST PRIORITY INTERESTS IN LANDS FOR HABITAT OR ACCESS ARE

FOR MISSION ACCOMPLISHMENT AT THE CLOSE OF 2016, RMEF HAD PERMANENTLY PROTECTED 1,174,669 CUMULATIVE ACRES OF ELK HABITAT. AND OPENED OR

Form 990, Part III, Line 4b:

SECURED PUBLIC ACCESS TO 1.105.667 ACRES

PROTECTED THROUGH ACQUISITION AND THEN USUALLY CONVEYED TO A GOVERNMENT AGENCY FOR MANAGEMENT AND TO INCREASE PUBLIC ACCESS CONSERVATION FASEMENTS ALLOW LANDOWNERS TO PROTECT THEIR LAND IN PERPETUITY LAND AND REAL ESTATE DONATIONS ALLOW RMFE TO PROTECT HABITAT OR RAISE FUNDS

CONSERVATION PROJECTS REPRESENTS PROJECTS TO IMPROVE THE ESSENTIAL FORAGE, WATER, COVER AND ACREAGE COMPONENTS OF WILDLIFE HABITAT TYPES OF PROJECTS INCLUDE RESTORING ASPEN COMMUNITIES, FIGHTING THE SPREAD OF NOXIOUS WEEDS, BOOSTING LAND PRODUCTIVITY WITH PRESCRIBED BURNING, AND THINNING OF FORESTS RMEF FUNDS WATER DEVELOPMENT PROJECTS AS WELL AS FENCING PROJECTS TO PROVIDE BETTER DISTRIBUTION OF 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 2016, RMEF HAD ENHANCED 5,936,689

Form 990, Part III, Line 4c:

CUMULATIVE ACRES OF ELK HABITAT

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensatemployee Former Individual trustee or director Institutional MISC) organizations MISC) related below dotted organizations employee line)

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

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58,350

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PHILIP BARRETT

MIKE BAUGH

RUSS BUMGARDNER

Director

Director

Director

Director

Director

Director

Director

Director

Director

LEE GAMBLE

T W GARRETT

JOHN CAID

SCOTT CHESTER

CHARLIE DECKER

SWEDE FRENCH

CURTIS CHRISTIANSEN

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensatemployee Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line)

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

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62,540

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NANCY HADLEY

NANCY HOLLAND

ANDY HOXSEY

LARRY IRWIN

ERIC JOHNSON

Director

Director

Director

Director

Director

Director

Director

Director

Director

DON MOSS

FRED LEKSE

BILL MADISON

ROBERT MUNSON

RANDY NEWBERG

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensatemployee Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line) 5 00 VICKI PELTONEN

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

......

BILL PINE

Director

Director

Director

Director

Director

Director

Director

Director

Director

TERRY SWEET

JOE TREADWAY

BOB WELLMAN

JERRY PIONESSA

LINDA POWELL

CHUCK ROADY

DENNIS RADOCHA

MICHAEL STEUERT

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Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless compensation compensation amount of other hours per week (list person is both an officer from the from related and a director/trustee) organization organizations

(F)

Estimated

compensation

16,247

14,542

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

	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
M DAVID ALLEN	50 00			x				245,417	0	20,754
President & CEO	0 00			_^				243,417	0	20,734
ROD TRIEPKE	50 00			x				185,634	0	19,954

		JStee	Trustee		ĐĘ	ipensated			
M DAVID ALLEN President & CEO	50 00			×			245,417	0	
ROD TRIEPKE Secretary	50 00			×			185,634	0	
LORI PARKER Treasurer	50 00			x			146,657	0	
GDANT DARKER	50 00								

ROD TRIEPKE	50 00		х		185,634	0	19,954
Secretary	0 00		^		103,034	3	13,554
LORI PARKER	50 00						
			Х		146,657	0	16,478
Treasurer	0 00				·		
GRANT PARKER	50 00						
				Х	141,477	0	15,583
GENERAL COUNSEL	0 00				<u> </u>		

LORI PARKER	50 00		x		146,657	0	16,478
Treasurer	0 00		^		110,037	, and the second	10,175
GRANT PARKER	50 00			×	141,477	0	15,583
GENERAL COUNSEL	0 00			^	111,177	Ů	13,303
BLAKE HENNING	50 00						

	50.00						
VP LANDS & CONSERV	0 00			,	255,155	,	
BLAKE HENNING	50 00			Х	130.400	0	15,036
GENERAL COUNSEL	0 00						
GRANT PARKER	50 00			Х	141,477	0	15.583

