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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

Inspection

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

	or the 201	11 calenda	ır year, or tax	year begi	nning 0	6-01	, 2011, a	and ending	05-31		, 20 12
Всь	v reck if applicable	1	organization						D Employer id	entification	on number
r	_	FRATE	RNAL ORDE	R OF EA	GLES BOI	SE # 11	5				
	Address change	Doing Bu	isiness As						82-0	1155	60
	Name change	Number	and street (or P (	O box if mail is	not delivered to	street address)	Ro	oom/suite	E Telephone n	umber	
	Instial return	7025 C	OVERLAND 1	RD.					L		
	Terminated	City or to	own, state or coun	itry, and ZIP +	4						
Ĺ	Amended return	BOISE	, ID 837	09					G Gross receip	ots \$	226,8
	Application pending	F Name	and address of p	rıncıpal officer					H(a) Is this a gro affiliates?	up return fo	or Yes X
		H. WA	YNE CHAPM	IAN /702	5 OVERLA	ND RD./	BOISE,	ID 83709	H(b) Are all affilia	ates include	nd? Yes
-	Tax-exempt s	status	501(c)(3)	501(c) (8	) <b>(</b> (inse	ert no )	4947(a)(1) or	527	If "No," atta	ich a list (sr	ee instructions)
J 1	Website. 🕨	•							H(c) Group exem	ption numb	ner 🕨
Κı	Form of orga	nization	Corporation	Trust	Association	Other ►		L Year of forma	ition M	State of I	legal domicile
Pa	rtl Su	ummary									
}	1 Briefl	ly describe t	the organization	n's mission o	or most signific	ant activities	PEOPLE	HELPING P	EOPLE		
اه											
Governance											
E.				_					·		
Š	2 Chec	ck this box	► If the o					of more than 25%		ts	
8											
Activities &	4 Num	ber of indep	endent voting	members of	the governing	body (Part VI	, line 1b)			4	
ξ											
Act	6 Total	I number of	volunteers (esti	mate if neces	sary)					6	
į	<b>7a</b> Total	l unrelated t	ousiness revenu	e from Part \	/III, column (C	), line 12				7a	
	<b>b</b> Net u	unrelated bu	usiness taxable	income from	Form 990-T, I	ine 34		<u> </u>		.7b	
									Prior Year		Current Year
اه	8 Cont	ributions an	nd grants (Part V	/III, line 1h)					7,	319	9,4
Revenue	9 Prog	ram service	revenue (Part V	/III, line 2g)					1,0	668	2,2
é	10 Inves	stment incor	me (Part VIII, co	olumn (A), lin	es 3, 4, and 7	d)			3,0	031	4,0
-	<b>11</b> Othe	er revenue (F	Part VIII, colum	n (A), lines 5	, 6d, 8c, 9c, 10	Oc. and 11e)			91,	038	109,
			add lines 8 thro						103,		125,
			lar amounts paid						7,	500	8,:
- 1	14 Bene	afits paid to	or for members	(Part IX, colu	umn (A), line 4	)					
တ္ဆ									31,	422	30,
Su.	16a Profe	essional fun	idraising fees (P	art IX, colum	n (A), line 11e		2521				
Expenses	<b>b</b> Total	l fundraising	compensation, on adraising fees (Par g expenses (Par	t IX, column	(D), line 25)	KE(	JEIVE	D - I - I			
ш	17 Othe	er expenses	(Part IX, colum	n (A) lines 1	1a 11d 11f-24	(e)			95,	718	80,
	18 Total	l expenses	Add lines 13-1	7 (must equa	i Part IX, colu	ภิก (A). Jing 2	~\~	1 42 1	134,		119,
	19 Reve	enue less ex	kpenses Subtra	act line 18 from	m line 12 , 🏅	-1.002	°3 0 2012	2   9	-31,		6,0
ces			<u> </u>			000			nning of Current		End of Year
sets	20 Total	l assets (Par	rt X, line 16)			UGD	EN II	7	563,	339	569,
Net Assets or Fund Balances	21 Total	l liabilities (F	Part X, line 26)				1-11-11-11				
를	22 Net a	assets or ful	nd balances S	ubtract line 2	1 from line 20				563,	339	569,
Pa	rt II s	ignature B	3lock								
Und	der penalties	of perjury, 1 de	eclare that I have	examined this	return, including	g accompanyin	g schedules an	nd statements, and parer has any knowl	to the best of my	knowledg	e and belief, it is t
	rect, and con	inplete Decial	alloit of preparer	tomer man om	Cer) is based or	all information	of which prep	parer has any know	leage		
<u>۔۔</u>	_   ▶	, al	Circus	Sous		<del></del>			フー	Z7-	12
Sig Hei		Signature o	of efficer						Date		
		, <u>D.</u>	CARY	SMIT	h	SECR	etary	<u>/</u>			
		<del></del>	nt name and title			10					
		nt/Type prepar	rer's name		Preparer's su	Inature		Date	Check X	ıf PTI	N
Pair	FRO	LLAND J	J. FLETCH	ER	Kollist	THE		7-23-1	2 self-emplo	yed	P004445
	narer ⊢——		ROLLAND	J. FLET	CHER, CI	≥¥			Firm's EIN	82-04	154891
Pre	Fire	n's name 🕨		OTTION	CITY CT	., BOIS	E, ID	83704-809		(208)	
Pre <sub>l</sub> Use	Ouly Firm	n's address 🕨	10587 W.								
	Ouly Firm	n's address 🕨	10587 <b>W</b> . return with the					<u></u>		<u></u>	X Yes
Pre Use May	Only Firm Firm the IRS d	n's address <b>&gt;</b> liscuss this r		preparer show	wn above? (se	e instructions)			·····	·····	X Yes Form 990 (

