Form 990

OMB No 1545 0047

2017

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

-		0047			1 0		**** ** ******************************
<u>A</u>			dar year, or tax year beginning 4/01 , 2017, and ending				, 2018
В	Check if	applicable	C		D Employe	er identi	fication number
	Add	dress change	COEUR D'ALENE ELKS, LODGE NUMBER 1254		82-0	0098	650
	Nan	me change	1170 W PRAIRIE AVE		E Telephoi	ne numt	per
	Initi	ial return	COEUR D'ALENE, ID 83815-8780	l	(208	3) 77:	2-4049
	Final	I return/terminated		<u> </u>	<u>`</u>		
	$\vdash$	ended return			<b>G</b> Gross re	cointe !	\$ 189,306.
	-	dication pending	F Name and address of principal officer DTCUADD CADDNED	H(a) Is this a			
	Ширр	incation pending	KICHARD GARDNER	1(b) Are all s			H'.63 EH'.00
_	Tau o	vomet etetue	CILIE IIE C IBOVE	If 'No,' a	ttach a list	(see ins	tructions)
<u> </u>		xempt status	501(c)(3)   X 501(c) ( 8 )    (Insert no )   4947(a)(1) or   527€	0			
<u></u>		site: ► N/		H(c) Group ex	<del>-                                    </del>	mber <b>&gt;</b>	1156
K		of organization	X Corporation Trust Association Other ► L Year of formation	n 1912	M s	tate of le	egal domicile ID
Pa	art l	Summar	У				
	1	Briefly describ	pe the organization's mission or most significant activities TO CARRY O	N FRAT	ERNAL	ACT:	IVITIES UNDER
ø	'		E SYSTEM THE NET INCOME OF WHICH IS USED EXCLUS	SIVELY	FOR B	ENEV	OLENT AND
Ĕ	] [	CHARITAB	LE PURPOSES.				
Ë							
Governance	2	Check this bo		e than 25	% of its r	net as:	sets
<u>ن</u>			ting members of the governing body (Part VI, line 1a)		Ł	3	5
ŝ	1		dependent voting members of the governing body (Part VI, line 1b)			4	5
ij.			of individuals employed in calendar year 2017 (Part V, line 2a)			5	3
Activities &	1		of volunteers (estimate if necessary)		_	6	781
ď	1		d business revenue from Part VIII, column (C), line 12		_	7a	4,295.
	יו פו	vet unrelated	business taxable income from Form 990-T, line 34	T		7b	0.
		Santribi diana	and areata (Dark VIIII Iraa 16)	Pri	or Year		Current Year
ē			and grants (Part VIII, line 1h)  RECEIVED  RECEIVED				789.
E .			ee revende (rait viii, line 29)				95,281.
Revenue	10 1	nvesiment in	come (Part VIII, column (A), lines 3, 4, and 7d)  e (Part VIII, column (A), lines 5, 6d, 8 9c, 10c, and 15e) 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ļ			49.
_	11 (	Juler revenue	e (Part VIII, column (A), lines 5, 6d, 4c=9c, Tuci janda 12e) 2018				40,171.
			- add lines 8 through 11 (must equal Rart VIII, column (A), line 12)	<u> </u>			136,290.
			milar amounts paid (Part IX, column (A), hines 1-3)				8,066.
	I		to or for members (Part IX, column (A), line 43DEN, UT				
S	j		r compensation, employee benefits (Part IX, column (A), lines 5-10)				24,686.
JSe	16 a F	Professional f	undraising fees (Part IX, column (A), line 11e)				
Expenses	ьт	Total fundrais	ing expenses (Part IX, column (D), line 25) ►	A cons		18	2000
Щ	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	30 - 11 - 1	,		99,235.
	1		es Add lines 13-17 (must equal Part IX, column (A), line 25)				
	I		expenses Subtract line 18 from line 12	-			131,987.
- 2	<del>                                     </del>	TCVCITAC 1C33	expenses outstact line to from time 12	n		,	4,303.
Net Assets or Fund Balance	20 T	rotal assets (	Part X, line 16)	Beginning			End of Year
Sal:	21 T	,	s (Part X, line 26)		493,70		503,139.
, t	'				43,0		48,195.
	l	vet assets or	fund balances Subtract line 21 from line 20		450,6	41.	454,944.
_							
Und com	ar nonaltio	Signatur	The state of the s	· · · · · · · · · · · · · · · · · · ·			
2	olete Dec		The state of the s	e best of my	knowledge a	and belie	ef it is true correct, and
	plete Dec		e Block  clare that I have examined this return including accompanying schedules and statements, and to the er (other than officer) is based on all information of which preparer has any knowledge	e best of my	knowledge a	and belie	ef it is true correct, and
Ø		es of perjury, I de claration of prepar	clare that I have examined this return including accompanying schedules and statements, and to the er (other than officer) is based on all information of which preparer has any knowledge			and belie	ef it is true correct, and
Siç	วก	es of perjury, I de claration of prepai	clare that I have examined this return including accompanying schedules and statements, and to the creation of the control of	Date		and belie	ef it is true correct, and
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Signal Control	วก	es of perjury, I de claration of prepar Signatur  RICH Type or	clare that I have examined this return including accompanying schedules and statements, and to the creation of control of the	Date		IRMA	AN
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Form **990** (2017)

