Form. 990

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

2018

Department of the Treasury Internal Revenue Service

► 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 Rublic Inspection

	\overline{A}	For the 2018 calendar year, or tax year beginning 4/01 , 2018, a	and ending	3/3	1	, 2019	
	В	Check if applicable C		T i	D Employer ident	ification number	
		Address change COEUR D'ALENE ELKS, LODGE NUMBER 1254			82-0098	650	
		Name change 1170 W PRAIRIE AVE			E Telephone numl	ber	
		COEUR D'ALENE, ID 83815-8780			(208)77	2-4049	
		Final return/terminated		⊢	(200) 11	2 1015	
		H			G Gross receipts	\$ 222 246	
		Amended return	Tue				
		Application pending F Name and address of principal officer RICHARD GARDNER	s) Is this a group return for subordinates? Yes X No				
		SAME AS C ABOVE		If "No,"	ubordinates include attach a list (see in:	d? Yes No structions)	
	<u></u>	Tax-exempt status: 501(c)(3) X 501(c) (8) ◄ (insert no.) 4947(a)(1) or					
	<u>J</u>	Website: ► N/A	<u> </u>	<u> </u>	xemption number		
	<u>K</u>		ear of formation	1912	M State of I	egal domicile ID	
	P _a a	rtll Summary `					
		1 Briefly describe the organization's mission or most significant activities TO (
	ģ	THE LODGE SYSTEM THE NET INCOME OF WHICH IS USED	<u>EXCLUS</u>	IVELY	FOR BENEY	VOLENT AND	
	Activities & Governance	CHARITABLE PURPOSES.			 -		
	딜			:			
	Š	2 Check this box I if the organization discontinued its operations or dispose			1 _ 1		
	অ অ	3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line	ECEIVE	D	3 4	<u>5</u> 5	
	S	5 Total number of individuals employed in calendar year 2018 (Part Ville 2a)			.4 1		
	ξ	6 Total number of volunteers (estimate if necessary)		ا ۸	2 6	332	
	Ę	7a Total unrelated business revenue from Part VIII, column (C), line	JG 26 20	19	7a	2,735.	
	4	b Net unrelated business taxable income from Form 990-T, line 38			5 6 7a 7b	0.	
€		l OG	DEN. L		igr Year	Current Year	
OCT 0 9 2019		8 Contributions and grants (Part VIII, line 1h)			789.	626.	
0	Revenue	9 Program service revenue (Part VIII, line 2g)			95,281.	106,027.	
0	Ver	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	F		49.	54.	
) —-	æ	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	r		40,171.	44,713.	
၁		12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line	ne 12).		136,290.	151,420.	
_		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			8,066.	3,593.	
Ю		14 Benefits paid to or for members (Part IX, column (A), line 4)			·	<u> </u>	
7		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)		24,686.	28,180.	
SCANNED	es	16a Professional fundraising fees (Part IX, column (A), line 11e)	Í		22,000		
Ķ	Expenses	L. Tatal Andrews and area (Dart IV column (P) tree (E)	i i		-		
S	꼾	b Total fundraising expenses (Part IX, column (D), line 25) ►					
••	_	17 Other expenses (Fart IA, column (A), lines 11a-11d, 111-24e)	ļ		99,235.	111,822.	
		18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			131,987.	143,595.	
		19 Revenue less expenses Subtract line 18 from line 12			4,303.	7,825.	
	900		L	Beginning	of Current Year	End of Year	
	Assets of Balance	20 Total assets (Part X, line 16)			503,139.	510,247.	
	A B	21 Total liabilities (Part X, line 26)	L		48,195.	52,478.	
	ŝ	22 Net assets or fund balances Subtract line 21 from line 20			454,944.	457,769.	
	IP a	rtlli Signature Block	• •				
	Unde	er penalities of perjury, I declare that I have examined this return, including accompanying schedules and statem plete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg	ents, and to the	best of my	knowledge and beli	ef, it is true, correct, and	
	com	plete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg	ge 			- -	
		Soful Ar Joseph		بيلب		62019	
	Sig	Signaturé of Officer		Date	•		
	He			TRUST	<u>e</u> e		
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date A	1 .	Check If	PTIN	
	Pa		7/26	119 1	self-employed	P00105948	
		eparer Firm's name CLARK, ANDERSON, MCNELIS & CO., P.A.					
		e Only Firm's address 560 W CANFIELD AVE # 100			Firm's EIN > 82	-0403050	
		COEUR D ALENE, ID 83815-7892				8) 772-6460	
	Ma	y the IRS discuss this return with the preparer shown above? (see instructions)			<u>, ,</u>	X Yes No	
		A For Paperwork Reduction Act Notice, see the separate instructions.	TEEA01	101L 08/20	0/18	Form 990 (2018)	

