990-EZ

SCANNED

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

 Open to Public Inspection

For the 2020 calendar year, or tax year beginning JUNE 1 2020, and ending . 20 **MAY 31** C Name of organization ? B Check if applicable D Employer identification number ? Address change **GOLDEN TRIANGLE EAGLES FOE 4335** 593252572 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number initial return 352-589-5000 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption 3 Amended return EUSTIS, FL 32726 Number ► ? 0102 Application pending ☑ Cash ☐ Accrual Other (specify) H Check ► I if the organization is not G Accounting Method: Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). K Form of organization: Corporation ☐ Trust ☐ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . Contributions, gifts, grants, and similar amounts received . . . . . 1 ? 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments . . . . . . . . . 4978 4 Investment income . . . . . . . . . 5a 5a Gross amount from sale of assets other than inventory Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c O Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . . . . . . . . . . . . . . . . . . . 6d 0 Gross sales of inventory, less returns and allowances . . . 7a 156152 7a Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 112956 8 8 36028 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 153962 10 Grants and similar amounts paid (list-in Schedule O) 10 5330 Benefits paid to or for members 0 11 11 12 24291 12 Professional fees and other payments to Independent contractors 13 13 5279 Occupancy, rent, utilities, and maintenance . . . 14 22033 14 Printing, publications postage, and shipping 15 15 354 Other expenses (describe in Schedule 0) 16 16 59351 Total expenses. Add lines Joannough 16 17 17 116638 18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 37324 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 156269 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat. No. 10642I

Form 990-EZ (2020)

193593



Form 9	990-EZ (2	2020)						Page 2
Pa	rt II	Balance Sheets (se		•				
		Check if the organize	ation used Schedule	O to respond to a	ny question in this		•	
					-	(A) Beginning of year		(B) End of year
22		n, savings, and investn				86016 229938		141642 229938
23 24		l and buildings .    .   . er assets (describe in S			+		23 24	229730
24 25		r assets (describe in 5 I <b>l assets</b>			· · · · · ·	315954	_	371580
26		I liabilities (describe i				452268	-	565173
27		assets or fund balance				136314	_	193593
What	cribe the	Statement of Progr Check if the organization's primary e organization's prograd by expenses. In a	ation used Schedule exempt purpose? am service accomplis	O to respond to a	ny question in this f its three largest p	Part III	501 org	Expenses equired for section (c)(3) and 501(c)(4) anizations; optional for
		nefited, and other relev			s services provided	i, die namber or		·
28					······································	·····	_	T
? 29	(Grants	s <b>\$</b>		includes foreign gra		▶ 🖸	28	a C
		~						1
30	(Grant	s\$	) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29:	a C
	(Grant	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	) If this amount	includes foreign gra		***************************************	30:	a c
31	Other	program services (des						
	(Grant:		) If this amount	includes foreign gra	ints, check here .	▶ 🛘	31:	a) C
32	Total	program service expe					32	
Par	t IV	List of Officers, Direct						
		Check if the organization	ation used Schedule	O to respond to a	(c) Reportable		<del>.</del>	<u> </u>
		? (a) Name and tith	е	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ		) Estimated amount of other compensation
KIME	BERLY A	ALLEN- PRESIDENT		o		ļ	-	
			<del></del>			<del> </del>	+	<del></del>
ROS	SPETE	RSON-SECRETARY		o				
EDA	NK SCD	IBNER-TREASURER				}	+	
	W SCR	IDIVER-TREASURER		0			1	
MIL	SCIMEC	A-VICE PRESIDENT		0			1	
PETE	FR CYR	TRUSTEE					╬	
				0				
JAMI	ES MEA	GHER-TRUSTEE	<del></del>	<del></del>		ļ	+	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in the			. [
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		,
37a b 38a	Enter amount of political expenditures, direct or Indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	37b		1
b 39	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b   Section 501(c)(7) organizations. Enter:	38a		✓ ***
a b 40a	Initiation fees and capital contributions included on line 9			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
c	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b		<u> </u>
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
<b>h</b>	Located at ► ZIP + 4 ►  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)?  If "Yes," enter the name of the foreign country	42b	Yes	No V
•	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
448	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	522	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>V</b>
45a	Did the second state have been also been second sec	44d		~
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45a		

