Form 990

(Rev January 2020) Department of the Treasury

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.rs.gov/Form990 for instructions and the latest information

Open to Public

inter		anue Service		/O1/10			inspection		
<u>A</u>	For th	ne 2019 c	alendar year, or tax year beginning 06	/01/19 , and ending	05/31/2				
В	Check if	applicable	C Name of organization			D E	mployer identification number		
	Address	change	EAGLES CDA	AERIE #486					
一	Name ch	anna	Doing business as			8:	2-0120060		
님	Haile Gi	ange	Number and street (or P O box if mail is not delivered	to street address)			E Telephone number		
\sqcup	Initial reti		209 E SHERMAN AVE			2	08-664-5612		
\Box	Final retu terminate		City or town, state or province, country, and ZIP or for	reign postal code					
H		i	COEUR D'ALENE	ID 83814		G G	ross receipts		
Ш	Amended	l return	F Name and address of principal officer						
П	Applicatio	in pending	SCOTT SUTHERLAND			H(a) Is this a group ret	um for subordinates? Yes X No		
	'		209 E SHERMAN AVE			H(b) Are all subordina	ites included? Yes No		
				ID 83814	\sim		h a list (see instructions)		
			COEUR D'ALENE		- N	-	is that (acc mandedona)		
<u> </u>	Tax-exer	mpt status	501(c)(3) X 501(c) (8) ◄ (if	nsert no) 4947(a)(1) or	527	4			
<u>1</u>	Website	· N	I/A		····	H(c) Group exemption			
K	Form of	organization	X Corporation Trust Association	Other ►	LY	ear of formation 1903	M State of legal domicale ID		
F	Part I	Su	ımmary						
	1	Bnefly de	escribe the organization's mission or most s	ignificant activities					
_ •		TO P	ROVIDE SERVICES AND BENEF	ITS TO THE COMMUNI	TY AND	IN SUPPORT O	F OUR		
Governance		NATT	ONAL CHARTTIES						
Ĕ									
, š		Charle No.			# OF	0/ -f ttt			
ີ ິ	2	Check in	s box if the organization discontinued	its operations or disposed of	more than 25	% of its net assets	1.40		
? ∞	3	Number o	of voting members of the governing body (Pa	art VI, line 1a)	Recei	al Revenue	3 13		
ies	4	Number o	ONAL CHARITIES. Is box if the organization discontinued of voting members of the governing body (P. of independent voting members of the government).	ning body (Part VI, line 1b)	- O/V	al Revenua San ed US Bank - U 340	4 13		
זַּר	5	Total num	nber of individuals employed in calendar yea	ar 2019 (Part V, line 2a)		340 ank - U	.,5 2 /		
قِلَ	6	Total nun	nber of volunteers (estimate if necessary)		0.0	,0	-6 O		
Z	7a	Total unre	elated business revenue from Part VIII, colu	mn (C), line 12	υς	122	7a 0		
Z	Ь	Net unrela	ated business taxable income from Form 99	90-T. line 39		13 2020	7b 0		
≶	1					Prior Year	Current Year		
	8	Contributi	ons and grants (Part VIII, line 1h)		Oa	len, UT	90,034		
ڇ ڇ	9 1		service revenue (Part VIII, line 2g)		- 9	en, ur	0		
Revenue SCANNED Activities &	10	-	nt income (Part VIII, column (A), lines 3, 4,	and 7d)	-	1,7	3,390		
2	144		enue (Part VIII, column (A), lines 5, 6d, 8c,	•	}	254,9			
				•	}-				
_			enue – add lines 8 through 11 (must equal F			334,7			
	1		nd similar amounts paid (Part IX, column (A)	•		39,2			
	14	Benefits p	paid to or for members (Part IX, column (A),	line 4)	L		200 400		
S	15	Salanes,	other compensation, employee benefits (Pa	rt IX, column (A), lines 5-10)	L	56,8	56,518		
Expenses	16a	Professioi	nat fundraising fees (Part IX, column (A), lin	ne 11e)	Į.		0		
8	p.	Total fund	draising expenses (Part IX, column (D), line	25) ▶	0				
ŵ	17	Other exp	penses (Part IX, column (A), lines 11a-11d,	11f-24e)	Ī	251,4	16 209,557		
			enses. Add lines 13–17 (must equal Part IX	•		347,6			
	ı		less expenses Subtract line 18 from line 12		T T	-12,9	14 -60,059		
= X	8	revenue	12 CAPETISES CUDITACT THE TO HOLD THE TA		·····	Beginning of Current Y			
Net Assets or	20 -	Total asse	ets (Part X, line 16)		ŀ	1,074,6			
S.E.	24 -		lities (Part X, line 26)			1,2			
3	1		•	20	-	1,073,4			
			s or fund balances Subtract line 21 from lin	IC 2U		1,013,4	02 1,013,343		
	Part II		gnature Block						
			perjury, I declare that I have examined this return,				my knowledge and belief, it is		
	ue, come	ect, and co	omplete Declaration of preparer (other than office	er) is based on all information of wi	nich preparer n	as any knowledge			
		 							