Form 990 (2017) COEUR D'ALENE ELKS, LODGE NUMBER 1254	82-0098650	Page 2
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
Briefly describe the organization's mission		
TO CARRY ON FRATERNAL ACTIVITIES UNDER THE LODGE SYSTEM THE NET USED EXCLUSIVELY FOR BENEVOLENT AND CHARITABLE PURPOSES.	INCOME OF WH	IICH IS
2 Did the organization undertake any significant program services during the year which were not listed on the pr	or	
Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	Y	res X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?	Yes X No
If 'Yes,' describe these changes on Schedule O  4 Describe the organization's program service accomplishments for each of its three largest program service.	vices, as measured	by expenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	ns to others, the to	tal expenses,
	Revenue \$	)
SOCIAL CLUB FOR MEMBERS.		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Revenue \$	)
RV PARK FOR MEMBERS.		
	Revenue \$	)
COMMUNITY SERVICE ASSISTANCE, SPONSORSHIP AND YOUTH ASSISTANCE.		<b></b>
4 d Other program services (Describe in Schedule O )		
(Expenses \$ including grants of \$ ) (Revenue \$		)
4 e Total program service expenses ►  BAA TEEA0102L 12/05/17		orm <b>990</b> (2017)



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

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		م سنستند	* 1
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	_	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (	2017)

Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		12.0
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0 -	1.78	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	34 S		
(gambling) winnings to prize winners?	1 c	X	
2 a 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 2 a	3		1 33
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	<u> </u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		<del></del>	4
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	4
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	X	
4 a 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)?	4 a		X
<b>b</b> 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)		iia.	X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			<u> </u>
6 a 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?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).	<b>8</b> 5.7	:0	(N),
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	<u>, , , , , , , , , , , , , , , , , , , </u>	لتكلكا	¥
services provided to the payor?	7 a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d		đ A	·-%
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	1621		1438
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	v ez zonik	şžiži	2
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter		> 8	
a Initiation fees and capital contributions included on Part VIII, line 12		7	, ;
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		2,	339 2 5.38
11 Section 501(c)(12) organizations. Enter  a 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 )		, A , F ii,	<u></u> \$
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	رة - سوات	<del> </del>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			ľ "
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	ļ	ļ
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	134	-	
b 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			
c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	<del></del>	<del></del>
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Page 6 Rait VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or 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 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 SEE SCHEDULE O Did the organization have members or stockholders? 6 Х 7 a 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? SEE SCHEDULE O Х 7 a 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 22. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8 a b Each committee with authority to act on behalf of the governing body? 8 b X 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15 a b Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) \*\* 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a 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? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > ID Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website |X| Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

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82-0098650

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

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

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

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

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

Check this box if neither the organization nor any rela	ated organiz	ation	con	•		ed any	y cu	rrent officer, direct	or, or trustee		
				(C)							
(A) Name and Title	(B) Average hours per	thar	one both dir	box, an c ector	unles officer trust		on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) CHUCK EDLUND	0.75										
TRUSTEE	0	X						0.	0.	0.	
(2) JERRY BROWN	0.75										
TRUSTEE	0	X						0.	0.	0.	
(3) RICHARD GARDNER	0.75										
TRUSTEE CHAIR	0	X						0.	0.	0.	
(4) JERRY WILLIS	0.75										
TRUSTEE	0	X			<u> </u>			0.	0.	0.	
(5) CHARLES WIDEEN	0.75										
TRUSTEE	0	Х						0.	0.	0.	
(6) KAREN MAGNER	0.75										
LOYAL KNIGHT	0			X	_			0.	0.	0.	
O PATRICK R BRADEN	0.75	]									
EXALTED RULER	0			X				0.	0.	0.	
(8) DAVID LANCASTER	2										
TREASURER	0			X	L			0.	0.	0.	
(9) DEBORAH NADRCHAL	0.75										
CHAPLAIN	0			X	<u> </u>			0.	0.	0.	
(10) RICK ALEXANDER SR	0.75										
ESQUIRE	0			X	L			0.	0.	0.	
(11) JERALD LONE	0.75										
LEADING KNIGHT	0			Х				0.	0.	0.	
(12) MICHAEL EDER	0.75										
LECTURE KNIGHT	0			Х				0.	0.	0.	
(13) MARY LOU RILEY	12										
SECRETARY	0			Х				2,400.	0.	0.	
(14)											

