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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A Fo	r the 20	10 calendar year, or tax year beginning $6-01$, 2010, and endir	ig 05-31	, 20 11
		C Name of organization	D Employer identificat	ion number
Che	ck if applicable	FRATERNAL ORDER OF EAGLES BOISE # 115		
	Address change	Doing Business As	82-01155	60
	Name chang	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number	
	Initial return	7025 OVERLAND RD.		
	Terminated	City or town, state or country, and ZIP + 4		
 	Amended	BOISE, ID 83709	G Gross receipts \$	201,228
	return Application	F Name and address of principal officer	H(a) Is this a group return	
L_	pending		affiliates?	
		H. WAYNE CHAPMAN / 7025 OVERLAND RD. / BOISE, ID	H(b) Are all affiliates include	
	ax-exempt			
<u> </u>	Vebsite:		H(c) Group exemption num	
_	orm of org	ganization X Corporation Trust Association Other ► L Year of	f formation M State of	legal domicile
Par	tt s	ummary		
- [1 Brie	effy describe the organization's mission or most significant activities $_$ $_$ PE	OPLE HELPING PEOF	PLE
_				
Governance				
<u>۱</u>				
8	2 Che	eck this box if the organization discontinued its operations or disposed of more th	an 25% of its net assets	
				225
စ္ခ	4 Nur	mber of voting members of the governing body (Part VI, line 1a)		
≝l	4 Nul	mber of independent voting members of the governing body (Part VI, line 1b)	4	10
Activities &		al number of individuals employed in calendar year 2010 (Part V, line 2a)		20
٩	6 Tota	al number of volunteers (estimate if necessary)	6	
l	7a Tota	al gross unrelated business revenue from Part VIII, column (C), line 12		(15,012
_	b Net	unrelated business taxable income from Form 990-T, line 34		(16,012
1			Prior Year	Current Year
•	8 Cor	gram sender revenue (Part VIII line 20)	7,886	7,319
ᇎ	9 110	gram service revenue (r are-vin-ina-zg)	2,894	1,668
Revenue		estment income (Parttylli, column (A), lines 3, 4, and	7,311	3,03
۳ ا	11 Oth	er revenue (Part VIII column A), lines 8, 8d 8c, 9c, 40c, and 11e)		91,038
- 1	12 Total	al revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12)	125,867	103,050
1				7,500
١	14 Dos	unts and similar amounts path (Part X column (A), lines 1-3)	1,200	
- [nefits paid to or for members (Part IX, column (A), line 4)	22 222	21 42
Ses	15 Sala	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,333	31,422
Expenses	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)		
윘		al fundraising expenses (Part IX, column (D), line 25) ▶		
۳	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	77,263	95,718
	18 Tot	al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	117,796	134,73
ļ		venue less expenses. Subtract line 18 from line 12	8,071	(31,679)
5 8			Beginning of Current Year	End of Year
Fund Balances	20 Tot	al assets (Part X, line 16)	595,019	563,33
B			333,013	303,33.
3		al liabilities (Part X, line 26) assets or fund balances. Subtract line 21 from line 20	595,019	563,339
_			393,019	303,33
		Signature Block	· · · · · · · · · · · · · · · · · · ·	
COLL	ect, and co	s of perjury, I declare that I have examined this return, Including accompanying schedules and statement complete Declaration of preparer (other than officer) is based on all information of which preparer has an	its, and to the best of my knowled ly knowledge	ige and belief, it is true,
		0-		
	gn	Way Amilto	7-15	· <i>]</i>]
H	ere 🕨	Signature of officer	Date	- /
		D. CARY SMITH SECRETARY	•	
		Type or print name and title		
_	Pr	int/Type preparer's name Preparer's signature Date	Check if	PTIN
aid		olland J. Fletcher talket 17-1	, / , self-	.
re;	parer		<u> </u>	P00444558
lse	Univ —	m's name ROLLAND J. FLETCHER, CPA	Firm's EIN ▶ 82-0	
			-809 Phone no (208	
/lay	the IRS	discuss this return with the preparer shown above? (see instructions)	<u> </u>	X Yes N
For	Paperwo	rk Reduction Act Notice, see the separate instructions.		Form 990 (201