Sig	gn	Sı	gnature of officer				Date		
He	re		SCOTT SUTHERLAND	- bourt	WORTH	SECRETAR	Y U U (0/6/20		
		7 Ts	ype or print name and title	*******					
_		Print/Type	preparer's name	Preparer's signature		Date	Check X of PTIN		
Paid	d		` `	· -			<u> </u>		
	parer	Mary R	. Mana Diahtan C	Mary Richter		10/07/20	04 4070004		
	Only	Firm's nan		CPA		Firm's E	N 81-1078931 '		
USE	Only		522 Short St	04 4055			PAG 557		
		Firm's add		004-1350		Phone r			
			s this return with the preparer shown above	<u> </u>			X Yes No		
For		vork Redu	ction Act Notice, see the separate instruction	ns.			Form 990 (2019)		
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Form 990 (2019) EAGLES CDA AE	RIE #486	82-012	20060	Page 2
Part III Statement of Program	Service Accomplishm			
<del></del> -	ontains a response or not	te to any line in this Part	<u>III                                   </u>	Ц
1 Bnefly describe the organization's miss TO PROVIDE SERVICES		THE COMMUNITY	AND IN SUPPORT	OF OUR
NATIONAL CHARITIES	`			
2 Did the organization undertake any sig	nificant program services during	g the year which were not list	ed on the	
pnor Form 990 or 990-EZ?		-		Yes X No
If "Yes," describe these new services of				
3 Did the organization cease conducting, services?	or make significant changes if	n now it conducts, any progra	m	Yes X No
If "Yes," describe these changes on So	chedule O			
4 Describe the organization's program se				
expenses Section 501(c)(3) and 501(c)	· -		s and allocations to others,	
the total expenses, and revenue, if any	, for each program service rep	оопеа		
4a (Code ) (Expenses \$	371,563 including	grants of \$	) (Revenue \$	)
FRATERNAL LODGE SERV	ING ALL FRATERN	IAL MEMBERS		
4b (Code ) (Expenses \$	400 including	grants of \$	) (Revenue \$	)
BENEFITS TO MEMEBERS	INCLUDING DEAT			·
4c (Code ) (Expenses \$	49,265 including	grants of \$ 49	,265 ) (Revenue \$	)
CHARITABLE DONATIONS	TO THE COMMUNI	. •	, , , , , , , , , , , , , , , , , , , ,	,
4d Other program services (Describe on S	Schedule O)			<del>.</del>
(Expenses \$	including grants of \$	) (Reve	enue \$	)
4e Total program service expenses ▶	421,228			



-P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
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			l
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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_		ļ
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8_		X
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		X
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			-
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		
_	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44	x	
L	complete Schedule D, Part VI	11a	•	
D	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	445		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
4	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part X	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D. Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
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		X
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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	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		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	X	
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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

	art iv Checklist of Required Scriedules (Continued)			
	Did the assessment and the order of the orde		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<del>                                     </del>
2-10	\$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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		<b></b>	$\vdash$
	to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	_28b	_	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	<del> </del>	X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29_		A
30	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? <i>If</i> "Yes,"	1 3.		<del></del>
0_	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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	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-chantable			
	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	<u></u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	I	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 8			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	·		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	L	L