	990 (2018) COEUR D'ALENE ELKS, LODGE NUMBER 1254	82-0	09865	0	P	age 2
Par	t III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III					
1	Briefly describe the organization's mission					
	TO CARRY ON FRATERNAL ACTIVITIES UNDER THE LODGE SYSTEM THE NET	INCOME	OF W	HICH	<u> IS</u>	
	USED EXCLUSIVELY FOR BENEVOLENT AND CHARITABLE PURPOSES.					
				- - -		
	Did the organization undertake any significant program services during the year which were not listed on the pri	or				
2	Form 990 or 990-EZ?	Oi	П	Yes	X	No
	If "Yes." describe these new services on Schedule O		ш		M	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?		Yes	X	No
	If "Yes," describe these changes on Schedule O				تت	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	rices, as n	neasure	ed by e	xpen	ses
	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 other	rs, the f	total ex	pens	es,
	and revenue, if any, for each program service reported					
4 a	(Code) (Expenses \$ including grants of \$) (F	Revenue	ŝ			
70	SOCIAL CLUB FOR MEMBERS.		· —			
						-
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						. _
						-
	(Code) (Furences & including grapts of \$) (6	Povonuo	<u>-</u>)
40	(Code) (Expenses \$ including grants of \$) (F	revenue	٧	_		—,
	RV PARK FOR MEMBERS.					
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				_		
4 0	(Code) (Expenses \$including grants of \$) (F	Revenue	\$)
	COMMUNITY SERVICE ASSISTANCE, SPONSORSHIP AND YOUTH ASSISTANCE.			-		
				- ·		
				·		
						. – – –
		- 				· -
						
4 0	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ►					

Page 2



		•	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		X
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
0	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
1	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	i Ny x		26
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	х	(A. J.) A. S.
Ł	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 Ь		Х
(c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	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
e	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	ŀ	Х
2 a	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
Ł	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
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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
5	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
6	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		x
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
8	column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	17		
	lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	+	X
9	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
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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

			res	MO
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 ⁷ 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		x
24 a	a 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		<u>x</u>
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
t	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	_	
	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		x
	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)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
c	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
	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
	I Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	olf '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		
	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
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
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 4		162	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	(2018)
BAA	TEEAU104L 08/03/18	Form	99U ((2018)

Form **990** (2018)

82-0098650

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
2 8	ments, filed for the calendar year ending with or within the year covered by this return 2a			
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	<u></u> .
t	olf 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	Х	
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		Х
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)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
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	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a		X
h	of the organization notify the donor of the value of the goods or services provided?	7 b		
	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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
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			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	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			
	Section 501(c)(12) organizations. Enter			
_	Gross income from members or shareholders			
	against amounts due or received from them)			
	- Constitution of the Cons	12 a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year			ŀ
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13 a		
	Note. See the instructions for 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			
	Enter the amount of reserves on hand			
		14a		Х
		14 b		<u> </u>
15	excess paracriate payment(s) during the year.	15		х
	If 'Yes,' see instructions and file Form 4720, Schedule N			<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes' complete Form 4720. Schedule O	16		<u>X</u>

Form 990 (2018) COEUR D'ALENE ELKS, LODGE NUMBER 1254 82-0098650 Page 6 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 5 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 5 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 Х 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? SEE SCHEDULE O 6 Х 6 Did the organization have members or stockholders? 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 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х X **b** Each committee with authority to act on behalf of the governing body? 8ь 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a 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 X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Х 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 X X 13 Did the organization have a written whistleblower policy? 13 14 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? 15 a X a The organization's CEO, Executive Director, or top management official X **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 X 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 (1024 or 1024-A 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 |X| Upon request Another's website Other (explain in Schedule O) 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 SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