	rt III Statem Check	ent of Program Service A f Schedule O contains a re	esponse to any question in this Part III		
Ī		the organization's mission		<del></del>	<del></del>
					<del></del>
	prior Form 990		cant program services during the year		Yes X
3	Did the organ services?	zation cease conducting,	or make significant changes in h	r	Yes X
4	Describe the o expenses Sect	ion 501(c)(3) and 501(c)	ule O vice accomplishments for each of it (4) organizations and section 4947( expenses, and revenue, if any, for each	a)(1) trusts are required to repo	
4 a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
1 6	/Codo	) /Fire-page (f)		\ <u></u>	<del></del>
+ 10	(Code	) (Expenses a	including grants of \$	) (Revenue \$	,
	<del></del>				
_					
ł c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
					<del></del>
		<del></del>			
				<del></del>	
4 64	Other program	parvicas (Dascriba in Saha	dula O )		
4 d	Other program (Expenses \$	services (Describe in Sche		: \$ )	

	90 (2011)			age 3
Part	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,"			
2	complete Schedule A	1	{	<u> X</u>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	<del>                                     </del>		
J	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	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ł		
	"Yes," complete Schedule D, Part I	6	1	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	- <u>'</u> -		
•	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	<u> </u>		
_	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part V	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	7.	, ,	
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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 167 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		_x_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	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
b	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, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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			.,
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.		3.5
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16	[ ]	v
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and V	16		X
.,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		<u> x</u>
	If "Yes," complete Schedule G, Part III	19	}	х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	<del> </del>	X
	Contract of the contract of th	1-54		

b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . .

20b

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on 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			
LU				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		
04-	employees? If "Yes," complete Schedule J	23		_X_
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			-
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ľ	
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
p	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	)		Ì
	to defease any tax-exempt bonds?	24c	ļ	<u>X</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	[	[	1
	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	İ	1	}
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1	ł	}
	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			}
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	_	ļ	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ļ	ĺ	
	entity 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)	}	1	}
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	1	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 IV	28c	ļ	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	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,		ļ	<del> </del>
- '	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		+
٧.	complete Schedule N, Part II	32	ļ	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<del> </del>	<del>  ^`</del>
50	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, Parts II, III,	33		<del>  ^-</del>
34		24	•	\ v
25.2	IV, and V, line 1	34	<del> </del>	X
35 a		35a	<del> </del>	X
р	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		ļ	,,
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del> </del>	<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	<del> </del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		1
	Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O		<u> </u>	X
		Ear	- ໑໑ຐ	(2011