GENERAL COUNSEL	0 00						
BLAKE HENNING	50 00			Υ	130,400	0	
VP LANDS & CONSERV	0 00			^	130,400		1
STEVE DECKER	50 00						

GENERAL COUNSEL	0 00						
BLAKE HENNING	50 00						
				Х	130,400	0	ĺ
VP LANDS & CONSERV	0 00						
CTEVE DECKED	50.00						

0 00 50 00

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VP OPERATIONS

RALPH M CINFIO III

VP FUNDRAISING SER

BLAKE HENNING	50 00			x	130.400	0	
/P LANDS & CONSERV	0 00			^	130,100	,	
STEVE DECKER	50 00						

STEVE DECKER	50 00			v	120,884	0	16,474
VP MARKETING				^	120,884	0	16,474
DONALD BLAKLEY	50 00						

Х

115,080

112,175

efile	e GRA	APHIC prii	nt - DO NOT PROCI	SS	As Filed Data -			DLN: 934933181087					
SCI	IED	ULE A	Publ	ic C	harity Statu	s and Put	olic Supp	ort	OMB No 1545-0047				
(For	m 990			he org	ganization is a sect	ion 501(c)(3) d	organization o		2016				
990E	(Z)			•	4947(a)(1) nonexe ▶ Attach to Form 9				2010				
		the Treasury	► Information	about	Schedule A (Form			ıctions is at	Open to Public Inspection				
Name	e of th	ue Service ne organiza			<u>www.ns.g</u>	<u> </u>		Employer identific	<u></u>				
ROCKY	MOUN	TAIN ELK FOU	NDATION INC					81-0421425					
Pa			for Public Charity					See instructions.					
	rganız		a private foundation be		•	•	•	(A)(')					
1		•	onvention of churches,				. ,, ,	(A)(I).					
2			scribed in section 170			,							
3		•	or a cooperative hospita		-								
4			esearch organization op and state	perated	d in conjunction with	a hospital descri	bed in section	170(b)(1)(A)(iii). E	nter the hospital's				
5			ation operated for the b (iv). (Complete Part II		of a college or univer	sity owned or op	perated by a gov	vernmental unit descri	bed in section 170				
6		A federal, s	tate, or local governme	nt or o	governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).					
7	✓		ation that normally rece ' 0(b)(1)(A)(vi). (Com			s support from a	governmental ι	unit or from the gener	al public described in				
8		A communi	ty trust described in se	ction	170(b)(1)(A)(vi)	(Complete Part I	I)						
9			ural research organizati rant college of agricultu						ege or university or a				
LO		from activit	ation that normally rece les related to its exemp income and unrelated See section 509(a)(2)	ot func busine	tions—subject to cert ss taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross				
1	П	•	ation organized and ope	•		r public safety S	ee section 509	(a)(4).					
2		more public	ation organized and ope ly supported organizat through 12d that desc	ons de	escribed in section 5	09(a)(1) or sec	tion 509(a)(2). See section 509(a					
а		Type I. A so	supporting organization n(s) the power to regul	opera	ted, supervised, or co	ontrolled by its si	upported organı	zation(s), typically by					
b		Type II. A	Part IV, Sections A ar supporting organization nt of the supporting org	n supe									
С		Type III f	plete Part IV, Section unctionally integrate	d. A su	ipporting organizatioi				ted with, its				
d		Type III n	organization(s) (see ins on-functionally integ integrated The organi	rated	. A supporting organi	zation operated i	in connection w	th its supported organ					
	_	instructions	You must complete	e Part	IV, Sections A and	D, and Part V.	•		·				
е			box if the organization or Type III non-functio				RS that it is a Ty	/pe I, Type II, Type II	I functionally				
f	Enter		of supported organizat			_		_					
g			ing information about t						I				
(i)N	ame of	f supported o	organization (ii)EII	N	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No	1					
				\dashv									
Γotal			tion Act Notice, see t			Cat No 11285		 Schedule A (Form 9					

Jen	Eddle A (101111 330 01 330 EZ) 2010						Page Z				
P	Support Schedule for (Complete only if you ch III. If the organization for	necked the box o	on line 5, 7, 8, or	9 of Part I or if	the organizatio	n failed to qua	A)(vi) lıfy under Part				
S	ection A. Public Support				•	•					
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total				
1	(or install year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	49,400,311	23,846,887	19,431,088	41,215,213	19,824,880	153,718,379				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0				
3	The value of services or facilities furnished by a governmental unit to						0				
4	the organization without charge	49,400,311	23,846,887	19,431,088	41,215,213	19,824,880	153,718,379				
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column	49,400,311	23,640,667	19,431,066	41,213,213	19,624,660	17,228,358				
	(f) Public support. Subtract line 5 from line 4						136,490,021				
	ection B. Total Support	'	1	•	'						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
7	Amounts from line 4	49,400,311	23,846,887	19,431,088	41,215,213	19,824,880	153,718,379				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	803,793	1,188,550	1,302,976	1,388,021	1,401,830	6,085,170				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	10,036,827	11,864,439	12,119,561	12,512,920	13,035,764	59,569,511				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	471,588	121,725	13,626	40,622	-49,174	598,387				
11	Total support. Add lines 7 through 10						219,971,447				
12	Gross receipts from related activities,	etc (see instruction	ons)			12	39,342,936				
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) or	ganızatıon,				
	check this box and stop here					▶ [
	ection C. Computation of Publi	c Support Perc	entage								
	Public support percentage for 2016 (li			olumn (f))		14	62 050 %				
	Public support percentage for 2015 Sc					15	49 790 %				
16 a	33 1/3% support test—2016. If the	e organization did r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this					
b	and stop here. The organization qual 33 1/3% support test—2015. If the				nd line 15 is 33 1/	3% or more, che	_				
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	t—2016. If the order meets the "facts	ganization did not o -and-circumstance	check a box on line s" test, check this	box and stop her	re. Explain	▶⊔				
b	organization b 10%-facts-and-circumstances test—2015. 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										
18	supported organization Private foundation. If the organizat	ion did not check a	box on line 13, 16	- a, 16b, 17a, or 17	b, check this box	and see	▶ □				
	Instructions						▶□				
		•		-	Sahadul.	A (Form 000	or 000 E7\ 2016				

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

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Schedule A (Form 990 or 990-EZ) 2016

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

Page 4

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

_	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						
	ın section 509(a)(1) or (2)	2					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)						
	below	3a					
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						

эa	Did the organization have a supported organization described in section 301(c)(4), (5), or (6), it res, answer (b) and (c)		
	below	3a	
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	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		

	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	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
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 by or in connection with its supported organizations	4b	
	Supervised by or in connection with its supported organizations		

	determination	3b	
С	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	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
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	4b	
С	supervised 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	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
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 by or in connection with its supported organizations	4b	
С	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	4c	
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	5a	

U	bld the organization have ditinate 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 by or in connection with its supported organizations	4b	
С	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	4c	
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	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	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		
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		
C-	ection B. Type I Supporting Organizations			
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 of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	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	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	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		T.	
	Did the appropriate analysis to each of the growth of annual to the last the cold of the cold of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 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)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
			1	
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
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 supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	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.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	lotal (add lines la, lb, and lc)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

instructions)

Schedule A (Form 990 or 990-EZ) (2016)

c Excess from 2014.

d Excess from 2015.

e Excess from 2016. . . .



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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.

