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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Ā	For the 2	013 cale	ndar year, or ta	x year beginnin	g 0601		2013, and	ending	0	531	, 20 14			
В		ck if applicable. C Name of organization Fraternal Order of Eagles Boise #115												
	Address ch										82-0115560			
	Name chan	e change Number and street (or P O box if mail is not delivered to street address) Room/suite									ne number			
	Initial return	return 7025 Overland Rd.												
	Terminated	,	City or town, sta	ite or province, co	untry, and ZIP or for	eign postal code	e							
	Amended r	eturn	Boise, Id. 8370	9						G Gross re	eceipts \$	164,290		
			F Name and addre		cer James Ster	wart			H(a) is this a o	roup return for	subordinates? Yes	☑ No		
_		. ролошу	7025 Overland								s included? Tes			
_	Tax-exemp	ot etatue	501(c)(3)	501(c)		no.) 4947(a)	(1) or	27			a list. (see instruction			
<u>'</u>	Website:				1 6 / 1 (1115011	110.) [ 4341(4)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		H(c) Group	exemption	number >			
K			Corporation	Truet Assoc	ıatıon ☐ Other ▶	··	L Year of	formation	<del> </del>	<del>~~</del>	of legal domicile	<del></del>		
		Summ		Trust	ation Other >		L Teal Of	OTTIBUO		IVI Otato	or logar dormano			
				onization's mis	sion or most sig	anificant acti	vities: D	eonle h	elning neo	nle				
•	' '	rielly de	scribe the orga	anization 5 mis	SIOTI OF THOSE SI	grillicant acti	Villes. F	eopie II	eiping peo	bie	<del></del> -	*		
Ē														
Governance	2 G	hook th	is hay 🏲 🗆 if th	o organization	discontinued i	to operations	or dieno	sed of	more than	25% of	ite not secote	•		
Š	1			_	erning body (Pa					1 -				
ڻ مح					erning body (Fa						<del></del>			
88	1		•	•	•	• • •		-		5				
ij					in calendar yea					6				
Activities &	1			•	f necessary) .					_				
⋖	1				Part VIII, colun					7a				
	b N	let unrei	ated business	taxable incom	e from Form 99	0-1, line 34	• • • •	<del>·                                    </del>		7b	Current Ye			
				<u>-</u>				<u> </u>	Prior Ye					
9	8 C		tions and grant					·		10,708		9,766		
ē	9 P	Program service revenue (Part VIII, line 2g)										<u>1,191</u>		
ڲؚ	10   ir				A), lines 3, 4, ar			·		1,946		1,360		
८⊌।≪ Revenue	11 C				nes 5, 6d, 8c, 9d			<u>.:                                    </u>		91,891		87,329		
<u> </u>					must equal Part		(A), line 1	2)		105,845		99,646		
<b>⇒</b> 1		Grants and similar amounts paid (Fart IX, column (A), lines 1-3)								8,170		<u>8,265</u>		
∜												280		
- &			aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									26,247		
Expenses					င <b>်္လုပ်ကြာ</b> (နှဲ), ျှline		1							
×	b T	otal fun	draising expen	ses (Part/IX, co	olumn (D), line 2	(5)) <b> </b> ≰   [0		L.						
ш	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) (2)  Total expenses. Add lines 13-17 (must equal part X, column (A), line 25) .								72,536	<u> </u>	82,342		
										109,778		117,134		
		Revenue less expenses. Subtract line 18 from line 12								(3,933)	<u></u>	(17,488)		
et Assets or								Be	ginning of Cu	rrent Year	End of Ye	ar		
Sets	20 T	otal ass	ets (Part X, line	e 16)						565,460		547,971		
A P	21 T	otal liab	oilities (Part X, I	ine 26)				· L_						
žZ		let asse	ts or fund bala	nces. Subtract	line 21 from lin	e 20	<u> </u>			565,460	<u></u>	547,971		
P	art II	Signa	ture Block											
					s return, including a						my knowledge and	belief, it is		
tru	e, correct, a	and comp	lete Declaration of	preparer (other that	an officer) is based of	on all information	of which pr	eparer ha	as any know	edge				
			e Jas	Janes	ello									
Sig	gn	Sign	ature of officer	7					Da	ite				
He	re	1	D. CAR	Y Smi	rts				B.	-15-1	14			
		Туре	or print name and	title										
Pa	uid	Pnnt/Ty	pe preparer's nam	9	Preparer's signat	ture		Date		Check	I If PTIN			
	eparer	Rolland	d J. Fletcher							self-em		14558		
	se Only			nd J. Fletcher C	PA				Firm	n's EIN ▶	82-04548			
U	e Ciny				Ct., Boise, Id. 83	704-8097				ne no	208-375-79			
Ma	y the IRS				shown above?		tions) .					No No		
		_			ate instructions			Cat. No	11282Y			90 (2013)		