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(A) Name and title	Average hours per week (list any hours for related organiza tions below dotted line)	box	, unle cer ar	Pos check	erson direct	that both Highest compensated employee	h an tee)	(D)  Reportable compensation from the organization (W 2/1099-MISC)	(E)  Reportable compensation from related organization (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(15)										<del>-   </del>
(16)					ļ					
(17)				-						
(18)										
(19)										
(20)				-						
(21)										
(22)										
(23)										
(24)										<u> </u>
(25)									· · · · · · · · · · · · · · · · · · ·	
1 b Sub-total c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limiter from the organization ▶ 0		sted	abov	/e) v	vho i	recen	▶ ► ved	2,400. 0. 2,400. more than \$100,00	C	
<ul> <li>3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for sure the organization and related organizations great such individual</li> <li>5 Did any person listed on line 1a receive or according for services rendered to the organization? If 'Yes</li> </ul>	ch individu f reportab er than \$1 ie compen	i <i>al</i> le cor 50,00	npe )0? n fre	nsa If 'Y	tion 'es,'	and com	oth <i>ple</i> late	er compensation te Schedule J for	from	Yes No 3 X 4 X 5 X
Section B. Independent Contractors  1 Complete this table for your five highest competence.	nsated inde	epend	dent	cor	ntrac	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization Report competed (A)  Name and business add		tne ca	aieno	dar y	year	endir	ng w	(B)  Description of		(C) Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization BAA	but not limi	ted to				abov	ve) v			Form <b>990</b> (2017

gar	E ŧy, į	Check if Schedule O		esponse or note	to an	y line in this Part V	/III		П
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations. Government grants (contributions)	1 1 1 ons) 1	a b c d e					
Contributions and Other	g	All other contributions, gifts, g similar amounts not included Noncash contributions included <b>Total.</b> Add lines 1a-1f		\$	789. •	789.			
Revenue	_	RV PARK	ASSESSMENT	Business Co	ode	51,625. 34,946.	51,625.	李 孝 塾、宛	34,946.
Program Service Revenue	c d	c FACILITY RENTAL d RV TRAVEL GUIDE e WIFE CARDS f All other program service revenue				7,527. 1,132. 51.	7,527. 1,132. 51.		
Progra	f g			ada untarest en	▶	95,281.	85, 83, 35 m .		
	3 4 5	other similar amounts) Income from investment Royalties			•	49.			49.
	6 a	(i) Real (ii) Personal  Gross rents Less rental expenses							
	d	Rental income or (loss)  Net rental income or (lo  Gross amount from sales of	OSS) (i) Securities	(ii) Othe	er ►	<u> </u>			
	-	Less cost or other basis and sales expenses  Gain or (loss)							
ine	d	Net gain or (loss)  Gross income from fund (not including \$	draising even	ts	>				
Other Revenue	b	of contributions reporte See Part IV, line 18 Less direct expenses	d on line 1c)	— аb					
Oth	c	Net income or (loss) fro Gross income from gam See Part IV, line 19		_	•				
	b c	Less direct expenses Net income or (loss) fro	om gaming a	b	•		***************************************		
	b	Gross sales of inventory and allowances Less cost of goods sold Net income or (loss) fro	d	b 53,0		40 171	20.076	4 205	
	11 a	Miscellaneous Reveni		Business Co	ode	40,171.	35,876.	4,295.	
	c d	All other revenue							
		Total. Add lines 11a-11a  Total revenue. See inst			•	136,290.	96.211.	4,295.	34.995.