PHYLLIS EDLUND 1170 W PRAIRIE

COEUR D'ALENE ID 83815 (208) 772-4049

Rartivil 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	related organiz	ation	com	pens	sate	d any d	current officer, direct	or, or trustee	
				(C)					
(A) Name and Title	(B) Average hours per	Pos thar	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	(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	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CHARLES K EDLUND	0.75	7					1	0.	0
TRUSTEE	0 75	Х				\vdash	0.	<u> </u>	0.
(2) GERALD_R_BROWN TRUSTEE	<u>_0.75</u> _	Х					0.	0.	0.
(3) RICHARD GARDNER	0.75								
TRUSTEE	0	X					0.	0.	0.
(4) JERRY WILLIS	0.75								
TRUSTEE	0	X					0.	0.	0.
(5) CHARLES WIDEEN	0.75								
TRUSTEE	0	X					0.	0.	0.
(6) KAREN_MAGNER	0.75								
LEADING KNIGHT	0		Щ	X			0.	0.	0.
	0.75						_	_	_
LECTURE KNIGHT	0		\sqcup	Х			0.	0.	0.
_(8) DAVID LANCASTER									
TREASURER	0		$\vdash \vdash$	X		 -	0.	0.	0.
(9) DEBORAH NADRCHAL	0.75			,					_
LOYAL KNIGHT	0 75		$\vdash \vdash$	Х			0.	_0.	0.
(10) ROBERT L BROWER	0.75			,					_
ESQUIRE (11) POPIN MOODE	0 75		\vdash	Х		\vdash	0.	0.	0.
(11) ROBIN MOORE CHAPLAIN	0.75			х			0.	0.	0.
(12) LEON WHEELER	0.75		\vdash	^	_		<u> </u>		
INNER GUARD				х			0.	0.	0.
(13) JERALD LONE	0.75		\vdash	*			- 0.		<u> </u>
EXALTED RULER				х			0.	0.	0.
(14) MARY LOU RILEY	12			-					
SECRETARY				х			2,400.	0.	0.
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TEEA0107L 08/03/18

Form 990 (2018)

Page 8

[Partivill] Section A. Officers, Directors, Tru	(B)		-	(()			- riigiiost ooii	.pooutou =p	(00,000)
(A) Name and title	Average hours per week	hours box, unless person is bo officer and a director/tru week		or/trus	tee)	Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation		
	(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
(15)										
(16)										
(17)										
(18)										
(19)									_	
(20)				_						
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	 	<u> </u>		<u> </u>	L		>	2,400.	0.	
c Total from continuation sheets to Part VII, Secti	on A						>	0.	0.	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the organization ► 0	to those I	sted	abo	ve) v	who	recei	ved	2,400. more than \$100,00	0.0 of reportable com	0 pensation
from the organization 0										Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, or tru ch individu	stee, <i>al</i>	, ke	y en	nplo	yee,	or h	nighest compensa	ted employee	3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual	f reportab er than \$1	le co 50,0	mpe	ensa If '\	ition Yes,	and <i>com</i>	oth <i>ple</i>	er compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fr	om dule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	ındıvıdual 	5 X
Section B. Independent Contractors 1 Complete this table for your five highest comper						-			han \$100 000 of	
compensation from the organization Report comper	isation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax yea	<u>r</u>
(A) Name and business add	ress							Description	of services	(C) Compensation
					_					
	·									
Total number of independent contractors (including to the contractors)		ited to	o the	ose I	listed	abo	ve)	who received more	than	
\$100,000 of compensation from the organization		TEFAC	21001	00.0	02/10					Form 990 (2018