art l			omplishments onse or note to any line in this P	art III	<u></u> .
1	Briefly describe the organ	ization's mission:			
<u></u> -	Did the organization under	ertake any significa	nt program services during the ye	ar which were not listed on the	·
	prior Form 990 or 990-EZ If "Yes," describe these n		nedule O.		☐ Yes ☑ N
3	Did the organization ceaservices?	ase conducting, or	r make significant changes in h		n □Yes ☑N
1	expenses. Section 501(c)	n's program service (3) and 501(c)(4) or	le O.  accomplishments for each of its ganizations are required to report ach program service reported.	three largest program services t the amount of grants and allo	s, as measured ocations to othe
a			including grants of \$		
			•••••		
					••••
		·			
b	(Code: ) (Expe	nses \$	including grants of \$	) (Revenue \$	)
	-				
C	(Code: ) (Expe	nses \$	including grants of \$	) (Revenue \$	)
		·			
			***************************************		
			•••••••		
			·····		
ď	Other program services (	Donath C	1.0)		

Form 990 (2013)

Page 2

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,"	$\vdash$	163	NO
•	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	· · ·	1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	<b>&gt;</b>	
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		1
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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>✓</b>
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		10040

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or 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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c		28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	_	1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		
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,			
38	Part VI	37		1
			_ 000	) (2013

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	i		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	- 1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		-,	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>✓</b>	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	7	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	<u></u>	
b 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)?	4a		<u> </u>
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 5b		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		i
ь	and services provided to the payor?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	_:	i
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/n		1
	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
_b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			,
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	12a	L	ļ i
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	128		<del></del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			;
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			:
b	Enter the amount of reserves the organization is required to maintain by the states in which	_		
_	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	14a	.; <sub>5</sub> ,	┢┷
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<del>                                     </del>
<u>ب</u>	1. 100, That it filed a form 120 to report these payments in 140, provide an explanation in occidence of		n <b>99</b> 0	(2013)

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Section	on A. Governing Body and Management			
<u> </u>	The development of the management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		-	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			,
2	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		ا بر
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?	3	_	<b>▼</b>
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u> </u>	
Ъ	Each committee with authority to act on behalf of the governing body?	8b		<b>/</b>
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_		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		l 80-
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>V</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
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	15a		✓
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
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			
Cast!	organization's exempt status with respect to such arrangements?	16b		L
17	on C. Disclosure  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.	n 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Zeb Atwood, 7025 Overland Rd., Boise, Id 83709 208-376-0115	of the	•	

Daga	
raue	- 11

O	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
ta Complet	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within th

- 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 no	r any relate	d org	aniz			ompe	nsa	ted any curren	t officer, director	r, or trustee.
				(6	C)				}	
(A)	(B)				ition	. 45		(D)	(E)	(F)
Name and Title	Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) James Stewart Pres/Trustee		1		1				0	0	
(2) H. Wayne Chapman P.W. Pres/Trustee		/		/				200	0	,
		-		·	-		一	200		
(3) Gordon Crawford Conductor/Trustee	<del> </del>	1						0	0	
(A) D. C C		<u> </u>	<del>                                     </del>		-		┢┈	<u>-</u>	-	
Sec/Trustee	<b>†</b>	1		1			İ	2,491	0	
(5) 7-1- 44	<del> </del>	Ť	$\vdash$	Ė			┢	2,401	† <u>-</u>	
(2) Zeb Atwood Treasurer/Trustee	†	1		1				200	o	,
(6) Brian Anderson			$\vdash$	$\Box$						1
Vice Pres/Trustee	<b>†</b>	1		1				0	o	
(7) Bill Stanko										
Trustee	<u> </u>	1			1		Ì	200	0	
(8) Elmer Boyack										
Trustee		✓						200	0	
(9) Gerald McConnell										
Trustee		✓						0	0	
(10)										
(11)							<del> </del>			
(12)			$\dagger$		-					
(13)			-							
(14)				-						
	i	1	1	1	1	1	1	1	1	l