OMB No 1545-0047 2016

DLN: 93493318108727

EZ)

SCHEDULE C

(Form 990 or 990-

•	tment of the Treasury al Revenue Service	▶Inforn	nation about Schedule C (Form 990 <u>www.irs.gov/fo</u>		its instructi	ons is at		Open to Inspe	
• S • S • the • S • the Pro:	section 501(c)(3) or Section 501(c) (oth Section 527 organize organization and Section 501(c)(3) of Section 501(c)(3) of organization and xy Tax) (see sepal	ganizations Cor er than section for zations Comple swered "Yes" or organizations that organizations that swered "Yes" or rate instruction	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Ta s), then	e Part I-C s I-A and C below 990-EZ, Part VI, III section 501(h)) Co nder section 501(h	Do not complete Part O Complete	plete Part I-E ying Activiti II-A Do not Part II-B Do	es), the complet o not co	en te Part II-E mplete Pa	3 art II-A
Nar	Section 501(c)(4), (me of the organizat CKY MOUNTAIN ELK FO	tion	zations Complete Part III		E	mployer id	entifica	tion num	ber
ar	t I-A Complet	te if the orga	nization is exempt under section	on 501(c) or is		1-0421425 527 orga r	nizatio	n.	
L 2	Provide a descrip Political expendit Volunteer hours	tion of the orgar ures	nization's direct and indirect political car	mpaign activities ir		>	\$		
L			ax incurred by the organization under section			•			
2	Enter the amount	t of any excise to n incurred a sec	ax incurred by organization managers u tion 4955 tax, did it file Form 4720 for t	nder section 4955		•	\$ \$[Yes	✓ No
la	Was a correction						[☐ Yes	☑ No
b Zali	If "Yes," describe		nization is exempt under section	on 501(c), exc	ept section	1 501(c) (3	3).		
L 2	Enter the amount Enter the amount function activities	t directly expend t of the filing org	ed by the filing organization for section anization's funds contributed to other or establishments.	527 exempt funct	tion activities ection 527 ex	· •	\$ \$		
1	·	•	m 1120-POL for this year?			•	¢ 	□ Yes	
5	organization mad of political contrib	le payments For outions received	employer identification number (EIN) of each organization listed, enter the amount that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing organi political organ	zation's fund	hich the Is Also	filing enter the	amount
	(a) Nam	e	(b) Address	(c) EIN	filing org funds If	int paid from ganization's none, enter -0-	cor a dire	Amount on Intributions and promp ectly deliv separate p ganization enter -	received tly and ered to a political If none,
or D	Innomunek Boduction	Act Notice con	the instructions for Form 000 or 000-F7		N 500045	Calcadada (\/F===:	000 000	F7\ 2016

Grassroots lobbying expenditures

2,227

3,315

20,025

Schedule C (Form 990 or 990-EZ) 2016

30,727

5,160

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part 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

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

SCHEDULE D

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.

DLN: 93493318108727 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

1

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► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** ROCKY MOUNTAIN ELK FOUNDATION INC 81-0421425 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☑ Protection of natural habitat Preservation of a certified historic structure ✓ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a 203 Total acreage restricted by conservation easements 2b 37 Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)and section 170(h)(4)(B)(II)? ☐ Yes **☑** No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 454,200 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

d Equipment . .

e Other .

Page **2**

Pal	Organizations Ma	aintaining Coil	ections of Art,	HISTOR	<u>ıcaı ı</u>	reas	ures, o	r Otner	Similar A	ssets (conti	nued)	
3	Using the organization's acq items (check all that apply)	uisition, accession	, and other records	s, check	any of	the fo	ollowing t	that are a	significant	use of its coll	ection	
а	✓ Public exhibition			d		Loar	or exch	ange prog	ırams			
b	☐ Scholarly research			e	✓	Othe	er HUNT:	ING HERI	TAGE			
c	✓ Preservation for future	e generations										
4	Provide a description of the Part XIII	organization's coll	ections and explair	n how the	ey furt	her th	e organiz	zation's ex	kempt purpo	ose in		
5	During the year, did the organise fur assets to be sold to raise fur								ular	☐ Yes	☑ N	o
Pa	Complete if the ord X, line 21.			orm 990), Part	: IV,	ıne 9, o	r reporte	ed an amoi			
1a	Is the organization an agent included on Form 990, Part 3		in or other interme	ediary for	contri	bution	ns or othe	er assets	not	☐ Yes	□ N	o
ь	If "Yes," explain the arrange	ment in Part XIII	and complete the t	fallowina	table					lmount		_
c	Beginning balance		arra domprete tire i					1c				_
d								1d				_
e	radicions daming the year	-						1e				_
f	Ending balance							1f				_
	<u>-</u>		000 B+ V I	- 21 6								_
2a b	Did the organization include If "Yes," explain the arrange			•					•	Yes	⊔ N □	o
	art V Endowment Fund											
			(a)Current year		rior yea			ears back	(d)Three ye		our yea	rs back
1 a	Beginning of year balance .	[44,742,000)	46,75	8,000	4	45,773,000	39	,451,000	12,	437,000
b	Contributions		786,000)	21	8,000		453,000	1	,501,000	24,	175,000
С	Net investment earnings, gair	ns, and losses	3,516,565	5	-56	0,564		3,079,404	6	,671,263	2,	910,619
d	Grants or scholarships	.										
e	Other expenditures for facilities and programs	es	-1,141,000		1,49	9,000		2,336,000	1	,643,000		30,000
f	Administrative expenses .		-160,565	5	-17	4,436		-211,404		-208,263	-	101,619
	End of year balance	ŀ	47,743,000		44,74	2,000	-	46,758,000	45	,773,000	39,	451,000
2	Provide the estimated percei	ı ntage of the curre	•	e (line 1	g, colu	mn (a	ı)) held a	ıs		<u> </u>	<u> </u>	
а	Board designated or quasi-e	ndowment 🟲	12 400 %									
b	Permanent endowment >	65 700 %										
С	Temporarily restricted endov	wment ▶ 21 9	00 %									
	The percentages on lines 2a	, 2b, and 2c shoul	d equal 100%									
3a	Are there endowment funds organization by	not in the possess	sion of the organiza	ation tha	t are h	eld ar	nd admin	istered fo	r the		Yes	No
	(i) unrelated organizations									3a(i)		No
b	(ii) related organizations . If "Yes" on 3a(II), are the rel		s listed as required	 I on Sche	 edule R	. ?	: :			3a(ii) 3b		No No
4	Describe in Part XIII the inte	ended uses of the	organization's ende	owment	funds						1	
Pa	Land, Buildings, Complete if the org			rm 990.	, Part	IV. lı	ne 11a.	See For	m 990. Pai	rt X, line 10),	
	Description of property	(a) Cost or othe (investmen	er basis (b)Cos	st or other					epreciation		ook valu	e
1a	Land				2,3	80,000					2	2,380,000
	Buildings					08,545			3,571,871			3,536,674
	Leasehold improvements				•	•	 		• •			•
_			1				1					