Più Fi C	Title Statements Regarding Other INS Fillings and Tax Compliance (Continu	ueu)			r	
2-	Futer the number of applicated applicated on Form 18/2. Transportful of 18/acc and Tay			126.35	Yes	No Editor
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	20	27			
_	Statements, filed for the calendar year ending with or within the year covered by this return	2a	21	25		X
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			2b		
2-1	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?	")		3a		X
3a		^		3b	<u> </u>	-
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule. At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over	30	-	$\vdash$
	a financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x
b	If "Yes," enter the name of the foreign country	accou	nit) ·		19259	T. CHIE
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	te (FRAR)	140		5.0
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	\ccour	its (FDAIN)	5a	196-511195	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time damped tax shelter tax shelter transaction at any time damped tax shelter t	tion?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	don.		5c		<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	_		- 30		$\vdash$
•	organization solicit any contributions that were not tax deductible as charitable contributions?	_		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		, oa	<u> </u>	<u> </u>
-	gifts were not tax deductible?			6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			100 m	Sign of the	10000
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	ahnnı			激烧	
•	and services provided to the payor?	joodb		7a	منعمستان	25.57.0
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s		.		
•	required to file Form 8282?	•		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e	فتمثلكتف	- Access
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer					(A)
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					1627
. a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter			被数		THE STATE
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				10
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	,	12a	4.45	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				**************************************
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			9663	的影	4 S
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O					
þ	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	13b				
C	Enter the amount of reserves on hand	13c		1987		蚁沙
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 on Schedule			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation o	or			
	excess parachute payment(s) during the year?			15	981789e>- * ·	X CHANGE OF
	If "Yes," see instructions and file Form 4720, Schedule N			12.5		不不
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncom	e [?]	16	V, 80.	X SHEET AND
	If "Yes," complete Form 4720, Schedule O			[清縣		源源

0011 10/07/2020 11 37 AM Form 990 (2019) EAGLES CDA AERIE #486 82-0120060 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 on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 13 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 on Schedule O 13 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? a8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on 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? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use 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 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14

- 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
  - Other officers or key employees of the organization

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?
  - 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?

S	ection	C	Disc	losure
•	CCHOI	· •		JUSUIT

- 17 List the states with which a copy of this Form 990 is required to be filed >
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website X Upon request Other (explain on Schedule O)

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records > SCOTT SUTHERLAND

COEUR D'ALENE

209 E SHERMAN AVE

ID 83814

208-664-5612

X

X

15a

15b

16b

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for	(d bo off	onote x, unle īcer a	Pos check ess pe nd a	C) ation more erson directo	than or is both a	ne an e)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(WZ see miles)	((**21:335.111165)	related organizations
(1) KEN ANDERSON		İ								
	0.00									
TRUSTEE	0.00	X	-	<u> </u>	<u> </u>	$\vdash$		0	0	<u> </u>
(2) GREG EATON	0.00									
TRUSTEE	0.00	x				li		o	o	0
(3) DICK EDINGER	0.00	1			_	$\vdash$				
(6,000000000000000000000000000000000000	0.00					li				
TRUSTEE	0.00	X						0	o	0
(4) TOM HOBSON										
	0.00			ł						
TRUSTEE	0.00	X			L	$\sqcup$		0	0	0
(5) SCOTT SUTHERLAND										
	0.00									
WORTHY SECRETARY	0.00	X	_		<u> </u>	$\sqcup$		0	0	0
(6) MIKE VESCIANO	0.00									
mpilomin	0.00	<b>.</b>						o	o	0
TRUSTEE (7) RANDY LANGE	0.00	X				$\vdash$		0	<u> </u>	<u> </u>
(/) KANDI HANGE	0.00					1 1				
OUTSIDE GUARD	0.00	ļ		x	ĺ	1		o	o	0
(8) DUSTIN OKON	3.00				<u> </u>	1-1		-		
(0,20220: 02001:	0.00									
WORTHY PRESIDENT	0.00			X				0	0	0
(9) JOE OKON										
	0.00									
WORTHY CHAPIN	0.00	<u> </u>		X				0	0	0
(10) DOUG SMITH										
	0.00							_	_	
PASTWORTHY PRESIDENT	0.00	<u> </u>		X		$\vdash \vdash$		0	0	0
(11) TERRY STEINER	0.00									
AITOTEOD	0.00							_	•	•
AUDITOR	0.00	<u> </u>	<u> </u>	X	l	11		0	0	0