² art	Checklist of Required Schedules			
	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1]	
	complete Schedule A	_1_		<u>X</u> _
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	_		v
	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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			İ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
_	Part III	_5_		$\vdash \vdash$
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			1
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	6		х
_	complete Schedule D, Part I		_	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<u> </u>
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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 N	9	_	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	· 鼻、.	, ie	, .
	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," complete			
	Schedule D, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		}	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	 ^
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	ĺ	X
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1111	 	+ ^
1 Z a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	124		
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV · ·	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	L	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16_	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	1		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
00	If "Yes," complete Schedule G, Part III	19	┼	 X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	├	X
b	of "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form	201		
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	ــــــــــــــــــــــــــــــــــــــ	

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	0.4	х	
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	22		х
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23		x
	employees? If "Yes," complete Schedule J	23		<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x
_	through 24d and complete Schedule K. If "No," go to line 25	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
С	to defease any tax-exempt bonds?	24c		Х
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
23 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200	 	
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		}
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	202		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?]	
	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)	l. `		'
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	Į.		
	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,	ĺ		
	Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	<u> </u>	<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		١	1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			l .,
	N, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	├	X
а	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 Yes X No		1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	}
	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,			\ .
20	Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20		x
	19? Note. All Form 990 filers are required to complete Schedule O	38	1000	L.^_

orm 9	990 (2010)		F	age 5
Part				
	Check if Schedule O contains a response to any question in this Part V		· ·	لل
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		'	<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	ļ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	i		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial] ']
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ì
	gifts were not tax deductible?	6b		ļ.,.
7	Organizations that may receive deductible contributions under section 170(c).		, ,	炒
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3"	2	- A-
	and services provided to the payor?	7a	<u> </u>	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		" "	- F
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	L	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u>L</u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.		<u></u>	
а	Did the organization make any taxable distributions under section 4966?	9a	L	ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	L	ļ
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	4		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1	Ì	
þ	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)		ļ	-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	· (// -/ / · · · · · · · · · · · · · · · ·	<u> </u>	 	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Ļ	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	1	1	}
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or			
	Schedule O. See instructions.		_	
	Check if Schedule O contains a response to any question in this Part VI		•	$\perp \perp$
<u>Sect</u>	ion A. Governing Body and Management	 -		
	1 205	{	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 225			İ
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			Х
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			х
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	 -
6	Does the organization have members or stockholders?			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a	Х	
L	of the governing body?	7b	X	
8				
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,		
	The governing body?	8a	X	
a b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			ļ
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		- -
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	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	15a		X
b	Other officers or key employees of the organization	15b		 ^- -
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	game to the state of the participate in a joint voltage of comment and agent of		-	x
h	with a taxable entity during the year?	<u>16a</u>	_	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard] ;
	the organization's exempt status with respect to such arrangements?	16b	-	}
Sect	tion C. Disclosure	100	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)			
. •	available for public inspection. Indicate how you make these available. Check all that apply	o orny	,	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
-	policy, and financial statements available to the public.	. 551		
20		ne		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► DAVE GOULD, 7025 OVERLAND RD./BOISE, ID 83709 (208) 3	76-0	115	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,
,	and Independent Contractors Check if Schedule O contains a response to any question in this Part VII
Section A	Officers Directors Trustees Key Employees and Highest Compensated Employees

s, Directors, Trustees, Key Employees, and Highest Compensated Employee

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.