1,933,286

1,133,399

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

582,043

52,344

11,551,061

1,351,243

1,081,055

Part VII Investments—Other Securities. Complete if the org	ganization ans	wered 'Yes' on Form 990	Page 3), Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Bool		d of valuation
(including name of security)	value	Cost or end-of	-year market value
(1)Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIIII Investments—Program Related. Complete if the o	rganization ar	nswered 'Yes' on Form 99	90, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value		od of valuation
(1)		Cost or end-or	-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization answered 'Yes'	on Form 990, F	 Part IV, line 11d See Form 9	
(1) (a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			>
Part X Other Liabilities. Complete if the organization answers See Form 990, Part X, line 25.	ered 'Yes' on F	orm 990, Part IV, line 1	1e or 11f.
1. (a) Description of liability	(b)	Book value	
(1) Federal Income taxes			
CHARITABLE GIFT ANNUITIES		1,226,801	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	1,226,801	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the forganization's liability for uncertain tax positions under FIN 48 (ASC 740).			

Part XI

2

а

b

c

d

е

3

4

b

c 5

1

2

а b

d

е 3

а

b

c

Part XIII

5

4

Part XII

Schedule D (Form 990) 2016

Page 4

2,168,008

43,495,661

43,495,661

41,006,222

41.006.222

41,006,222

Schedule D (Form 990) 2015

Other (Describe in Part XIII)

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Donated services and use of facilities . Recoveries of prior year grants . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

2c 2d

2a

2b

2a

2b 2c

2d

4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

> 4a 4b

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2.311.171

-143.163

2e

3

4c

2e

3

4c

5

Page 5		Schedule D (Form 990) 2015
	tal Information <i>(continued)</i>	Part XIII Supplemental Info
xplanation		Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID: 16000303 **Software Version:** 2016v3.0

EIN: 81-0421425

Name: ROCKY MOUNTAIN ELK FOUNDATION INC.

Supplemental Information

Part II, Line 3 Explanation of

Each Easement Change

Return Reference

PORTION OF THE UNDERLYING PROPERTY

Explanation

DURING 2016, ONE EASEMENT WAS AMENDED TO ADJUST AN INTERNAL BOUNDARY LINE TO CONFIRM WITH

LINE AS ESTABLISHED IN ORIGINAL CONSERVATION EASEMENT DEED ONE CONSERVATION EASEMENT HAD

A DEED RECORDED TO CORRECT A LEGAL DESCRIPTION STEMMING FROM A TECHNICAL ERROR CONVEYING A

Return Reference	Explanation
Part II, Line 5 Summarized Policy	THE ROCKY MOUNTAIN ELK FOUNDATION (RMEF) HAS ADOPTED THE LAND TRUST ALLIANCE'S STANDARDS A ND PRACTICES FOR COMPLETING AND HOLDING 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, A MONG OTHER THINGS, HOW WE WILL NOTIFY LANDOWNERS OF AN UPCOMING INSPECTION, HOW WE WILL DO CUMENT 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 DOCUMENTS RMEF ALSO HAS REGULAR COMMUNICATION WITH LANDOWNERS AS WELL AS

BOARD OF DIRECTORS ON THE STATUS OF THE EASEMENTS WHICH THE ORGANIZATION HOLDS

Supplemental Information

OUR

Supplemental Information	
Return Reference	Explanation
Part II, Line 9 Organization Reporting of conservation easements	RMEF'S POLICY FOR CONSERVATION EASEMENTS PRESUMES THAT THE BENEFITS OF CONSERVATION EASEME NTS 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 CONSERVATI

ON EASEMENTS ARE RECORDED AT ESTIMATED VALUE WHEN AN APPRAISAL IS NOT AVAILABLE

Supplemental Information

Return Reference	Explanation
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 OTH ER ITEMS OF CONTINUING VALUE AND INTEREST THESE ITEMS FURTHER OUR EXEMPT PURPOSE BY PROVI DING 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 VI SITOR CENTER AND HEADQUARTERS BUILDING, WHICH SHOWCASE OUR MISSION WORK, PROVIDE EDUCATION

ABOUT WILDLIFE AND THEIR HABITAT, AND HIGHLIGHT THE HISTORY OF THE ROCKY MOUNTAIN ELK FOU

NDATION

Supplemental Information

Supplemental Information	
Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	THE CONSERVATION EASEMENT PROTECTION FUND WAS ESTABLISHED TO SUPPORT RMEF'S CONSERVATION E ASEMENT 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 CO VER MONITORING COSTS AND TO LEGALLY DEFEND EASEMENTS THE STRATEGIC LAND PROTECTION FUND W AS ESTABLISHED TO PROVIDE ACTIVE CAPITAL FOR COMPLETING PERMANENT LAND PROTECTION PROJECTS THE GENERAL ENDOWMENT WAS ESTABLISHED FOR LONG TERM STABLILITY THE EARNINGS FROM THE FUND WILL GO TO SUPPORT RMEF'S GENERAL ACTIVITIES THE RMEF'S RESTRICTED TORSTENSON FAMILY ENDO WMENT(RTFE) WAS ESTABLISHED WITH THE PROCEEDS FROM THE SALE OF THE TORSTENSON WILDLIFE CEN TER 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 YOU TH 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