Form **990** (2011)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4a 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)?  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?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  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?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1c 2b 3a 3b 4a 5a 5b 5c 6a	X X X X	x
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  2a 7  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4a 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 less a bank account, securities account, or other financial account;  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?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  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?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  c Did the organization seli, exchange, or otherwise dispose of tangible personal property for which it was require	2b 3a 3b 4a 5a 5b 5c 6a	x x	X X X
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  2a 7  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4a 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)?  b If "Yes," enter the name of the foreign country \( \bigcite{\text{PS}} \) 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?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  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?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  c Did the organizatio	2b 3a 3b 4a 5a 5b 5c 6a	x	x
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7a		ļ
required to file Form 8282?	7b		<b></b> -
			ĺ
	7с		
If "Yes," indicate the number of Forms 8282 filed during the year			1
, , , , , , , , , , , , , , , , , , , ,	7e		
, , , , , , , , , , , , , , , , , , , ,	7f		
	7g		
	7h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1	•	
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	0		İ
organization, have excess business holdings at any time during the year?	8		
	9a		ĺ
	9b		
Section 501(c)(7) organizations. Enter.	-00		
a Initiation fees and capital contributions included on Part VIII, line 12	ļ		1
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ĺ
Section 501(c)(12) organizations. Enter			ĺ
a Gross income from members or shareholders	į		l
b Gross income from other sources (Do not net amounts due or paid to other sources	ř		İ
against amounts due or received from them)	į		i
	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Section 501(c)(29) qualified nonprofit health insurance issuers.			L
	13a		<u> </u>
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
c Enter the amount of reserves on hand		· 	_
,, , , , , , , , , , , , , , , , , , ,	14a		_
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	<u></u>

Form 9	90 (2011)			Page <b>6</b>
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan O. See instructions.	below, ges in	and Sche	for a edule
	Check if Schedule O contains a response to any question in this Part VI	<i></i> .		
Sect	on A. Governing Body and Management			
`			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 21	0	1	!
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O	1	1	
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
_	any other officer, director, trustee, or key employee?	١ 👝		х
3	Did the organization delegate control over management duties customarily performed by or under the direct	' —		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	1		Х
6	Did the organization have members or stockholders?	6	х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoin	•		
' a		7a	x	
h	one or more members of the governing body?	·		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members	7b	x	
•	stockholders, or persons other than the governing body?	•	-	<del> </del>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<sup>1</sup> [	İ	
	the year by the following		x	1
	The governing body?		-	x
_	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	1	1	
Santi	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9	<del></del>	<u>X</u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Coue	Yes	No
4.0		400	163	x
	Did the organization have local chapters, branches, or affiliates?	. 10a	<del> </del>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters		İ	1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1 .		
	$Has the \ organization \ provided \ a \ complete \ copy \ of this \ Form \ 990 \ to \ all \ members \ of its \ governing \ body \ before \ filing \ the \ form? \ .$	. 11a		X
þ	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	. 12a	<b>}</b>	<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	,	)	1
	rise to conflicts?	. 12b	ļ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,		1	
	describe in Schedule O how this was done		<u> </u>	
13	Did the organization have a written whistleblower policy?	. 13	ļ	X
14	Did the organization have a written document retention and destruction policy?	. 14	<u> </u>	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?	,		
а	The organization's CEO, Executive Director, or top management official	1	<u> </u>	X
b	Other officers or key employees of the organization	. 15b	<u> </u>	<u>x</u>
	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	t	Į.	
	with a taxable entity during the year?		1	x
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		ļ	
	organization's exempt status with respect to such arrangements?	16h		
Sect	ion C. Disclosure	.,,,,,		
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 (Section available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website	of inte	rest	policy,
	and financial statements available to the public during the tax year		'	•
20	State the name, physical address, and telephone number of the person who possesses the books and records of	f the		
<del>,_,</del> _	organization ► DAVE GOULD / 7025 OVERLAND RD. / BOISE, ID 83709 (208) 376-0	115		
JSA		Forn	n <b>990</b>	(2011)