DAA

Form **990** (2019)

	irt VIII Section A. Officers			s, K		mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	rage o
	(A) Name and title	(B) Average hours per week (list any	bo	x, unie	Pos sheck ss pe	rson	than costs both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Institutional trustee Individual trustee or director		Officer	Key employee  Officer		Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12 WOI	PRON STROBEL  RTHY VICEPRESIDENT	0.00			x				0	0	0
(1:	B) JAMIE WALTON BIDE GUARD	0.00			x				o	o	o
IN	SIDE GUARD	0.00			_				0	O	
								-			
_											
				. –							
1b c	Subtotal  Total from continuation shee	ets to Part VII, §	Secti	on A	\	<u> </u>		<b>&gt;</b>			
<u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from	duding but not li	mite	d to		e list	ted a	<b>▶</b> bove	e) who received more than	\$100,000 of	
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization	ommer officer, dir complete Schede 1a, is the sum	ector dule of re	tru:  J for	suci able	h ind	dividu ipens	al [*] satio	n and other compensation	from the	Yes No X X X
5	Individual  Did any person listed on line 1 for services rendered to the or									ndividual	5 X
Sect 1	ion B. Independent Contracto  Complete this table for your fix compensation from the organization	e highest comp									ear
		(A) business address								(B) you of services	(C) Compensation
							· · · · · ·				
		·					-				
2	Total number of independent of								se listed above) who	-	

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt Total revenue Unrelated from tax under sections 512-514 1a Federated campaigns Gran 80,817 **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 9,217 g Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f 90,034 Business Code 2a f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 3,390 3,390 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 29,308 6a Gross rents 6a b Less rental expenses 6b 29,308 c Rental (nc. or (loss) 6c 29,308 29,308 d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 7a other than inventory Less cost or other Revenue 7b basis and sales exps 7с c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a 8b b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities 44,312 See Part IV, line 19 9a 61,468 b Less direct expenses c Net income or (loss) from gaming activities -17,156 -17,156 10a Gross sales of inventory, less 586,662 returns and allowances 10a 436,557 b Less cost of goods sold 150,105 150,105 c Net income or (loss) from sales of inventory Business Code 54377344454 11a d All other revenue e Total. Add lines 11a-11d  $\blacktriangleright$ 255,681 165,647 Total revenue. See instructions

#### 82-0120060 Form 990 (2019) EAGLES CDA AERIE #486 Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 49,265 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 400 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 29,962 Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits -26,556 Payroll taxes 10 Fees for services (nonemployees) Management b Legal 1,200 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 9,431 12 Advertising and promotion 12,304 13 Office expenses Information technology 14 Royalties 15 142,815 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 319 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 20,645 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CREDIT CARD FEES 14,862 LICENSE AND PERMITS 5,504 2,477 OTHER c . e All other expenses 315,740 25 Total functional expenses Add lines 1 through 24e * 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 ▶

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 123,122 116,865 Cash-non-interest-bearing 1 239,639 194,206 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) A Notes and loans receivable, net 7 13,865 14,542 Inventories for sale or use 8 Prepaid expenses and deferred charges q 10a Land, buildings, and equipment cost or other 1,664,024 basis Complete Part VI of Schedule D 10a 975,016 698,054 689,008 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 12 Investments-other securities See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,074,680 1,014,621 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 1,278 . 1,278 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 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 1,278 ,278 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ [X] Balances and complete lines 27, 28, 32, and 33. 1,073,402 Net assets without donor restrictions 1,013,343 27 27 Net assets with donor restrictions 28 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. . 6 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds ' 31 1,073,402 Total net assets or fund balances 32 1,013,343 32 Total liabilities and net assets/fund balances 074,680 33 1,014,621