DLN: 93493318108727

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Open to Public Inspection

2016

Department of the Treasury Internal Revenue Service

licensing

(Form 990 or 990-EZ)

SCHEDULE G

	ne of the organization CKY MOUNTAIN ELK FOUNDA	TION INC					Employer ide	entification number
KUU	CRY MOUNTAIN ELK FOUNDA	TION INC					81-0421425	
Pa		·	_	-	on answered "Yes" on F	orm 990,	Part IV, line	17.
		rs are not required			•			
1	Indicate whether the organ	nization raised funds	through a	any of the	<u> </u>			
а	✓ Mail solicitations				e Solicitation of no	_		
b	✓ Internet and email soli	citations			f ✓ Solicitation of go	vernment o	grants	
C	Phone solicitations				g 🗹 Special fundraisi	ng events		
d	☑ In-person solicitations							
2 a	or key employees listed in	Form 990, Part VII)	or entity	in connec	tion with professional fun	draising ser	vices? 🗹 Y	es 🗆 No
ь 	If "Yes," list the ten highes to be compensated at leas			fundraise	rs) pursuant to agreemen	ts under wh	nich the fundrais	ser is
	(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or rei	ount paid to tained by) ser listed in ol (i)	(vi) Amount paid to (or retained by) organization
_	KEN CHASE	CONSULTING	Yes	No				
1	3970 RIVER RD	CONSOLITING		No			66,000	
	GLADSTONE, VA 24553						,	
2	ROBERT MUNSON 1203 CRAWFORD RD	CONSULTING		No			62,540	
3	LYNNWOOD, WA 98036 CHARLIE DECKER 160 HAMMER CUTOFF RD	CONSULTING		No			58,350	
4	LIBBY, MT 59923	CONSULTING						
•	BENTZ WHALEY FLESSNER 7251 OHMS LANE	Consolimo		No			52,011	
	MINNEAPOLIS, MN 55439							
6								
7								
8								
9								
10								
Tot	al	l		•			238,901	
3	List all states in which the or	ganızatıon is register	ed or lice	nsed to s	solicit contributions or has	been notifi	ed it is exempt	from registration or

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 contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **HUNTER TUCSON AZ** 36 (add col (a) through **CHRISTMAS / NATL** (event type) (total number) col (c)) Revenue CONV (event type) 973,160 1 Gross receipts. 569,001 20,007,571 21,549,732 2 Less Contributions. 3 Gross income (line 1 minus line 2) 973,160 569,001 20,007,571 21,549,732 4 Cash prizes 14,226 14,226 Noncash prizes 13,405 211,831 6,526,422 6,751,658 Expenses Rent/facility costs 558,474 16,857 589,197 1,164,528 7 Food and beverages 60,116 2,101,201 2,161,317 8 Entertainment 9,707 41,810 51,517 9 Other direct expenses 223.203 5.120 3,469,166 3,697,489 **10** Direct expense summary Add lines 4 through 9 in column (d) 13,840,735 11 Net income summary Subtract line 10 from line 3, column (d) 7,708,997 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 6,911,664 6,911,664 Expenses 2 Cash prizes 34,237 34,237 Noncash prizes 2,543,376 2,543,376 Direct 4 Rent/facility costs 196,193 196,193 5 Other direct expenses 298,713 298,713 Yes % Yes % Yes 96 620 % **✓** 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) 3,072,519 Net gaming income summary Subtract line 7 from line 1, column (d). 3,839,145 Enter the state(s) in which the organization conducts gaming activities. See Additional Data Table ✓ Yes 🗆 No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☑ No If "Yes," explain .

Sche	dule G (Form 9	90 or 990-EZ) 2016				Page 3
11	Does the orga	anization conduct gamin	g activities with nonmembers?		✓ Yes	□ No
12		zation a grantor, benefic minister charitable gamii	lary or trustee of a trust or a member of a partnership or other entity		□Yes	
13	Indicate the	percentage of gaming ac	tivity conducted in		⊔ tes	▼ No
а	The organizat	ion's facility		13a		1 000 %
b	An outside fa	cility		13b		99 000 %
14	Enter the nar	ne and address of the pe	erson who prepares the organization's gaming/special events books and rec	ords		
	Name ▶	LORI PARKER				
	Address ►	5705 GRANT CREEK R MISSOULA, MT 59808				
15a	Does the organizers	anization have a contrac	t with a third party from whom the organization receives gaming		□Yes	✓ No
b			revenue received by the organization $ ightharpoonup$ \$ and the			
	amount of ga	ming revenue retained b	py the third party ▶ \$			
С	If "Yes," ente	r name and address of t	he third party			
	Name ►					
	Address ►					
16	Name ►	ager information UNPAID VOLUNTEERS T	WO PART-TIME EMP			
	Carrining mane	ager compensation F \$	17,700			
	Description o	f services provided > 0	GAMING COMPLIANCE			
	☐ Director/	officer	☑ Employee ☐ Independent contractor			
17	Mandatory di	stributions				
а	-	•	ate law to make charitable distributions from the gaming proceeds to		_	_
		te gaming license?			✓ Yes	∐ No
b		·	uired under state law distributed to other exempt organizations or spent vities during the tax year \$\Bigsi\$ \$3,839,145			
Pai	t IV Supp	lemental Informati	i on. Provide the explanations required by Part I, line 2b, columns 15c, 16, and 17b, as applicable. Also complete this part to provide			
	Retur	n Reference	Explanation			_
STM	01		ON SCHEDULE G PART II COLUMN C THE INCORRECT TOTAL NUMBER OF LISTED DUE TO SOFTWARE LIMITATIONS THE CORRECT TOTAL NUMBER 693 FORM 990 PART V LINE 1A PRIZEWINNERS ARE REPORTED TO THE WHICH IS ISSUED BY ROCKY MOUNTAIN ELK FOUNDATION, INC UNDER ISSUED A TOTAL OF 1,884 FORMS FOR THE 2016 REPORTING YEAR SCH PROFESSIONAL FUNDRAISERS KEN CHASE AND BENTZ WHALEY FLESSN TECHNICAL SUPPORT AND TRAINING TO FUNDRAISING STAFF THEY HE FUNDRAISING PROGRAMS, AND ARE NOT INVOLVED IN ANY DIRECT SOMMUNSON AND CHARLIE DECKER ARE FOUNDERS OF OUR ORGANIZATION AND ARE NOT INVOLVED IN DIRECT SOLICITATIONS	R OF F IRS O ITS PI EDULE ER AR LP US LICITA	UNDRAISIN ON FORM 10 RIMARY EIF E G PART I LE UTILIZED TO ADMIN	NG EVENTS IS 099-MISC, N RMEF INC LINE 2B O TO PROVIDE ISTER OUR 0BERT
	III, Line 17b - er State Law	Distributions Required	AK \$61581 CO \$375504 ID \$317200 IL \$60357 IN \$99880 IA \$79061 MI \$161883 OR \$602674 PA \$345634 WA \$459471 WI \$465842 WY \$41941		609 MN \$2	16035 ND