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

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

(A)					(D)	(E)	(F)		
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tru or director		a Key employee	ল্ল Highest compensated ল employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BILL ROSE - TTEE		Х					100	0	0
BILL STANKO - TTEE		X					100	0	0
CARY SMITH - SEC./TTEE		Х					2,405	0	0
DAVE GOULD - TRESURER		Х					100	0	0
james stewart - ttee		X					100	0	0
VERL BOYACK - TTEE		Х					100	0	0
WAYNE CHAPMAN - PRES		Х					0	0	0
(8)									
(9)									
(12)									
(13)									
_(14)	-		-						
(16)			 						

Part VII Section A. Officers, Directors, Tru		y <u>611</u>	יואי			ariu r	ngi			1003 (00		
(A) Name and title	Name and title Average Pos			chec	k all	that app	(S) Former	(D) Reportable compensation	(E) Reportable compensation	ation	(F) Estimated amount of other	
	week (describe hours for related organizations in Schedule O)	stee	Institutional trustee	ICBT	Key employee	Highest compensated employee	mer	from the organization (W-2/1099-MISC)	from rela organizat (W-2/1099-	tions	comper from organi and re organia	nsation the zation elated
(17)									-			
(18)												
(19)								-				
(20)					-							
(21)		-	 								•	
(22)												
(23)												
(24)		 					-					
(25)		_	-									
(26)				-		-						
(27)		-			-		<u> </u>				 	
(28)		 		-								
1b Sub-total			Ь	.1	1			2,905		0		(
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A							2,905		0		
Total number of individuals (including but not reportable compensation from the organization)	limited to t											
	····							 			1	res No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched											3	X X
4 For any individual listed on line 1a, is the organization and related organizations individual	greater t	han :	\$150	0,00	007	If "	es,	" complete Sched	fule J for	such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	ompe	nsat	ion	froi	m any	ur ur	nrelated organizati	on or indiv	ıdual	5	
Section B. Independent Contractors	co, compr	010 00	<i>,,,,,</i>	<u>uic</u>	0 10	, 3uci	pe	13011	· · · · · ·	· · ·		
 Complete this table for your five highest compensation from the organization. 	compensa	ated i	nde	pen	den	t cor	itrac	ctors that receive	d more th	an \$10	0,000	of
(A) Name and business add	iress							(B) Description of se	ervices	C	(C) Compensa	ition
			_				+					
							+	-		-		
2. Total number of independent annual of	ا - داد داد دا				٠ لــ		1	hatad observed	. roesti is	17.0290		202
Total number of independent contractors (immore than \$100,000 in compensation from the street of the street o				mite	o t	o tno	se	iisted above) who		7.54		

•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e	Federated campaigns 1a Membership dues 1b 7, 31 Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, grits, grants, and similar amounts not included above . 1f	9			
and	9	Noncash contributions included in lines 1a-1f \$	7,319			
<u>-</u>	<u>h</u>	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·			
ě	2a	SOCIAL ACTIVITIES	1,544	1,544	· · · · · · · · · · · · · · · · · · ·	
8	za b	COIN MACH., POOL & DARTS	124	124		
Zi Ce	c					
Ser	d					<u> </u>
ᇤ	е					<u> </u>
Program Service Revenue	f	All other program service revenue	1 660			<u> </u>
-	_ 9	Total. Add lines 2a-2f	1,668			
	3	Investment income (including dividends, interest, and other similar amounts)	3,031	3,031		
}	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	•			
		(i) Real (II) Personal			, .	, .
	6a	Gross Rents	_ .`	,	, ,	· · · · · · · · · · · · · · · · · · ·
- 1	b	Less rental expenses		r m	, ,	.]
	C	Rental income or (loss) 26,484	26 404	26 404		
	d	Net rental income or (loss)	26,484	26,484		
1	7 a	Gross amount from sales of	- ,	ž	× .	}
j		assets other than inventory Less cost or other basis	· · · · ·	- ~	*	- 1
1	b	and sales expenses			مه می دو	*
	С	Gain or (loss)				,
-	d	Net gain or (loss)	>			
9	8a	Gross income from fundraising	,			
ē		events (not including \$				
ا <u>چ</u>		of contributions reported on line 1c).				
<u>-</u>		See Part IV, line 18 a	\dashv			-
Other Revenue	b b	Less. direct expenses	D			
		Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b				1
	C	Net income or (loss) from gaming activities	>			
	10a	returns and allowances				
1		Less cost of goods sold b 98,1				
}	С	Net income or (loss) from sales of inventory		79,386	(15,012)	
}			180	180		
	11a		180	100		
1	b			 		
ļ	d	All other revenue		<u> </u>		
	e	Total. Add lines 11a-11d	180			
	12	Total revenue. See instructions		110,749	(15,012)	