٠.	01		3.		15	v	'/
	P	a.	rt	٧	11	Γ	

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

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

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	orga	nıza	tion	coi	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CARY SMITH										
SEC/TTEE		х						2,502	0	0
(2) DAVE GOULD TREASURER/TTEE		х						300	0	0
(3) JAMES STEWART TTEE		х						100	0	0
(4) BILL STANKO										
TTEE		Х	<b> </b>					300	0	0
(5) BILL ROSE				l		1				
(6) VERL BOYACK		Х		-	-		-	100	0	. 0
TTEE		х		ļ	į		ł	300	o	o
(7) WAYNE CHAPMAN			-	<del>                                     </del>	-	<del> </del>		300		
PRES/TTEE	}	x		Ì	ŀ	1		200	o	o
(8) BOB STRAHLER										
TTEE		X		-			-	100	0	0
(9)		1		1			Ì			
_(10)			-							
(11)			-	-	-					
_(12)		-	-	-						
_(13)	<del> </del>		-		-		-			
_ (14)	-		-	-	-		-			

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and F	ligi	hest Compensat	ed Employ	ees (co	ontinue	1)	age o
, (A) Name and title	(B) Average hours per week (describe	(C) Position (do not check more than box, unless person is bo officer and a director/tru					ne an ee)	(D) Reportable compensation	(E) Reportation	ble on from	Est ame	(F) mated ount of ther	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizat (W-2/1099-	ions	comp fro orga and	ensations the mitalian the mita	1
(15)				<u>-</u> -	-								
(16)													
(17)	<del> </del>												
(18)			-		-						<del></del>		
(19)													
(20)					-		 						
(21)					-		_						
(22)					-	<del>  -</del>	-						
(23)							-					·	
(24)						<del> </del>		<del> </del>					
(25)	-												
1b Sub-total	section A .						<b>&gt;</b>	3,902		0			
d Total (add lines 1b and 1c)	limited to							3,902 eceived more than		of			C
	<del> </del>											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	n \$1	50,0	000	? /	f "Yes	5, "	complete Schedu	le J for	such	4		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	ısatı	ion	fror	n any	ur	related organizati	on or indiv	dual	5		
Section B. Independent Contractors	es, compre	10 00	ieut	JIE 0	7 101	Sucii	per		<u></u>	· ·			
1 Complete this table for your five highest con compensation from the organization. Report of year													
(A) Name and business ad	dress							(B) Description of s	ervices	C	(C) Compens	ation	
					_		+						
							1						
2 Total number of independent contractors (i	including b	out no	t lır	nıte	ed t	o tho	se	listed above) who	received			_	
more than \$100,000 in compensation from the								,		,	\$47		

Par	t VIII	Statement of Revenue					
	~			(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	9,417				
Contri	9	and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f \$		,			
	<u>h</u>	Total. Add lines 1a-1f		9,417		<del></del>	
eun		}	usiness Code	2 201	2 201		
Rev	2 a	SOCIAL ACTIVITIES COIN MACHINE, POOL & DARTS		2,281	2,281	<del></del>	
ခ	þ	COIN MACHINE, FOOL & DARIS	<del></del>				
Program Service Revenue	d						
gra	e	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		2,284	,		
	3	Investment income (including dividends, interest					
i		other similar amounts)		4,012	4,012		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties · · · · · · · · · · · · · · · · · · ·				<del></del>	
	1	(I) Real	(II) Personal			Ä	
	6a	Gross rents		-	, Î	~	
	b	Less rental expenses				•	
	С	Rental income or (loss) 18,161			, , ,	•	)
	d	Net rental income or (loss)		18,161	18,161		0
	7a	Gross amount from sales of (i) Securities	(II) Other	: 1	, , ,	* *	
		assets other than inventory				, ,	/
	b	Less cost or other basis		- ,	, ,	*	<u> </u>
	C	and sales expenses			,	•	-
•	d	Net gain or (loss)					<del> </del>
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)					, ,
Ē	ļ	See Part IV, line 18 a	· · · · · · · · · · · · · · · · · · ·	, ,			
the	1	Less direct expenses b		-			
ō	9a	<b>3 5</b> (	<u></u>		<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
	b	See Part IV, line 19					
	С	Net income or (loss) from gaming activities	· · · · · · •	<del></del>			<del> </del>
	10a	Gross sales of inventory, less returns and allowances a	192,971			, ,	
	b	Less cost of goods sold b	101,255	1	91,27 9	437	
	-c	Net income or (loss) from sales of inventory	Business Code	91,716	91,2/9	4.3 /	<del> </del>
	1	<del></del>		1			
	11a b						<del>                                     </del>
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions			115,736	437	<u>'</u>