		0 (2018) COEUR D'ALEN		, LODGE NUME	BER 1254		82-0098650	Page 9
Par	t VI	Statement of Revenue Check if Schedule O conta		oonse or note to any	y line in this Part VI	II		
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns	1 a					
irar	b	Membership dues	1 b					
s, G	c	Fundraising events	1 c		1			
ar.	d	Related organizations.	1 d					
S, E	e	Government grants (contributions)	1 e					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, similar amounts not included above		626.				
a de	g	Noncash contributions included in line	s 1a-1f 💲					
	h	Total, Add lines 1a-1f		<u> </u>	626			
Program Service Revenue				Business Code				
ĕ ≪		RV PARK			64,716.	64,716.		
æ	t	MEMBERSHIP_DUES_& ASSE	<u>SSMENTS</u>		33,973.			33,973
Š	٩	FACILITY_RENTAL			5,971.	5,971.		
Š	C		- -		915.	915.		
Гаш		SOCIAL ACTIVITIES			400.	400.		
<u>og</u>		All other program service rev	enue	WKS	52.	52.	, .	
		Total. Add lines 2a-2f			106,027.			
	3	Investment income (including other similar amounts) Income from investment of ta		>	54.			54
	5	Royalties	•		-			
			(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less rental expenses			1			
		Rental income or (loss)		_				
	c	Net rental income or (loss)		•				
	7 a	Gross amount from sales of assets other than inventory	Securities	(II) Other				
	t	Less: cost or other basis and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>				
Other Revenue	8 a	Gross income from fundraisir (not including \$	_					
ě			ille (C)	_				
7		See Part IV, line 18		a h				
ŧ		 Less direct expenses Net income or (loss) from fur 	ndraicina	-				-
0		Gross income from gaming a See Part IV, line 19	_	events			_	
				a				
		Less direct expenses	mina acti	utios >				-
		Net income or (loss) from ga	~	AITIES				
		a Gross sales of inventory, less and allowances	s returns	a 116,639.				
		Less cost of goods sold	les of use	b 71,926.	44 712	41 070	2,735.	-
	۳	Net income or (loss) from sa Miscellaneous Revenue		Business Code	44,713.	41,978.	۷, ۱۵۵.	
	<u> </u>			22333 0000				-

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions.

114,032.

2,735.

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor			omplete column (A)	. "
	Check if Schedule O contains a	response or note to any	y line in this Part IX		
	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	3,593.			
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).	2,400.			
7	Other salaries and wages	0. 23,097.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,097.			
9	Other employee benefits				
10	Payroll taxes	2,683.			
11	Fees for services (non-employees)	2,003.			
	a Management				
ı	Legal				
(Accounting	6,377.			
(Lobbying	-,,			
•	Professional fundraising services See Part IV, line 17				
ſ	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				
13		2,588.			
14	Information technology	2,300.			
15	Royalties				
16	Occupancy	34,606.			
17	Travel	34,000.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,941.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,382.			
23	Insurance	4,206.			
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)		1000		
a	GRAND_LODGE_PAYMENTS	9,135.			
	SUPPLIES	7,593.			
C	MISC EXPENSES	5,439.			
	BANK_CHARGES	3,404.			
	All other expenses	12,151.			
25	Total functional expenses. Add lines 1 through 24e	143,595.			
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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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year 1 40,014. 46,563 Cash - non-interest-bearing 61,386. 2 75,571. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section $4958(\hat{f})(1)$), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 7,299. Inventories for sale or use 6,873 Prepaid expenses and deferred charges 4,405 9 1,376. 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 658,985 10 c b Less accumulated depreciation 10b 272,998 383,912 385,987. Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 503,139 16 510,247. 16 <u>5,45</u>5. 3,709. 17 Accounts payable and accrued expenses 17 20,011 18 18 Grants payable 23,462. 19 24,207. 19 Deferred revenue 22,029. Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 700 1,100. 26 Total liabilities. Add lines 17 through 25 48,195 52,478. X and complete Organizations that follow GFAS 117 (ASC 958), check here > or Fund Balances lines 27 through 29, and lines 33 and 34. 27 454,944 Unrestricted net assets 457,769. 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Set Total net assets or fund balances 454,944. 33 457,769. 33 34 510,247. Total liabilities and net assets/fund balances 503,139 34 TEEA0111L 08/03/18 BAA Form 990 (2018)