- 560	Check if Schedule O contains a	<u>'</u>		omplete column (A)	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,066.	·		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	2,400.			
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	20,127.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				, , , , , , , , , , , , , , , , , , , ,
10	Payroll taxes	2,159.			
11	Fees for services (non-employees)	,			
а	Management				
b	Legal				
c	: Accounting	6,388.			
c	Lobbying	0,300.			
e	Professional fundraising services See Part IV, line 17			cija doga, ga miskaji doka	
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion			A Vol. or Vol. 20 Me vanor Monte	
13	Office expenses	2,944.			
14	Information technology	,			
15	Royalties				
16	Occupancy	27,286.			
17	Travel	2.,2001			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	5,100.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,941.			
23	Insurance	4,581.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			,	
_	GRAND_LODGE_PAYMENTS	8,939.			
	SUPPLIES	5,563.			<del></del>
	MISC_EXPENSES	3,782.			<del></del>
	SPECIAL EVENTS	3,374.			
	All other expenses	12,337.			
25	Total functional expenses Add lines 1 through 24e	131,987.		<del></del>	
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)				
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		Check if Schedule O contains a response or note to	any I	ine in this Part X	<del></del>		<u></u>				
					(A) Beginning of year		( <b>B)</b> End of year				
	1	Cash - non-interest-bearing			34,306.	1	46,563.				
i	2	Savings and temporary cash investments			62,917.	2	61,386.				
	3	Pledges and grants receivable, net		3							
	4	Accounts receivable, net		4							
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	officer mploye	s, directors, ees Complete		5					
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(comployers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	and contributing untary employees'		6						
ţ	7	Notes and loans receivable, net				7					
Assets	8	Inventories for sale or use			5,058.	8	6,873.				
۲	9	Prepaid expenses and deferred charges			817.	9	4,405.				
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10 a	642,006.							
	b	Less accumulated depreciation	10 b	258,094.	390,611.	10 c	383,912.				
	11	Investments – publicly traded securities		250,054.	350,011.	11	303, 312.				
	12	Investments – other securities See Part IV, line 11	•								
	13	Investments – program-related See Part IV, line 11				12	<u> </u>				
	14	Intangible assets	•								
1	15	Other assets See Part IV, line 11		14							
	16	Total assets. Add lines 1 through 15 (must equal line	34)		493,709.	16	503,139.				
$\dashv$	17	Accounts payable and accrued expenses	5,436.	17	5,455.						
İ	18	Grants payable			13,816.	18	20,011.				
	19	Deferred revenue			22,266.	19	22,029.				
	20	Tax-exempt bond liabilities				20					
တ္ခ	21	Escrow or custodial account liability Complete Part I	V of S	chedule D		21					
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L			ANNAYSK SOMETING A V N AV A V	22					
	23	Secured mortgages and notes payable to unrelated th	nird pa	rties		23					
	24	Unsecured notes and loans payable to unrelated third	partie	S		24					
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	s to re plete f	elated third parties, Part X of Schedule D	1,550.	25	700.				
	26	Total liabilities. Add lines 17 through 25			43,068.	26	48,195.				
Šes		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re 🟲	X and complete							
ĕ	27	Unrestricted net assets			450,641.	27	454,944.				
ğ	28	Temporarily restricted net assets			·	28					
핗	29	Permanently restricted net assets			·	29					
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck he	re ►							
ဖွဲ့	30	Capital stock or trust principal, or current funds				30					
8	31	Paid-in or capital surplus, or land, building, or equipment	nd		31						
As	32	Retained earnings, endowment, accumulated income,	or oth	ner funds		32					
<u>ᇴ</u> │	33	Total net assets or fund balances.			450,641.	33	454,944.				
z	34	Total liabilities and net assets/fund balances			493,709.	34	503,139.				
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Forr	m 990 (2017) COEUR D'ALENE ELKS, LODGE NUMBER 1254 82-	-009865	0	Pá	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	36,2	290.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.31,	987.
3	Revenue less expenses Subtract line 2 from line 1	3			303.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	50,6	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4	54,9	944.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		<del>-                                    </del>		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		150	Į.	\$,
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		***		
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	1	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	ate	* **		2 4
	Separate basis Consolidated basis Both consolidated and separate basis			-	'
•	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?	<b>ι,</b>	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		*	空灣	
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		X
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au-	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 ь		
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## SCHEDÜLE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection Employer identification number