Additional Data

Software ID: 16000303 Software Version: 2016v3.0

EIN: 81-0421425

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming

Name: ROCKY MOUNTAIN ELK FOUNDATION INC.

AK, CO, ID, IL, IN, IA, MI, MN, ND, OR, PA, WA, WI, WY

activities

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -					DLN	N: 934933181	08727
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	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 www.irs.gov/form990 .							MB No 1545-004 2016 Open to Public Inspection	7
Name of the organization ROCKY MOUNTAIN ELK FO	UNDATION INC					'	yer identifica 21425	ation number	
Part I General Ir	nformation on Grants	and Assistance							
the selection criteria Describe in Part IV to Part II Grants and Co	used to award the grants the organization's procedur	or assistance? res for monitoring the un restic Organizations a	se of grant funds in the Un	ited States	for the grants or assistance ganization answered "Yes"		Part IV, line	✓ Yes 21, for any recipi	□ No
(a) Name and address organization or government	1	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descri non-cash a		(h) Purpose o or assistance	f grant
(1) BUREAU OF LAND MANAGEMENT 1849 C STREET NW RM ! WASHINGTON, DC 2024			296,646	0				HABITAT ENHANCEMENT	
(2) USDA FOREST SERVI 1400 INDEPENDENCE AV WASHINGTON, DC 2025	/E SW		1,512,083	0				HABITAT ENHANCEMENT	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	s listed in the line 1 table .				>		2
For Paperwork Reduction A	ct Notice, see the Instructio	ns for Form 990.		Cat No. 50055	P		Sche	edule I (Form 990)	2016

Information

SCREENS ALL PROPOSALS TO DETERMINE WHICH PROJECTS HAVE THE GREATEST BENEFIT TO ELK, OTHER WILDLIFE, AND THEIR HABITAT RMEF ALSO REQUIRES OF EXPENDITURES, PHOTO DOCUMENTATION OF PROJECT ACTIVITIES, LISTING OF THE SPECIFIC WORK ACCOMPLISHED, AND RECOGNITION OF RMEF'S CONTRIBUTION BY APPROPRIATE MEANS

SUBMISSION OF A PROJECT COMPLETION REPORT WITHIN 60 DAYS OF THE END OF THE ACTIVITIES THE COMPLETION REPORT MUST INCLUDE A FULL ACCOUNTING Grantmaker's Description of How AT THE TIME OF APPLICATION, RMEF REQUIRES A VERIFICATION SIGNED BY THE APPLICANTS DEPARTMENT HEAD OR CHAIRPERSON 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

Grants are Used

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 REOUIRED

Schedule I (Form 990) 2016

DLN: 93493318108727

OMB No 1545-0047

2015

Schedule J (Form 990)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization ROCKY MOUNTAIN ELK FOUNDATION INC 81-0421425 **Questions Regarding Compensation** Yes No 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) 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 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 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 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 a Receive a severance payment or change-of-control payment? **4**a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 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. 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 The organization? **5**a Νo 5b Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III 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 The organization? 6a Νo 6b Any related organization? Νo If "Yes," on line 6a or 6b, describe in Part III 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 67 If "Yes," describe in Part III 7 Yes 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 ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? Nο

Schedule J (Form 990) 2015

Page 2

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	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 GRANT PARKER GENERAL COUNSEL	(i)	141,477			7,552	8,031	157,060	
	(ii)							
2 LORI PARKERTreasurer	(i)	136,657	10,000		7,841	8,637	163,135	
	(ii)							
3 M DAVID ALLEN President & CEO	(i)	215,417	30,000		13,250	7,504	266,171	
	(ii)							
4 ROD TRIEPKESecretary	(i)	170,634	15,000		9,620	10,334	205,588	
	(ii)							

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 THE CEO MAY BE AWARDED A BONUS BASED ON THE DISCRETION OF THE EXECUTIVE COMMITTEE OF THE BOARD OTHER OFFICERS AND IHIGHLY COMPENSATED EMPLOYEES MAY RECEIVE A BONUS AT THE DISCRETION OF THE CEO CHARLIE DECKER IS ONE OF THE FOUR FOUNDERS OF THE ROCKY MOUNTAIN ELK FOUNDATION, AS WELL AS AN HONORARY BOARD.