## 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)

	Check if Schedule O contains a respi		this Part IX		
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and			}	į
	organizations in the United States See Part IV, line 21 .	8,305			·
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	40			
5	Compensation of current officers, directors,		· · · · · · · · · · · · · · · · · · ·		
•	trustees, and key employees	4,451			
6	Compensation not included above, to disqualified			<u> </u>	
Ĭ	persons (as defined under section 4958(f)(1)) and	ł			
	persons described in section 4958(c)(3)(B)	ł			
7	Other salaries and wages	22,882			
8	Pension plan accruals and contributions (include section				
-	401(k) and 403(b) employer contributions)				
9	Other employee benefits			<u> </u>	
10	Payroll taxes	3,160			
11	Fees for services (non-employees)				
	Management	Į.			
	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other				
12	Advertising and promotion				
13	Office expenses	4,120			
14	Information technology				
15	Royalties				
16	Occupancy	28,227			
17	Travel		- <del></del>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	212		<u> </u>	
20	Interest				
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization	10,371			ļ
23	Insurance	7,779			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If			Ì	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list fine 24e expenses on Schedule O)			<del> </del>	<del> </del>
а	SECURITY-576, ENTR-4594	5,170		<u> </u>	<u>                                     </u>
b	WCMS-921,BK CHG-27,	948		<del> </del>	<del> </del>
С	PER CAP TAX-2083, PERMITS-2258	4,341		<b>_</b>	
d	SALES TAX-9160, BLDG REPAIRS-10311	19,471			<del></del>
	All other expenses MISC-59	59		<del> </del>	<del> </del>
	Total functional expenses Add lines 1 through 24e	119,536			<b></b>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs			}	
	from a combined educational campaign and	l		1	<u> </u>
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)		<u></u>	<u> </u>	<u> </u>

		(A) Beginning of year		<b>(B)</b> End of year
1 C	ash - non-interest-bearing	70,441	1	82,957
2 S	avings and temporary cash investments.	268,706		272,615
3 P	ledges and grants receivable, net		3	
4 A	ccounts receivable, net		4	
5 R	eceivables from current and former officers, directors, trustees, key			
	mployees, and highest compensated employees. Complete Part II of		Į	
	about the distance of the dist		5	
6 R	deceivables from other disqualified persons (as defined under section			
4	958(f)(1)), persons described in section 4958(c)(3)(B), and contributing mployers and sponsoring organizations of section 501(c)(9) voluntary	į	- 1	
- P	mployees' beneficiary organizations (see instructions)	į	6	
5 7 N	lotes and loans receivable, net		7	
Assets 7 N	oventories for sale or use	1,000	8	1,00
9 P	repaid expenses and deferred charges	126		12
	and, buildings, and equipment cost or		-	
1	ther basis Complete Part VI of Schedule D   10a			
	ess accumulated depreciation	223,066	10c	212,69
	supplies the same of the same		11	
12 in	nvestments - other securities See Part IV, line 11		12	
13 Ir	Westmente program related Cos Dort IV line 11		13	
	ntangible assets		14	
15 0	Other assets See Part IV, line 11		15	
16 T	otal assets. Add lines 1 through 15 (must equal line 34)	563,339	16	569,39
17 A	occurrie navable and accrued expenses		17	<del></del>
18 G	irants payable		18	
19 D	eferred revenue		19	
20 T	ax-exempt bond liabilities		20	
	scrow or custodial account liability. Complete Part IV of Schedule D		21	
21 E e e	ayables to current and former officers, directors, trustees, key			
<b>ā</b> ei	mployees, highest compensated employees, and disqualified persons.			
<b>□</b> c	omplete Part II of Schedule L		22	
23 S	ecured mortgages and notes payable to unrelated third parties		23	
24 U	Insecured notes and loans payable to unrelated third parties		24	
25 O	Other liabilities (including federal income tax, payables to related third			
p:	arties, and other liabilities not included on lines 17-24) Complete Part X		}	
0	f Schedule D	i,	25	
26 T	otal liabilities. Add lines 17 through 25		26	
0	organizations that follow SFAS 117, check here ▶ and complete			
န္မ မ	nes 27 through 29, and lines 33 and 34.			
ਛੋ 27 U	Inrestricted net assets		27	
28 T	emporarily restricted net assets		28	
<b>29</b> P	ermanently restricted net assets		29	
군 이	organizations that do not follow SFAS 117, check here ▶ and omplete lines 30 through 34.			
ည္ 30 C	Capital stock or trust principal, or current funds		30	
% 31 P	aid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	·- <del></del>
Ž 32 R	letained earnings, endowment, accumulated income, or other funds	563,339		569,39
32 T	otal net assets or fund balances	563,339		569,39
	otal liabilities and net assets/fund balances	563,339		569,39
				Form <b>990</b> (2011