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	7,500			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2 705			
	trustees, and key employees	3,795			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		24,076		<u></u>	
7	Other salaries and wages	24,070			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
o					
9	Other employee benefits	3,551			
10 11	Payroll taxes	3,331			
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17			<u> </u>	
	Investment management fees			 	
g	0.1				
12	Advertising and promotion				
13	Office expenses	1,565			
14	Information technology				
15	Royalties				
16	Occupancy	29,207			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,870	· · · · · · · · · · · · · · · · · · ·	Ļ. <u> </u>	
19	Conferences, conventions, and meetings				
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	10 271			
22	Depreciation, depletion, and amortization	10,371			
23	Insurance	7,063			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)	1		}	;
_	SECURITY-588, ENTR6322	6,910		 	
a h	WCMS- 699, BK CHG- 38	707		 	
0	PER. CAPITA TAX- 2376, PERMITS- 248		 	 	
ن ام	SALES TAX- 8156, BLDG REPAIRS	33,185		 	
Q.	MISC(23), SUPPLIES- 95	72		 	
f	All other expenses			<u> </u>	
	Total functional expenses. Add lines 1 through 24f	134,735			
	Joint Costs. Check here ▶ If following	1		 	
	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column (B) joint costs from a combined educational				1
_	campaign and fundraising solicitation				

٠.

Part	X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		
	_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	66,661	1	70,441
	2	Savings and temporary cash investments	293,795	2	268,706
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
- {		Schedule L	-	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	•	6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use	1,000	8	1,000
٩	9	Prepaid expenses and deferred charges	126	9	126
1	l 0 a	Land, buildings, and equipment: cost or	,	- -	
		other basis. Complete Part VI of Schedule D 10a			,
	b	Less: accumulated depreciation	233,437	10c	223,066
		Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11.		12	
- 1	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	·	15	
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	595,019		563,339
+	17	Accounts payable and accrued expenses	3,3,013	17	303/333
	8	Grants payable	<u>-</u>	18	
	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities		20	
٠. ا	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ę	22	Payables to current and former officers, directors, trustees, key		21	· . · · · · · · · · · · · · · · · · · ·
Liabilities		employees, highest compensated employees, and disqualified persons.		'''	With Warry
[ia]			Tagain an an ann an ann an an ann an an an an		أستنسبه فعداء بيراكم والمسكسين للمسا
-		Complete Part II of Schedule L	 	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	<u>-</u>
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.		26	
ø		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
힐	27				
<u>aa</u> .	28	Unrestricted net assets	·- ·- ·- ·-	27	
<u>ö</u>		Temporarily restricted net assets		28	
٤ ٤	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
න් 3	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž s	32	Retained earnings, endowment, accumulated income, or other funds	595,019		563,339
N S	33	Total net assets or fund balances	595,019		563,339
		Total liabilities and net assets/fund balances	595,019		563,339

Form **990** (2010)

Forn	n 990 (2010)			Paç	ge 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. 🔲	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		103,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		134,	
3	Revenue less expenses. Subtract line 2 from line 1	3		31,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		595,	
5	Other changes in net assets or fund balances (explain in Schedule O) ROUNDING	_5			(1)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		563,	339
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			· 🗀	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b			2b	<u> </u>	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	—	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.		,		ا ۾ جو ا
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer	е			1 % A
	issued on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis		1 000		2
3а	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		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	i	3b	.1	<u> </u>