TODGE NUMBER 1254

	COLUR D'ALENE ELKS, LODGE I				198650		
Part 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 for	unds	(b) Funds and	d other accou	unts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)				-		
3	Aggregate value of grants from (during year)		-				
4	Aggregate value at end of year						
7					<del></del>		
5	Did the organization inform all donors and dor are the organization's property, subject to the			r advised funds	Yes	No	
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor,	g that grant funds o or for any other pu	can be used only rpose conferring	Yes	No	
Par	t <sup>*</sup> II Conservation Easements.						
	Complete if the organization ansi	wered 'Yes' on Form 990	. Part IV. line 7.				
1	Purpose(s) of conservation easements held by		<u> </u>				
•	Preservation of land for public use (e q , r		-	historically import	tant land are	a	
	Protection of natural habitat	-		certified historic s		u	
		L		certified filstoric s	structure		
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation conti	ribution in the form of				
				Held at th	e End of the	Tax Year	
ā	Total number of conservation easements			2 a			
ŀ	Total acreage restricted by conservation ease	ments		2 b			
(	Number of conservation easements on a certi-	fied historic structure included	ın (a)	2 c			
(	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, an	id not on a historic	2 d			
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, o	or terminated by the c	organization during	the		
Δ	Number of states where property subject to conse	ervation easement is located >					
_	Does the organization have a written policy re		uncoaction bandle	ng of wolations			
5	and enforcement of the conservation easemen	nts it holds?			Yes	No	
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations,	and enforcing conse	rvation easements	during the yea	ar	
7	Amount of expenses incurred in monitoring, insper-	ecting, handling of violations, and	enforcing conservation	on easements durin	g the year		
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the red	quirements of section	on 170(h)(4)(B)(ı)	Yes	No	
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	conservation easements in its re to the organization's financial s	evenue and expense statements that desc	statement, and bala cribes the organiza	ince sheet, ar ation's accou	nd nting for	
Partilla Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.							
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	i, or research in furth	e statement and ba erance of public ser	alance sheet vice, provide,	works of	
ŀ	b 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		▶	\$		
	(ii) Assets included in Form 990, Part X			▶.	\$	<del></del>	
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nstorical treasures, or other similar	ar assets for financial	gain, provide the f	ollowing		
	Revenue included on Form 990, Part VIII, line			▶.	\$		
	Assets included in Form 990, Part X	•		<b>•</b>	· ———		
	ASSETS HICHARD III I OHII 330, FAIL A				Υ		

Schedule <b>b</b> (Form 990) 2017 COEUL				82-009		Page Z	
Part III Organizations Mainta	ining Collection	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (continu	iea)	
3 Using the organization's acquisition items (check all that apply)	, accession, and o			re a significant use of its	collection		
a Public exhibition	a Public exhibition d Loan or exchange programs						
<b>b</b> Scholarly research		e Other					
c Preservation for future gener	ations						
4 Provide a description of the organiz Part XIII	ation's collections	and explain how they	y further the organization'	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintai	ned as part of the o	organization's collection	7	Yes	No	
Escrow and Custodia   line 9, or reported an	I Arrangemen amount on Fo	<b>ts.</b> Complete if t rm 990, Part X,	the organization an line 21	swered 'Yes' on Fo	orm 990, Par 	't IV,	
1 a Is the organization an agent, trus on Form 990, Part X?				er assets not included	Yes	No	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and o	complete the follow	ing table		Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e	<del></del> -		
- ·				16			
<ul><li>f Ending balance</li><li>2 a Did the organization include an a</li></ul>	mount on Form C	000 Port V June 21	for occrow or custodia		Yes	No	
<b>b</b> If 'Yes,' explain the arrangement						-	
Part V B Endowment Funds. C	omplete if the	organization ar	aswored 'Ves' on E	orm 990 Part IV Ju	no 10		
Part V Endowment Funds. C					(e) Four year:	e hack	
1 a Beginning of year balance	(a) Current year	(b) Prior yea	(c) Two years bac	k (u) Three years back	(e) rour year.	2 Dack	
<b>b</b> Contributions					-		
<b>B</b> Contributions					+		
c Net investment earnings, gains, and losses							
d Grants or scholarships							
<ul> <li>Other expenditures for facilities and programs</li> </ul>							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentag	e of the current y	ear end balance (lir	ne 1g, column (a)) held	as			
a Board designated or quasi-endowm	ent ►	ે					
<b>b</b> Permanent endowment ▶	%						
c Temporarily restricted endowmer	nt 🕨	%					
The percentages on lines 2a, 2b, a	nd 2c should equal	100%					
3 a Are there endowment funds not in to organization by	he possession of t	he organization that a	are held and administered	d for the	Yes	No	
(i) unrelated organizations					3a(i)		
(ii) related organizations							
b If 'Yes' on line 3a(ii), are the rela	ated organizations	s listed as required	on Schedule R?		3b		
4 Describe in Part XIII the intended	d uses of the orga	anization's endowm	ent funds		<u></u>	,	
Part VI Land, Buildings, and							
Complete if the organ		red 'Yes' on For	m 990, Part IV, line	e 11a. See Form 99	∂0, Part X, III	ne 10.	
Description of property	(a)	Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue	
1 a Land			150,000.	- m mare applied in sport of personal and be		,000.	
<b>b</b> Buildings			386,422.	194,157.	192	,265.	
c Leasehold improvements							
<b>d</b> Equipment			99,952.	61,261.	38	,691.	
e Other			5,632.	2,676.		,956.	
Total. Add lines 1a through 1e (Colum	nn (d) must equal	Form 990, Part X,		<b>&gt;</b>		,912.	
RAA				Scher	Jule D (Form 990		