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

FUNDRAISING EFFORTS AND FOUNDER'S REPRESENTATION OF RMEF

WELL AS AN HONORARY BOARD MEMBER COMPENSATION PAID TO MR MUNSON IS NOT DUE TO BOARD SERVICE, BUT RATHER DUE TO

efil	e GRAPHIC pi	rint - DO NOT PR	ROCESS	As Filed Data -		DLN	9349331	8108	727
	IEDULE M			loncash Contri	hutions		OMB No 1	545-0	047
(For	m 990)				Dutions		20	1 (-
		1 .	_	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	20	10)
		► Attach to Form							
•	tment of the Treasurv al Revenue Service	▶Information abo	out Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u> :	s.gov/form990	Open to Inspe		
	e of the organizat Y MOUNTAIN ELK FO					Employer iden	tification n	umber	•
NOCK	T MOONTAIN EER TO	DONDATION 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		(d) d of determin ontribution a		s
					1g				
1	Art—Works of ar								
3	Art—Historical tr Art—Fractional in								
4	Books and public								
	Clothing and hou								
	goods								
	Cars and other v								
7	Boats and planes								
	Intellectual prope		V		F2.22	4 AVG ON DECET)T		
9 10	Securities—Publi Securities—Close	•	X	4	53,324	4 AVG ON RECEI	71		
	Securities—Partr	•							
	or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserve contribution—H structures	ıstorıc							
14	Qualified conserv								
	contribution—O								
	Real estate—Res								
16 17	Real estate—Cor Real estate—Oth								
18	Collectibles .								
19	Food inventory								
20	Drugs and medic								
21	Taxidermy .								
22	Historical artifact	ts							
23	Scientific specim	ens							
24	Archeological art								
25	Other ▶ (•				+			
26 27	Other ► (+			
27 28	Other ► (+			
	,	•	he organiza	tion during the tax year for	contributions	 			
				3, Part IV, Donee Acknowled		29			
								Yes	No
30a	During the year	, dıd the organizatio	n receive by	contribution any property i	reported in Part I, lines 1 th	rough 28, that			
	ıt must hold for	at least three years	from the da	ate of the initial contribution	, and which is not required	to be used			
	for exempt purp	ooses for the entire h	nolding perio	od?			. зоа	•	No
b	If "Yes," describ	e the arrangement i	ın Part II						
31	•	_		olicy that requires the review	w of any non-standard some	ributions?	31	Yes	
	_	_		•	•		31	162	
	contributions?		nird parties o	or related organizations to s	olicit, process, or sell nonca	ish • • • •	32a	Yes	<u> </u>
	If "Yes," describ		amourt :-	column (c) for a time of	norty for which column (-)	is shooked			
33	describe in Part		amount in	column (c) for a type of pro	perty for which column (a)	is checked,			
		II on Act Notice see the	. Inchriction	s for Form 000	Cat No. 512271	د ماد د	dule M (Form	000)	2016

Schedule M (Form 990) (2016)	Page 2
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
,	NON-CASH CONTRIBUTIONS IN THE FORM OF REAL ESTATE ARE SOMETIMES SOLD BY UTILIZING THE SERVICES OF A REAL ESTATE AGENT
	Schedule M (Form 990) (2016)

efile GRAPH	IC prir	nt - DO NOT PROCESS As Filed Dat	ta -		DLN	l: 93493318108727
SCHEDUL (Form 990 or EZ)	990-	► Attach to ► Information about Schedule O (F www.ii	on for provi Form orm 9	responses to specific questi de any additional informatio 1990 or 990-EZ.	ons on n.	2016 Open to Public Inspection
Internal Revenue Ser Name of the org ROCKY MOUNTAIN	ELK FOU	NDATION INC			Employer iden 81-0421425	tification number
Return Reference	, su	ipplemental Information		Explanation		
Form 990, Part III, Line 4d Other Program Services Description	BETTE THE G CONS EDUC OLD A STATE SERVI BEGIN FORM HISTO	R PROGRAM SERVICES 4 HUNTING HERITER UNDERSTANDING OF THE ROLE HUNTED OAL OF OUR HUNTING HERITAGE PROGREVATIONISTS BY PROVIDING IN-DEPTH TATIONAL PROGRAMS RMEF HOPES TO ENLIKE RMEF ACHIEVES THE EDUCATION TE GRANTS, MEDIA OUTREACH, WILDLIFE SICES 5 ELK RESTORATION REPRESENTS IS WITH A FEASIBILITY STUDY TO DETERMER HABITATS IN PARTNERSHIP WITH STAFFIC RANGES STATE AGENCIES ARE RESIDAL OF THE RESIDED TO THE RESIDED TO THE RESIDED TO THE RESIDED CAUNCH EIGHT SUCCESSIVE THE RESIDED TO THE RESIDE TO THE RESIDED TO TH	ERS PARAM ISTRAIN NCOU HROU CHOI REST MINE I	PLAY IN CONSERVING ELK, O'S TO CULTIVATE FUTURE GENING, OUTDOOR SKILLS ACTIVENED MAKE WITH METERS ACTIVENED TO THE SENTE	THER WILDLIFE NERATIONS OF VITIES, AND TO N LEADERS AM TOR CENTER, O PKSHOPS OTH HISTORIC RANG STILL HAVE A F TRANSFER WILE	AND THEIR HABITAT HUNTER- URS AND ONG YOUNG AND CHAPTER EVENTS, HER PROGRAM GES THIS PROCESS PLACE IN THEIR D ELK TO THEIR

Return

Committee

Reference	
Form 990, Part VI, Line 1a Explanation of Delegated Broad Authority to	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

Explanation

ACT ON BEHALF OF THE ENTIRE BOARD OF DIRECTORS.

Return

Process

Reference	
Form 990,	MANAGEMENT PREPARES THE RETURN, WITH A PRELIMINARY REVIEW CONDUCTED BY THE TREASURER A
Part VI, Line	TECHNICAL REVIEW IS ALSO COMPLETED BY A THIRD PARTY ACCOUNTING FIRM THE FINAL REVIEW IS CONDUCTED
11b Form	BY THE TREASURER, SECRETARY AND GENERAL COUNSEL THE RETURN IS PROVIDED TO THE FULL BOARD OF
990 Review	DIRECTORS PRIOR TO FILING EACH BOARD MEMBER HAS THE OPPORTUNITY TO PARTICIPATE IN THE REVIEW

Explanation

CONDUCTED WITH THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE HAS AUTHORITY TO

990 Schedule O, Supplemental Information

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 Emp loyees 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 affilia tions, 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 Found ation 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 follo withis 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, R MEF shall obtain a qualified independent appraisal prepared in compliance with the Uniform Standards of Professional Appraisal Practice by a state-licensed or state-certified appra iser 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 o