m 990	0-EZ (2020)						P	ige 4
					- ·		Yes	No
	Did the organization engage, directly or			n behalf of or	in opposition	מכ []		 
_	to candidates for public office? If "Yes,"		, Part I		<u></u>	46		~
irt V	All section 501(c)(3) organization 50 and 51.	ns must answer que		•	mplete the	tables fo	or line	s
	Check if the organization used So	chedule O to respond	to any question in	this Part VI	· · · ·	· · · ·		
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electi	on in effect of	during the ta		Yes	No
	Is the organization a school as described		ii)? If "Yes." complete	Schedule E		48		
	Did the organization make any transfers		49a					
b	If "Yes," was the related organization a s	section 527 organization	on?			49b		
	Complete this table for the organization's							ke
	employees) who each received more that	an \$100,000 of compe	nsation from the orga	anization. If th	ere is none,	, enter "N	one."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, comfibutions to employee benefit plans, and deferred compensation				
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	Total number of other employees paid or Complete this table for the organization \$100,000 of compensation from the organization	n's five highest comp	ensated independent	t contractors	who each	received	more	tha
	• • •	n's five highest compo anization. If there is no	ensated independent	Т		received		tha
	Complete this table for the organization \$100,000 of compensation from the organization	n's five highest compo anization. If there is no	ensated independent one, enter "None."	Т				tha
	Complete this table for the organization \$100,000 of compensation from the organization	n's five highest compo anization. If there is no	ensated independent one, enter "None."	Т				tha
	Complete this table for the organization \$100,000 of compensation from the organization	n's five highest compo anization. If there is no	ensated independent one, enter "None."	Т				tha
	Complete this table for the organization \$100,000 of compensation from the organization	n's five highest compo anization. If there is no	ensated independent one, enter "None."	Т				the
	Complete this table for the organization \$100,000 of compensation from the organization	n's five highest compo anization. If there is no	ensated independent one, enter "None."	Т				the
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	Complete this table for the organization \$100,000 of compensation from the organization	n's five highest compo anization. If there is no	ensated independent one, enter "None."	Т				the
	Complete this table for the organization \$100,000 of compensation from the orga  (a) Name and business address of each independent of the compensation from the organization from the organization from the organization from the organization statement of the compensation from the organization from the organiza	n's five highest compounts five highest compounded to the contractor	ensated independent ne, enter "None." (b) Type of ser	Т				the
	Complete this table for the organization \$100,000 of compensation from the orga  (a) Name and business address of each independent control of the control of	n's five highest compoundanization. If there is no need to contractor	ensated independent ne, enter "None." (b) Type of ser	vice	(e) C	compensation		the
	Complete this table for the organization \$100,000 of compensation from the organization complete Sched	n's five highest compoundanization. If there is no need to contractor	ensated independent ne, enter "None." (b) Type of ser	vice	(c) C	compensation	on .	
	Complete this table for the organization \$100,000 of compensation from the organization from the organization (a) Name and business address of each independent control of the organization complete Sched completed Schedule A	n's five highest companization. If there is no anization. If there is no anization and anization and anization and anization and anization and anization ani	over \$100,000	vice	ust attach	a Yes	en e	
per	Complete this table for the organization \$100,000 of compensation from the organization complete Sched	ractors each receiving	ensated independent one, enter "None."  (b) Type of services and statement of the control of the	vice  Panizations must be learning and to the learning and t	ust attach	a Yes	en e	
per	Complete this table for the organization \$100,000 of compensation from the organization complete Schedule A	ractors each receiving	ensated independent one, enter "None."  (b) Type of services and statement of the control of the	anizations mu	ust attach	a Yes	en e	
per	Complete this table for the organization \$100,000 of compensation from the organization complete schedule A	ractors each receiving	over \$100,000 cition 501(c)(3) organization of which preparer	vice  Panizations must be learning and to the learning and t	ust attach	a Yes	en e	
per	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization complete schedule A  Total number of other independent control the organization complete Schedule A  Inalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other that signature of officer  Ross C, Peterso  Type or print name and title  Print/Type preparer's name	n's five highest companization. If there is no anization. If there is no anization and an officer) is based on all info	over \$100,000	anizations mu	ust attach	a Yes	en e	
per	Complete this table for the organization \$100,000 of compensation from the organization complete schedule A	ractors each receiving lule A? Note: All se return, including accompanan officer) is based on all info	over \$100,000	anizations museum to the last any knowled Date	ust attach best of my know	a Yes	en e	

## 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**TOTALS** 

➤ Attach to Form 990 or 990-EZ.

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

Name of the organization **Employer Identification number** 59-3252572 **GOLDEN TRIANGLE EAGLES FOE 4335** PART 1-LINE10 3300 **GA PER CAPITA TAX FLORIDA STATE PER CAPITA TAX** 688 **GA MEMBERSHIP** 350 992 **CHARITIES** 5330 **TOTALS PART 1 LINE 16 ADVERTISING BANK CHARGES** 678 4775 **ENTERTAINMENT EQUIP RENTAL & MAINTENANCE** 4415 **INSURANCE-NON-EMPLOYEES** 7900 20400 MORTGAGE 3074 **OFFICE SUPPLIES PAYROLL TAX** 3740 **EMPLOYEE WORKERS COMP** 586 4928 **REPAIRS & MAINTENANCE** 7579 SALES TAX **SUPPLIES & MATERIALS** 1072 59351 **TOTAL LINE 16** PART 1-LINE **DONATIONS** 25928 **BLDG FUND** 969 **AD TABS** 9131

36028

Schedule O (Form 990 or 990-EZ) 2020				Page 2
Name of the organization	<del></del>	· · · · · · · · · · · · · · · · · · ·		Employer identification number
GOLDEN TRIANGLE EAGLES FO	)E 4335			59-3252572
			· · · · · · · · · · · · · · · · · · ·	
PART II-LINE 26				
LIABILITIES-MORTGAGE	565173			
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