Schedule D (Form 990) 2017 COEUR D'ALENE ELK	S, LODGE NUMBE	R 1254	82-0098650	Page 3
Part VII Investments — Other Securities. Complete if the organization answere		N/A	· · · · · · · · · · · · · · · · · · ·	V Juno 12
(a) Description of security or category (including name of security)	(b) Book value		ation Cost or end-of-year market	
(1) Financial derivatives			<del>,</del>	
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)		V/		2 60 1 4 48 UN 64
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)				
Part VIII Investments – Program Related. Complete if the organization answere	d 'Yes' on Form 99	N/A 0 Part IV line 11c	See Form 990 Part	Y line 13
(a) Description of investment	(b) Book value		on Cost or end-of-year ma	
(1)	(b) Book value	(c) method of variation	out or one or year me	THE VALUE
(2)		·		
(3)			·······	
(4)				
(5)				
(6)		,		
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		TO A TANK		
Part IX Other Assets. Complete if the organization answered	N/A d 'Yes' on Form 99i	N O Part IV line 11d	See Form 990 Part	X line 15
	escription	o, , are 17, 1110 11a.		k value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)		<del></del>		
(10)				
Total. (Column (b) must equal Form 990, Part X, column (	(B) line 15 )		•	
Part X Other Liabilities.				
Complete if the organization answered 'Yes' on l	form 990, Part IV, line 1 <b>(b)</b> Book value		Part X, line 25	3.488, 2.449
(1) Federal income taxes	(b) book value	, , ,		
(2) CLEANING DEPOSITS	40	00.	* ***	
(3) PREPAID RENT		00.		7, 5 1 **
(4)		4 value anticontrate on 1		
(5)		*" .		
(6)		, ,		, ,
(7)				
(8)		<del></del>		
(9) (10)		<del> </del>		*
(11)		<del> </del>		
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>&gt;</b> 70	<del>10</del>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for			the erganization's liability for un	aarta va

tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

, *						
Schedule <b>D</b> (Form 990) 2017	COEUR	D'ALENE	ELKS.	LODGE	NUMBER	1254

Schedule b (Form 990) 2017 COEUR D'ALENE ELKS, LODGE NUM	IBER 1254	82-0098650	Page 4
Part®XI™ Reconciliation of Revenue per Audited Financial Sta	atements With Reven	ue per Return. N/A	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12	a	
1 Total revenue, gains, and other support per audited financial statements	S	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
<b>b</b> Donated services and use of facilities.	2 b		
c Recoveries of prior year grants	2 c	•	
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	<del></del>	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	1,20	
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 12)	5	
Part XII Reconciliation of Expenses per Audited Financial St	tatements With Expe	nses per Return. N/A	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12	э.	
1 Total expenses and losses per audited financial statements	, ,	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		,, , , ,	
a Donated services and use of facilities.	2 a	, ,	
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	<u> </u>	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	a and 4, Part IV, lines 1b a	and 2b, Part V,	

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

BAA

# SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

COEUR D'ALENE ELKS, LODGE NUMBER 1254

Employer identification number

82-0098650

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER
LODGE HAS DUES PAYING MEMBERS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY
MEMBERS OF THE LODGE ELECT THE GOVERNING BODY.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS
DECISIONS MADE BY GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERSHIP OF THE LODGE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 WILL BE PROVIDED TO THE TRUSTEES AND SUBSEQUENTLY PRESENTED TO THE LODGE MEMBERS IN ATTENDANCE AT THE FOLLOWING LODGE MEETING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST UNLESS OTHERWISE PROVIDED BY

STATUTE OR LAW.