<u> Fom</u>	n 990 (2019) EAGLES CDA AERIE #486 82-0120060		·	Pag	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Л
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25	55, <del>6</del>	581
2	Total expenses (must equal Part IX, column (A), line 25)	2	31	L5,7	740
3	Revenue less expenses Subtract line 2 from line 1	3	-6	50, C	)59
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,07	13,4	102
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,01	.3,3	343
Pa	art XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			2 7 7 7	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		7.3		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		<b>计</b>	機能	
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		ē#		934
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				24
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		14.5		被機
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a	j	
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 on Schedule O and describe any steps taken to undergo such audits	•	3b	i	
			For	n 990	(2019)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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. Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization EAGLES CDA AERIE #486 82-0120060 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art. Historical Treasures. or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

Sche	edule D (Form 990) 2019 EAGLES C	DA AERIE	486			82-01	20060			Р	age 2
Pa	art III Organizations Maintainin	g Collections o	f Art, H	istorical Tr	reasures,	or Other	Similar	<b>Assets</b>	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other recor	ds, check	any of the fol	lowing that m	ake signific	ant use of	its	-		
а	Public exhibition	d [	Loan or	exchange pro	gram						
b	Scholarly research	e	Other		-						
С	Preservation for future generations	_	_								
4	Provide a description of the organization's	collections and expla	ain how the	y further the	organization's	s exempt pu	ırpose ın l	Part			
	XIII										
5	During the year, did the organization solicit								П.,		٦
Da	assets to be sold to raise funds rather than		s part of th	e organizatior	n's collection?	· 			Ye	S	No
Fe	Complete if the organization		s" on Fo	m 990 Pa	rt IV line 9	or reno	rted an :	emount	on Form	1	
	990, Part X, line 21.				·	<u> </u>		an lount		•	
1a	Is the organization an agent, trustee, custo	dian or other interme	ediary for o	contributions of	or other asset	s not			П.,		٦
	induded on Form 990, Part X?	III dt-4- d	£-11	-1-1-					∐ Ye	s _	No
þ	If "Yes," explain the arrangement in Part X	III and complete the	following to	able				<del></del>	Amount		
_	December halance						<u>                                   </u>	_	Amount		
	Beginning balance						1				
	Additions during the year  Distributions during the year						1				
	Ending balance						1	<del></del>	-		
	Did the organization include an amount on	Form 990 Part X III	ne 21 for	esciow or cits	todial accour	nt liability?	ب_	<u>'                                    </u>	Ye		No
	If "Yes," explain the arrangement in Part XI					-			<u></u>	"  -	┨‴
	rt V Endowment Funds.	an onesk here ii the	Oxpidi idilo	THU DOCT P	TOVIGOU OIT I	211 71111			···		L
	Complete if the organization	on answered "Yes	s" on Fo	m 990, Pa	rt IV, line 1	10.					
		(a) Current year	1	Pnor year	(c) Two yea		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and								1		
	losses										
d	Grants or scholarships								1		
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	ıπent year end balan	ice (line 1g	, column (a))	held as						
а	Board designated or quasi-endowment ▶	%									
b	Permanent endowment ► %	)									
C	Term endowment ▶ %										
	The percentages on lines 2a, 2b, and 2c sl	hould equal 100%									
3a	Are there endowment funds not in the poss	session of the organi	zation that	are held and	administered	for the			-		
	organization by									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		ļ
b	If "Yes" on line 3a(ii), are the related organ	•							3b		L
4	Describe in Part XIII the intended uses of t		dowment f	unds							
Pa	Land, Buildings, and Eq		.» <b>-</b>	000 D-		4- 0 1	oo	0 0-41		^	
	Complete if the organization							u, Part /			
	Description of property	(a) Cost or othe (investmen	I	(b) Cost or o		, ,	cumulated ecation		(d) Book	SVIEV	
4 -	Land	(miscourie)	"		88,092	Серп		<del>-  </del>	1 0	20 4	092
	Land				22,320		593,7	66			554
	Buildings			1,2	LE,JEU	<u>.</u>	,,,,	-	04	٠, ٠	JJ4
	Leasehold improvements			2	53,612		381,2	50	_12	7 /	638
	Equipment Other				55,512	· · · · ·	<u> </u>	<del></del>		· • • ·	<del></del>
	Add lines 1a through 1e (Column (d) musi	t equal Form 990. Pa	art X. colur	nn (B), line 10	)c)	<del></del>		<b>•</b>	68	9.0	008