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

**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

the Single Audit Act and OMB Circular A-133?

За

3b

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

	e or the organization				Eπ	ployer identification number			
	ATERNAL ORDER OF EAGLES BOISE # 11!					2-0115560			
Pa	Organizations Maintaining Donor Advi- organization answered "Yes" to Form 99	<b>sed Funds or Othe</b> 90, Part IV, line 6	r Sin	nilar Funds o	or Acc	ounts. Complete if the			
		(a) Donor ad	vised f	unds		(b) Funds and other accounts			
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)	<del></del>							
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor a	dvisors in writing the	at the	assets held in	n dono	or advised			
	funds are the organization's property, subject to the					1 1 1			
6	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								
	conferring impermissible private benefit?	<u> </u>	<u></u>	<u></u>	<u></u>	· · · · · · · Yes No			
	rt II Conservation Easements. Complete if	the organization ar	nswe	red "Yes" to I	Form !	990, Part IV, line 7			
1	Purpose(s) of conservation easements held by the		ill that	}					
	Preservation of land for public use (e.g., recre	eation or education)	ļ	1		historically important land area			
	Protection of natural habitat		L	Preservation	of a c	ertified historic structure			
_	Preservation of open space								
2	Complete lines 2a through 2d if the organization he	eld a qualified conser	vatior	n contribution	in the 1	form of a conservation			
	easement on the last day of the tax year					Held at the End of the Tax Year			
_	Total number of consequences				-	Tield at the End of the Tax Tour			
a	Total number of conservation easements								
р	Total acreage restricted by conservation easements Number of conservation easements on a certified h								
ď	Number of conservation easements included in (c)			· ·	.   20				
•	historic structure listed in the National Register				. 2d				
3	Number of conservation easements modified, trans					by the organization during the			
	tax year ▶	, , , , , , , , , , , , , , , , , , ,	ga.	oned, or term	matou	by the organization during the			
4	Number of states where property subject to conser	rvation easement is lo	cated	l <b>&gt;</b>					
5	Does the organization have a written policy regards								
	violations, and enforcement of the conservation eas								
6	Staff and volunteer hours devoted to monitoring, in								
	<b>&gt;</b>		_						
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing c	onser	vation easem	ents d	uring the year			
	<b>&gt;</b> \$								
8	Does each conservation easement reported on line								
	(i) and section 170(h)(4)(B)(ii)?					Yes No			
9	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 o	f the footnote to the	orgar	nization's finan	ncial st	atements that describes the			
Da	organization's accounting for conservation easement III Organizations Maintaining Collections				on Cin	allay Appata			
	rt III Organizations Maintaining Collections Complete if the organization answered	"Yes" to Form 990	, Pari	t IV, line 8	ier Sin	mar Assets.			
1 a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	AS 116 (ASC 958), or assets held for po	not t ublic	to report in its exhibition, ed	s rever ducatio	nue statement and balance shee n, or research in furtherance o			
	public service, provide, in Part XIV, the text of the fo	potnote to its financia	ustat	ements that de	escribe	s these items			
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila public service, provide the following amounts relati-	ir assets held for pi	3), to ublic	report in its exhibition, ed	reveni ducatio	ue statement and balance shee n, or research in furtherance o			
	(i) Revenues included in Form 990, Part VIII, line 1					<b>&gt;</b> \$			
	(ii) Assets included in Form 990, Part X	<i></i> .				▶\$			
2	If the organization received or held works of ar	t, historical treasure	es, or	other similar	r asset	s for financial gain, provide the			
	following amounts required to be reported under S								
a	Revenues included in Form 990, Part VIII, line 1.					> \$			
b	Assets included in Form 990, Part X	<i>.</i>		<i></i> .		<b>&gt;</b> \$			