SCHEDUĻE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Employer Identification number Name of the organization FRATERNAL ORDER OF EAGLES BOISE # 115 82-0115560 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) 3 Aggregate 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 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 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? In Part XIV, 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Par	Organizations Maintaini	ng Colle	ctions o	of Art, Histo	<u>orical</u>	Treasures	s, or	Other Similar As	sets (c	ontinued	1)	
3	Using the organization's acquisitio collection items (check all that appli	n, access y):	sion, and	other reco	rds, c	neck any o	f the	following that are	e a sigr	nificant us	e of its	
а	Public exhibition			d [Loan or ex	chan	ge programs				
b	Scholarly research			e	_	Other		- 				
C	Preservation for future ge	nerations		<u>L</u> .	_							
4	Provide a description of the organ	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part										
	XIV.											
5	During the year, did the organization	n solicit c	r receive	donations	of art,	historical tr	easu	res, or other simila	r			
	assets to be sold to raise funds rath	er than to	be mair	ntained as p	art of t	he organiza	ation'	s collection? · · ·	[Yes	No	
Par	t IV Escrow and Custodial A line 9, or reported an an	rrangem nount on	ents. Co Form 9	omplete if 90, Part X,	the or line 2	ganizatıor 1.	ans	wered "Yes" to F	orm 99	0, Part I	V,	
	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?											
þ	If "Yes," explain the arrangement in	Part XIV	and com	plete the fo	llowing	table:		- <u></u>				
				_				An	nount_			
	Beginning balance						$\overline{}$					
	Additions during the year											
_	Distributions during the year											
f	Ending balance									Т.,	1 1	
	Did the organization include an am), Part X, line	217	<i>.</i>			٠٠٠ لـ	Yes	∐ No	
	If "Yes," explain the arrangement in					N		200 50 4 11 4 11	10			
Par	t V Endowment Funds. Con									(5) 5		
1a	Beginning of year balance	(a) Curr	ent year	(b) Prior	ear	(c) Two ye	ears ba	ck (d) Three year	S DACK	(e) Four y	ears back	
	Contributions			 -		<u></u>		- 		1 1 2		
	Net investment earnings, gains,					<u> </u>		×	(4) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	55-894 12° , 55	- ^^;;;- -(
·	and losses							-n -		r vi r Agelia		
d	Grants or scholarships								• • •	***	<u>, (147)</u> 11 3 3 1	
	Other expenditures for facilities .	··· <u> </u>					_			<u> </u>		
•	and programs					<u> </u>		, <u>**</u>		Ų.	· ^	
f	Administrative expenses			ļ		ļ <u></u>			,			
g	End of year balance									<u></u>		
2	Provide the estimated percentage		r end ha	lance held a	e. ———	L		`		L <u>`</u>		
a	Board designated or quasi-endowr				3							
b	Permanent endowment ▶											
С	Term endowment ▶	[/]										
3a	Are there endowment funds not in		ession of	f the organiz	ation	hat are he	ld an	d administered for t	he			
	organization by:									T	es No	
	(i) unrelated organizations									3a(i)		
•	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(ii), are the related org									3b		
4	Describe in Part XIV the intended in			•						LL		
Par	t VI Land, Buildings, and Eq											
	Description of investment		(a) Cost or other basis (investment)			(b) Cost or other basis (other)		(c) Accumulated (depreciation		(d) Book value		
1 a	Land			80,000							30,000	
b	Buildings			336,43				193,365			13,066	
С	Leasehold improvements				1							
d	·				1							
	Other				1-							
Tota	al. Add lines 1a through 1e. (Column	(d) must	equal Fo	orm 990, Pai	t X, cc	lumn (B), lii	ne 10	(c).) ▶		22	23,066	
									Sched		m 990) 2010	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Part II

OMB No 1545-0047

Inspection

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Open to Public 2010

Yes Employer identification number 82-0115560 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance BOISE # 115 OF EAGLES FRATERNAL ORDER Name of the organization

(h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Il can be duplicated if additional space is needed (p) EIN (a) Name and address of organization or government 5 (2) ପ୍ର 9 9 0 <u>(8)</u> 4 **6**) (12) (<u>6</u>) (1)

Enter total number of other organizations .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number
FRATERNAL ORDER OF EAGLES BOISE # 115	82-0115560
PART VI, SECTION B, LINE 11b	
FORMS 990 AND 990-T ARE PRESENTED FROM THE FLOOR AT THE MEETIN	G FOLLOWING THEIR COMPLETIO
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~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	