	om 990) 2019 EAGLES CDA AERIE	7400	82-0120060	Page
Part VII	Investments – Other Securities.	" on Form 000 Bort IV lin	o 11h Soo Form 000 F	Port V June 12
	Complete if the organization answered "Yes  (a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)	(b) Book Value	Cost or end-of-ye	
(1) Financial	denvatives -			
	eld equity interests		<u> </u>	
(3) Other		<u> </u>		
(A)				.,
(B)				
(C)				
(D)				
(E)				
(F)			ļ	
(G)				
(H)	#N			
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments — Program Related.	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Fart VIII	Complete if the organization answered "Yes	e" on Form 990 Part IV Jun	o 11c Soc Form 000 F	Part V Ima 12
	(a) Description of investment	(b) Book value	(c) Method o	<del></del>
	(a) occupion of investment	(b) Book value	Cost or end-of-ye	
(1)				
(2)		-		
(3)				
(4)				
(5)	·			
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		4 1 4 7 °°
Part IX	Other Assets.			
	Complete if the organization answered "Yes		e 11d See Form 990, F	
	(a) Description	on		(b) Book value
(1)			·	
(2)				
(3)				
(4)				
(6)				
_(7)				
(8)	<del></del>			
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes	s" on Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				···
(4)				· · ·
(5)				
<u>(6)</u>				
(7)			<del></del>	
(8)				
(9)	n /h) must agual Form 000 Post V1 /D) t 251			
	(b) must equal Form 990, Part X, col (B) line 25)	the footnote to the organization's	financial etotomonte that see	ute the
-	uncertain tax positions. In Part XIII, provide the text of the	-	·	
urgariization's I	liability for uncertain tax positions under FASB ASC 740	OHECK HEIE II THE TEXT OF THE 100	omote has been provided in P	ait Aiii

Part XIII Supplemental Information.

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

Schedule D (Form 990) 2019 EAGLES CDA AERIE #486
Part XIII Supplemental Information (continued)

82-0120060

Page 5

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

OMB No 1545-0047

Name of the organization <b>EAGLES CDA AERIE #</b>	486				Employer identificat	
Part Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organizatio			red "Yes" on Form 99		
1 Indicate whether the organization raised funds through a				Check all that apply		
a Mail solicitations	e Solicitation	of no	n-gov	emment grants		
b Internet and email solicitations	F Solicitation	of go	vemn	nent grants		
c Phone solicitations	g 🔲 Special fun	draisii	ng ev	ents		
d In-person solicitations			•			
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity						☐ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization	ndraisers) pursuar			nents under which the fur	ndraiser is to be	
Manager of a district of			d fund- have	#14 G	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo		(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
·		control of contributions?			col (I)	
		Yes	No			
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Total		L	•			

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash pnzes 6 Rent/facility costs Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) 44,312 44,312 1 Gross revenue 2 Cash pnzes Expenses 3 Noncash prizes 4 Rent/facility costs 61,468 61,468 5 Other direct expenses Yes Yes Yes X No 6 Volunteer labor No 61,468 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) **-17**,156 9 Enter the state(s) in which the organization conducts gaming activities X Yes No a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes X No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

table organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer chantable gaming?    13	Sche	dule G (Form 990 or 990-EZ) 2019 <b>EAGLES CDA AERIE #486</b>	82-012006	0	Page 3
formed to administer chantable gaming?  Indicate the percentage of gaming activity conducted in a The organization's facility  A noutside facility  A noutside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name	11	Does the organization conduct gaming activities with nonmembers?			s X No
13 Indicate the percentage of gaming activity conducted in a The organization's facility An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name ► SCOTT SUTHERLAND 209 E SHERMAN AVE Address ► COEUR D'ALENE ID 83814  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b if "Yes," enter the amount of gaming revenue received by the organization Ps and the amount of gaming revenue retained by the third party ► \$  c if "Yes," enter name and address of the third party  Name ► Address ►  Gaming manager information  Name ► DAVIS SANDAHL  Gaming manager compensation ► \$  Description of services provided ► MANAGES PULLTABS  □ Director/officer ▼ Employee □ Independent contractor  17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Effect the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► S  EPart! III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	12				=
a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶ SCOTT SUTHERLAND 209 E SHERMAN AVE Address ▶ COEUR D'ALENE  15 Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b if "Yes," enter the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue retered by the third party ▶ \$ or f'Yes," enter name and address of the third party  Name ▶ Address ▶  16 Gaming manager information  Name ▶ DAVIS SANDAHL  Gaming manager compensation ▶ \$  Description of services provided ▶ MANAGES PULLTABS  □ Director/officer ▼ Employee □ Independent contractor  17 Mandatory distributions 18 is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license?  □ Yes ▼  SEPARTIVE Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.				∐ Y	s X No
b An outside facility  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name  SCOTT SUTHERLAND 209 E SHERMAN AVE Address  COEUR D'ALENE  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15d If "Yes," enter the amount of gaming revenue received by the organization  s and the amount of gaming revenue received by the organization  s and the amount of gaming revenue retained by the third party  Name  Address  If "Yes," enter name and address of the third party  Name  Address  Description of services provided  MANAGES PULLTABS  □ Director/officer  Employee  Independent contractor  17 Mandatory distributions  a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt advives during the tax year  S  Emart IIV. Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.			1425	l	0/
Enter the name and address of the person who prepares the organization's gaming/special events books and records   Name		· · · · · · · · · · · · · · · · · · ·			<u>%</u> %
Name  SCOTT SUTHERLAND 209 E SHERMAN AVE  Address  COEUR D'ALENE  COEUR D'ALENE  LID 83814  Start III 83814  Substance  Start Substance  Coeur  Substance			( ián	l	
Address ► COEUR D'ALENE ID 83814  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ (if "Yes," enter name and address of the third party ► \$  16 Gaming manager information  Name ► DAVIS SANDAHL  Gaming manager compensation ► \$  Description of services provided ► MANAGES PULLTABS  □ Director/officer ▼ Employee □ Independent contractor  17 Mandatory distributions  a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license?  b Einter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$  EPart IIV. Innes 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	••				
Address ► COEUR D'ALENE  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$  c If "Yes," enter name and address of the third party  Name ►  Address ►  16 Gaming manager information  Name ► DAVIS SANDAHL  Gaming manager compensation ► \$  Description of services provided ► MANAGES PULLTABS  □ Director/officer ▼ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$  Expart.IVM Supplemental Information, Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		· · · · · · · · · · · · · · · · · · ·			
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revenue?  b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c if "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶ DAVIS SANDAHL  Gaming manager compensation ▶ \$  Description of services provided ▶ MANAGES PULLTABS  □ Director/officer ▼ Employee □ Independent contractor  17 Mandatory distributions  a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Enter the amount of distributions required information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		Address Coeor D Allene	10 03014		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶ DAVIS SANDAHL.  Gaming manager compensation ▶ \$  Description of services provided ▶ MANAGES PULLTABS  □ Director/officer ▼ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  □ Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	15a			□ Y ₁	s X No
amount of gaming revenue retained by the third party    c	b		and the	ш.	
Name ►  Address ►  16 Gaming manager information  Name ► DAVIS SANDAHL  Gaming manager compensation ► \$  Description of services provided ► MANAGES PULLTABS  □ Director/officer ▼ Employee □ Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes ▼  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$  □ Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.					
Address   Gaming manager information  Name DAVIS SANDAHL  Gaming manager compensation \$  Description of services provided MANAGES PULLTABS  Director/officer Employee Independent contractor  Mandatory distributions  a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	С	If "Yes," enter name and address of the third party			
Name ▶ DAVIS SANDAHL  Gaming manager compensation ▶ \$  Description of services provided ▶ MANAGES PULLTABS  □ Director/officer ▼ Employee □ Independent contractor  17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes ▼  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  □ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		Name ▶			
Name ► DAVIS SANDAHL  Gaming manager compensation ► \$  Description of services provided ► MANAGES PULLTABS  Director/officer X Employee Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$    Part   V		Address ▶			
Description of services provided ► MANAGES PULLTABS  Director/officer	16	Gaming manager information			
Description of services provided ► MANAGES PULLTABS  Director/officer		Name ► DAVIS SANDAHL			
Director/officer		Gaming manager compensation ▶ \$			
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$    Part   IV   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		Description of services provided ▶ MANAGES PULLTABS			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Letter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		Director/officer			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Letter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	17	Mandatory distributions			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$    Part   IV   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		•			
spent in the organization's own exempt activities during the tax year ► \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		retain the state gaming license?		Y	s 🛚 No
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	b Da			· · · · · ·	<del></del>
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See instructions		See instructions.	social information	1.	