Par	Organizations Maintaining Colle	CHOIS OF A	σι, HI	Storic	aire	asures	s, or	Otner	Similar A	ssets (C	ontinue	a)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and ot	her re	ecords	, check	any o	if the	follow	ing that ar	e a sign	ificant u	se of its
а	Public exhibition		d		Loa	n or ex	chan	ge prog	rams			
þ	Scholarly research		е		Oth							
С	Preservation for future generations											
4	Provide a description of the organization's		and e	xplain	how t	hev fur	rther	the ord	anization's	exempt	purpos	e in Part
	XIV			•		•		Ì		•		
5	During the year, did the organization solicit of	or receive do	natio	ns of a	rt, histo	orical tr	easu	res, or o	other simila	ır		
	assets to be sold to raise funds rather than to										Yes	No
Par	line 9, or reported an amount on	ents. Com Form 990,	plete Part	if the X, line	organ e 21.	ızatıor	ans	wered	"Yes" to F	orm 99	0, Part	V,
1 a	Is the organization an agent, trustee, custodi	an or other i	ınterm	ediary	y for co	ntributi	ons (	or other	assets not			
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement in Part XIV						• • •	, .				٠.٠٠
		•			J				Ar	nount		
С	Beginning balance	<i></i>					1 c					
	Additions during the year											
	Distributions during the year											
f	Ending balance						1f					
2a	Did the organization include an amount on F	orm 990, Pa	art X,	line 21	?					[	Yes	No
b	If "Yes," explain the arrangement in Part XIV									_		
Par	t V Endowment Funds. Complete if	the organiz	zatior	ansv	vered '	"Yes" t	o Fo	rm 990	), Part IV,	lıne 10.		
	(a) Cui	rrent year	(b)	Prior ye	ear	(c) Tw	o year	s back	(d) Three ye	ears back	(e) Four	years back
	Beginning of year balance											
þ	Contributions					]						
C	Net investment earnings, gains,											
	and losses	}								İ		
q	Grants or scholarships											
е	Other expenditures for facilities .											
	and programs											
f	Administrative expenses	,										
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year en	d bala	ance (I	line 1g,	column	າ (a))	held as				
а	Board designated or quasi-endowment ▶		%									
b	Permanent endowment ► %											
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c show											
3a	Are there endowment funds not in the posse	ession of the	e orga	inizatio	on that	are he	ld an	d admır	nistered for	the		
	organization by											Yes No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
b	If "Yes" to 3a(II), are the related organization										3b	
4	Describe in Part XIV the intended uses of the											
Par	t VI Land, Buildings, and Equipment.	. See Form	990	, Part	X, line	10.						
	Description of property	(a) Cost or o		sis (	( <b>b)</b> Cost (	or other b other)	asıs		cumulated reciation	(0	<b>i)</b> Book val	ue
1 a	Land		80,0	000								80,000
b	Buildings		36,4					2	203,736		1	32,695
С	Leasehold improvements						$\neg \neg$					
đ	Equipment						$\neg \neg$					
	Other											
	II. Add lines 1a through 1e (Column (d) musi	equal Form	990, 1	Part X,	colum	n (B), lii	ne 10	(c))	▶	<del></del>	2	12,695

#### **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 Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public ▶ Attach to Form 990 or 990-EZ. Inspection 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 MEET.	ING FOLLOWING THEIR
COMPLETION.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	