Return Reference Explanation

Form 990, Interest and recommended courses of action to the RMEF Audit Committee

Part VI, Line
12c
Explanation
of Monitoring
and
Enforcement
of Conflicts

Return Reference Form 990. IN ORDER TO ESTABLISH COMPENSATION FOR THE PRESIDENT & CEO. RMEF CONDUCTED A COMPENSATION

990 Schedule O, Supplemental Information

Part VI, Line
15a
Compensation
Review &
Approval
Process CEO, Top
Management
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 CHANGE IN VALUE GIFT ANNUITIES = -\$143163

Changes In
Net Assets
Or Fund
Balances Other
Decreases

efile GRAPHIC print - D	O NOT PROCESS As Filed Data -									DLN: 93493	318108	3727				
SCHEDULE R	Polated ()raani:	zatione s	and Hn	rolato	d Dartn	archin	e		OMB No	£545-00	17				
(Form 990)	Related Organizations and Omerated Latineromps										2016					
(1 01111 000)	► Complete if the organ	ization ar	swered "Yes	on Form	ı 990, Parl	t IV, line 33	3, 34, 35b,	36, or 37.		20						
Department of the Treasurv Internal Revenue Service	► Attach to Form 990. ► Infor	mation al	out Schedul	e R (Form	990) and	its instruct	ions is at	www.irs.gov/1	<u>form990</u> .	Open to Inspe	Publication	C				
Name of the organization ROCKY MOUNTAIN ELK FOUNDATIO	ON INC							Employer id	entification	n number						
ROCKT MOONTAIN EER TOONDATIO	INC							81-0421425								
Part I Identification	n of Disregarded Entities Complete If	the organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3	3.								
(a) Name, address, and EIN (if applicable) of disregarded entity			(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total inco		(e) vear assets	(f) Direct contro entity						
	of Related Tax-Exempt Organization mpt organizations during the tax year.	ıs Comple	te if the org	anızatıon	 answered	"Yes" on F	orm 990,	Part IV, line 3	4 because	it had one or	more					
Name, address, ai	(a) nd EIN of related organization	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		(e) Public charity stal (if section 501(c)((f) rect controlling entity	Section (13) co	512(b) ntrolled ty?				
											Yes	No				
For Panerwork Peduction A	ct Notice, see the Instructions for Form 9	90			t No 5013	<u> </u> 			Sch	edule R (Form	990) 20	116				

(a)															
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomi income(re unrelat excluded tax und sections	nant elated, t ed, from der 512-	(f) Share of total income		(H Disprop alloca		(1) Code V-U amount in 20 of Schedule I (Form 106	box 1 <-1	(j) Genera manag partne	lor Pe	(k) ercentag wnershij
					514))			Yes	No	1	-	Yes	No	
												+		+	
												+		+	
												4		\perp	
														\perp	
Part IV Identification of Related Or- because it had one or more rel					if the or	ganıza	ition answ	ered "Yes	" on Fo	orm 9	90. Part	[V,]	ıne 3	4	
(a) Name, address, and EIN of related organization	(b) Primary activity	L	(c) egal micile	Direct	(d) controlling entity	(Type o		(f) Share of total Income	Share	(g) e of end- year	-of- Pe	(h) rcent	age	Sect (13)	(ı) ıon 512(controll
Name, addrèss, and EIN of related organization	(b) Primary activity	dor (state	(c) egal micile or foreign	Direct	(d) controlling	Type o	(e) of entity o, S corp, trust)	(f) Share of total	Share	(g) e of end-	-of- Pe	(h)	age	(13)	ion 512(controll entity?
related organization	(b) Primary activity TRUST	Lo dor (state o cou	(c) egal micile	Direct	(d) controlling	Type o	of entity S o, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h)	age	(13)	ion 512(controll entity?
related organization 1)CHARITABLE REMAINDER TRUST 2 705 GRANT CREEK RD	Primary activity	Lo dor (state o cou	(c) egal micile or foreign intry)	Direct	(d) controlling	Type of (C corp	of entity S o, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h)	age	(13)	ion 512(controll entity? s No
Name, address, and EIN of related organization 1)CHARITABLE REMAINDER TRUST 2 705 GRANT CREEK RD IISSOULA, MT 59808	Primary activity	Lo dor (state o cou	(c) egal micile or foreign intry)	Direct	(d) controlling	Type of (C corp	of entity S o, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h)	age	(13)	ion 512(controll entity? s No
related organization 1)CHARITABLE REMAINDER TRUST 2 705 GRANT CREEK RD	Primary activity	Lo dor (state o cou	(c) egal micile or foreign intry)	Direct	(d) controlling	Type of (C corp	of entity S o, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h)	age	(13)	ion 512(controll entity? s No
related organization 1)CHARITABLE REMAINDER TRUST 2 705 GRANT CREEK RD	Primary activity	Lo dor (state o cou	(c) egal micile or foreign intry)	Direct	(d) controlling	Type of (C corp	of entity S o, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h)	age	(13)	ion 512(controll entity? s No
related organization 1)CHARITABLE REMAINDER TRUST 2 705 GRANT CREEK RD	Primary activity	Lo dor (state o cou	(c) egal micile or foreign intry)	Direct	(d) controlling	Type of (C corp	of entity S o, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h)	age	(13)	ion 512(controll entity? s No
related organization 1)CHARITABLE REMAINDER TRUST 2 705 GRANT CREEK RD	Primary activity	Lo dor (state o cou	(c) egal micile or foreign intry)	Direct	(d) controlling	Type of (C corp	of entity S o, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pe	(h)	age	(13)	ion 512(controll entity? s No

Part V Transactions With Related Organizations Complete if the organization answered "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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt 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 Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No

Page 3

1n

10

1q

1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

No

No

No

No

No No

е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1 g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No

f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	ig	No
h Purchase of assets from related organization(s)	۱h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	í k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	<u>Im</u>	No

(b)

Transaction

type (a-s)

(c)

Amount involved

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

(a)

Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

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

· · · · · · · · · · · · · · · · · · ·																									
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)															(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
		' 1	514)	Yes	No	1	۱ ۱	Yes	No		Yes	No													
								·																	
				_						Schedul	e R (Form	1 990	0) 2016												