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SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2019

Department of the Treasury				Attach to Form				Open to Public
Internal Revenue Service		<u> </u>	30 to www	us gov/Form990 for	the latest informatio	ก		Relinspection Re
Name of the organization								Employer identification number
	GLES CDA AERIE							82-0120060
9 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nformation on Grants an							
the selection criteria u	maintain records to substantiate sed to award the grants or assist e organization's procedures for m	tance?	•	. •	eligibility for the gran	its or assistance, ar	nd	X Yes No
					overnments Con	nolete if the ora	anization an	swered "Yes" on Form 990.
	ne 21, for any recipient tha							iswered res on roin 550,
1 (a) Name and a	address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description	of (h) Purpose of grant
or g	overnment		section (if applicable)	grant	cash assistance	(book, FMV appraisal, other)	noncash assistar	oce or assistance
(1) KOOTENAI HUMAN	E SOCIETY							
11650 N RAMSEY						1		BUILD SHELTER
HAYDEN	ID 83835	82-0334845	3	9,625		<b></b>		
(2)								
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1-7								
						1	l	_ 1
2 Enter total number of	section 501(c)(3) and governmen	t organizations listed	in the line	1 table				▶ 1
3 Enter total number of	other organizations listed in the li	ne 1 table						▶ 0
For Paperwork Reduction	Act Notice, see the Instructions	s for Form 990.						Schedule   (Form 990) (2019

DAA

Schedule I (I	Form 990) (2019) 🗜	LAGLES	CDA A	ERIE	#486			32-012006	50			Page 2
Part'III	Grants and O	ther Assis	stance to	o Dome	stic Individ	uals. Com	plete if the	organization a	answered	d "Yes" on Form 990, Part	IV, line 22	
	Part III can be	duplicated	if addition	onal spa	ce is neede	d						
	(a) Type of grant or	assistance			Number of eapients	, , ,	mount of sh grant	(d) Amou noncash as		(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	n assistance
1												
2												
3												
4												
5												
6		·										
7												
Part IV	Supplemental	Informat	on. Prov	vide the	information i	required in	Part I, line	2, Part III, co	olumn (b	), and any other additional	information	

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

THE ORGANIZATION HAS A COMMITTEE WHICH REVIEWS ALL SUBMISSIONS FOR SUPPORT.

DEPENDING UPON THE DOLLAR VALUE OF SUPPORT GIVEN TO AN ORGANIZATION,

SUBSTANIATION OF USAGE OF FUNDS IS REQUIRED. AS THE FRATERNAL ORDER OF

EAGLES FOUNDATION IS THE CHARTITABLE FOUNDATION OF ALL AND REPORTS TO THE

GRAND AIRIE SUBSTANIATION OF FUNDS IS WAIVED.

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
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EAGLES CDA AERIE #486

Employer identification number

82-0120060

Form 990, Part VI, Line 2 - Related Party Information Among Officers

DUSTIN OKON

JOE OKON

W PRESIDENT

W CHAPLIN

**BROTHER** 

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
MEMBERSHIP IS REQUIRED

Form 990, Part VI, Line 7a - Election of Members and Their Rights
MEMBERS ELECT THE GOVERNING BOARD

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE 990 IS PRESENTED AT THE REGULAR BUSINESS MEETING FOR DISCUSSION AND IS

AVAILABLE TO ALL MEMBERS AND THE PUBLIC IN THE AERIE SECRETARY OFFICE

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ALL DOCUMENTS ARE AVAIABLE UPON REQUEST AT THE AEIRIE SECRETARY OFFICE