Forn	n 990 (2018) COEUR D'ALENE ELKS, LODGE NUMBER 1254 82-00	98650	Pa	age 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	151,	<u>420.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	143,	595.
3	Revenue less expenses Subtract line 2 from line 1	3	7,	825.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	454,	944.
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) SEE SCHEDULE 0	9	-5,	000.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	0	457,	769.
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
	Official in Confidence of Confidence of Flore to dry line in this is drevial		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		103	1.0
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 :	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 reviewed	on a		
	separate basis, consolidated basis, or both			
	X Separate basis			١
1	b Were the organization's financial statements audited by an independent accountant?	2	b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	į		
	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?	2	c X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 :	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?	Э	а	X

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Form **990** (2018)

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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SCHEDULE 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

	COEUR D'ALENE ELKS, LODGE I		82-0098650
Ŗā	Organizations Maintaining Dono Complete if the organization answers	or Advised Funds or Other Similar Fun wered 'Yes' on Form 990, Part IV, line	nds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2			
3			
4			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?	onor 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 that grant fund t of the donor or donor advisor, or for any other	ds can be used only r purpose conferring Yes No
Pā	itill Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	
		wered 'Yes' on Form 990, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , r		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the form	
			Held at the End of the Tax Year
	a Total number of conservation easements		2 a
	b Total acreage restricted by conservation ease		2 b
	c Number of conservation easements on a certi	fied historic structure included in (a)	2 c
	d Number of conservation easements included in structure listed in the National Register		2 d
3	Number of conservation easements modified, trar tax year ►	isferred, released, extinguished, or terminated by t	the organization during the
4	Number of states where property subject to conse	rvation easement is located >	_
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, hants it holds?	indling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, i		onservation easements during the year
7	Amount of expenses incurred in monitoring, insper ►\$	cting, handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and experto the organization's financial statements that o	nse statement, and balance sheet, and describes the organization's accounting for
Ŗā	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, or wered 'Yes' on Form 990, Part IV, line	r Other Similar Assets. e 8.
1	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, or research in fi	enue statement and balance sheet works of furtherance of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in further	statement and balance sheet works of art, erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nstorical treasures, or other similar assets for finar 116 (ASC 958) relating to these items	ncial gain, provide the following
	a Revenue included on Form 990, Part VIII, line	1	▶ \$
	b Assets included in Form 990, Part X		► \$

. •						
Schedule D (Form 990) 2018 COEU				82-0098		Page 2
Partill Organizations Mainta	ining Collection	s of Art, Historic	al Treasures, or O	ther Similar Asse	ets (continu	jea)
3 Using the organization's acquisition items (check all that apply).	, accession, and othe		•	significant use of its c	ollection	
a Public exhibition		d Loan or e	xchange programs			
b Scholarly research		e Other				
c Preservation for future gener						
4 Provide a description of the organiz Part XIII						
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintained	d as part of the orgar	nization's collection?		Yes [No
Rart IV Escrow and Custodia line 9, or reported an	I <mark>Arrangements.</mark> amount on Form	990, Part X, line	organization answ 21.	ered 'Yes' on For	m 990, Pa	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or ot	her intermediary for o	contributions or other a	assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and con	nplete the following t	able	_	_	
				/	Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2a Did the organization include an a	mount on Form 990	Part X, line 21, for	escrow or custodial ac	count liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII Check I	nere if the explanation	n has been provided o	on Part XIII		
						_
Partive Endowment Funds. C	omplete if the or	ganization answ	ered 'Yes' on Forn	n 990, Part IV, lin	e 10.	
•	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships			····			
Other expenditures for facilities and programs						
f Administrative expenses			<u></u>			
g End of year balance						***************************************
2 Provide the estimated percentage	e of the current year	end balance (line 1g	g, column (a)) held as		'	
a Board designated or quasi-endowm	ent ►	8				
b Permanent endowment ►	8					
c Temporarily restricted endowmer	nt ►	%				
The percentages on lines 2a, 2b, as		0%				
3 a Are there endowment funds not in to organization by	he possession of the o	organization that are h	eld and administered for	r the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ited organizations lis	ted as required on S	chedule R?		3b	
4 Describe in Part XIII the intended	_					
PartiVII Land, Buildings, and	<u></u>					
Complete if the organi	• •	'Vec' on Form Q	00 Part IV June 1	12 See Form 990) Part Y li	ıne 1∩

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		150,000.		150,000.
b Buildings		388,716.	205,804.	182,912.
c Leasehold improvements				
d Equipment.		107,509.	62,265.	45,244.
e Other		12,760.	4,929.	7,831.
Total. Add lines 1a through 1e. (Column (d)	must equal Form 990, Part X, c	olumn (B), line 10c)	•	385,987.

Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of	valuation (Cost or end	-of-year marke	et value
) Financial derivatives							
2) Closely-held equity interests					_		
3) Other							
A)				_			
B)							
c <u>j</u>		-					
D)							
E)							
F)	· · · · · · · · · · · · · · · · · · ·						
<u>' </u>		-					
H)						-	
	<u> </u>						
(1)			·v·2/				
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		l .					
PartiVIIII Investments — Program Related. Complete if the organization answered		0, Part	N/A IV, line 1	1c. See	Form	990, Par	t X, line 1
(a) Description of investment	(b) Book value	(c) Me	thod of value	uation C	ost or en	d-of-year n	narket value
(1)	ppp						
(2)			ppp				
(3)							
(4)							
(5)				-			
(6)			-				
(7)		1					
(8)		†					
(9)	•						
				-	-		
(10)							
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A						
(10)	N/A 'Yes' on Form 990	D, Part	IV, line 1	1d. See	e Form	990, Par	t X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Partix Complete if the organization answered	N/A 'Yes' on Form 990 cription	D, Part	IV, line 1	1d. See	e Form	990, Par	t X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Partix Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 990	D, Part	IV, line 1	1d. See	e Form	990, Par	t X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2)	'Yes' on Form 990	D, Part	IV, line 1	1d. See	e Form	990, Par	t X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2) (3)	'Yes' on Form 990	D, Part	IV, line 1	1d. See	e Form	990, Par	t X, line 1 ook value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 990	D, Part	IV, line 1	1d. See	e Form	990, Par	t X, line 1 ook value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' on Form 990	D, Part	IV, line 1	1d. See	e Form	990, Pari	t X, line 1 ook value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 990	D, Part	IV, line 1	1d. See	e Form	990, Par (b) B	t X, line 1 ook value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990	D, Part	IV, line 1	1d. See	e Form	990, Par (b) B	t X, line 1 ook value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990	D, Part	IV, line 1	1d. See	e Form	990, Par (b) B	t X, line 1 ook value
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(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990	D, Part	IV, line 1	1d. See		(b) B	t X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	'Yes' on Form 990	D, Part	IV, line 1	1d. See		990, Par (b) B	t X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 ccription	0, Part			1	(b) B	t X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) must equal Form 990, Part X, column (B) Part XX Other Liabilities.	'Yes' on Form 990 ccription	0, Part			1	(b) B	t X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X, column (E)	Yes' on Form 990 cription 3) line 15)	0, Part			1	(b) B	t X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Form 1 (a) Description of hability (1) Federal income taxes	3) line 15) orm 990, Part IV, line 1	1e or 11f			1	(b) B	t X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Form 1 (a) Description of hability (1) Federal income taxes (2) CLEANING DEPOSITS	3) line 15) orm 990, Part IV, line 1 (b) Book value	0, Part			1	(b) B	t X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) PartilX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) CLEANING DEPOSITS (3) PREPATD RENT	3) line 15) orm 990, Part IV, line 1 (b) Book value	1e or 11f.			1	(b) B	t X, line 1
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Schedule D (Form 990) 2018	COEUR	D'ALENE	ELKS.	LODGE	NUMBER	1254

82-0098650

Page 4

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eart XI∎ Reconciliation of Revenue per Audited Financial Stateme	-	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.		<u> </u>
1 Total revenue, gains, and other support per audited financial statements		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 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	•	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		
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, line 12)		5	
art XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expense:	s per Return. N/A	
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.		
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 Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		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 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	
artiXIII Supplemental Information.			

P

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 XI, 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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

LODGE ALLOCATED FOR CHARITY USE-NOT YET DONATED

	\$ -5,000.
TOTAL	\$ -5,000.