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (	continu	ıed)			
			ļ		•	C)							_		
	(A)	(B)	Position (do not check more than of						(D)	(E)	. 1	<b>-</b>	(F)		
	Name and title	Average hours per		box, unless person is both officer and a director/truste					Reportable compensation	Reportable compensation			mated ount of		
		week (list any	any The Company						from	related			ther		
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-M			ensation m the	n	
		organizations	8 2	utio	4	ğ	oy st	<u> 1</u>	(W-2/1099-MISC)	1 '	,		nization		
		below dotted line)	9 =	nal t		oye We	E E	1			1		related		
		line)	ste	Tust.	1	<b>क</b>	) Bas					o.ga.	.,,		
			"	8			ate								
(15)	<del></del>			$\vdash$	$\vdash$			-				· · ·			
1.9/		<b>†</b>													
(16)					<del>                                     </del>										
32.27	······································	<b>†</b>													
(17)					<u> </u>										
M.12		<b>†</b>	1												
(18)															
32		†	1			ŀ									
(19)															
			<u> </u>												
(20)															
		ĺ													
(21)			Į			ŀ									
		<u> </u>						_							
(22)		ļ				ŀ									
					<u> </u>		ļ								
(23)		ļ													
		-		<u> </u>	<u> </u>	<u> </u>		_		_					
(24)		ļ					İ								
						<u> </u>	ļ								
(25)		<b></b>	-			ļ									
46	Cub sessi	<u> </u>		<u></u>		ļ		Ļ						0	
1b c	Sub-total								3,291		0				
d	Total (add lines 1b and 1c)							<b>•</b>	3,291		0		•		
2	Total number of individuals (including but								·			) of			
_	reportable compensation from the organi		J 10 11	1036	, IIO	leu	above	3) VV	THO RECEIVED THE	ore triair wit	00,000	, 0,			
													Yes	No	
3	Did the organization list any former of	ficer, direc	tor. c	or tr	ust	ee.	kev e	emp	olovee, or high	est compe	nsated	ı 🦳		1	
	employee on line 1a? If "Yes," complete											3			
4	For any individual listed on line 1a, is the	sum of re	porta	ble i	con	npe	nsatio	n a	and other comp	ensation fro	om the	9		i	
	organization and related organizations													;	
	individual											4		,	
5	Did any person listed on line 1a receive of									zation or inc	lividua	ıl			
	for services rendered to the organization	? If "Yes," c	compl	lete	Scl	hedu	ule J 1	or s	such person			5			
Section	on B. Independent Contractors														
1	Complete this table for your five highest														
	compensation from the organization. Rep	oort compe	ensatio	on fo	or ti	ne c	alend	lar y	ear ending wit	h or within	the or	ganızatı	on's ta	iX	
	year.														
	(A) Name and business add	Irace							(B)	envices		(C) Compens			
	Name and business add							ــــ	Description of s	C: 4ICG2	-	Compani			
		<del></del>						1—							
									-						
	-							-							
								$\vdash$			· · · · · · · · · · · · · · · · · · ·				
- 2	Total number of independent contractor	ors (includi	ng bi	<u>ıt</u>	not.	limi	ed +		nee lieted ah	ove) who					
-	received more than \$100,000 of compen							, li	iose iisteu ab	370, WIIO					
			<u> </u>	. yuı			-						·		

Part	VIII	Statement of Revenue			and line in this	Dort VIII		
	<u></u>	Check if Schedule O contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क क	1a	Federated campaigns	1a	[				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	9,766	1			
a, E	c	Fundraising events	1c	9,55				
i F	ď	Related organizations	1d	_				
G ₩	e	Government grants (contributions)	1e		1			1
Si is	f	All other contributions, gifts, grants,	<u></u>		į			
草草	•	and similar amounts not included above	1f		1	1		
물리	_	Noncash contributions included in lines 1a		l				
등밀	g h	Total. Add lines 1a-1f		•		Į		İ
		Total. Add lines Ta-II	• •	Business Code	9,766		<del></del>	+
Ž	0-	Contain Annivious		Business Code				
<u>8</u>	2a	Social Activities			1,191	1,191		<del></del>
Program Service Revenue	b							
Ž	C						<del></del>	
တ္တ	d							
g J	е							<del> </del>
ğ	f	All other program service revenu		L				<u> </u>
<u>a</u>	9	Total. Add lines 2a-2f	• • •		1,191			
	3	Investment income (including						
		and other similar amounts) .		L	1,360	1,360		ļ <u></u>
	4	Income from investment of tax-exe	•					
	5	Royalties			···		· · · · · · · · · · · · · · · · · · ·	
		(i) Real		(n) Personal	1			
	6a	Gross rents						
	ь	Less: rental expenses			į			
	С	Rental income or (loss)	2,709					
	ď	Net rental income or (loss) .		▶	22,709	22,709		
	7a	Gross amount from sales of (i) Securit	ies	(ii) Other				
		assets other than inventory			į	1		
	b	Less: cost or other basis				1		
		and sales expenses .				j		
	С	Gain or (loss)				}		}
	d	Net gain or (loss)						
	_		•					
evenue	8a	Gross income from fundraising events (not including \$						
Other Re		of contributions reported on line 1 See Part IV, line 18						
£	b	Less: direct expenses	. b		}			
		Net income or (loss) from fundra		events . ►		Ī		
		Gross income from gaming activi						
		See Part IV, line 19			1			
	ь	Less: direct expenses			. [			
		Net income or (loss) from gamin			·	· <del></del>		<del> </del>
		Gross sales of inventory,					·····	
		returns and allowances	. 2	120.264	İ			1
	b	Less: cost of goods sold			1			
		Net income or (loss) from sales						
	-	Miscellaneous Revenue	J. 111V	Business Code	64,620	64,620		
	11a	socialiosas Hereitas		Duo033 0008				
	b							<del> </del>
				<del></del>			<del></del>	<del> </del>
	C	All other recent		<del></del>	_			ļ
	d	All other revenue	•					<del> </del>
		Total. Add lines 11a-11d		🟲			· · · · · · · · · · · · · · · · · · ·	
	12	Total revenue. See instructions		<b>&gt;</b> i	90 646	99 990		I

101111 000 (201	<u> </u>
Part IX	Statement of Functional Expenses
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)
	Check if Schedule O contains a response or note to any line in this Part IX

Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	8,265					
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						
<b>4</b> <b>5</b>	Benefits paid to or for members	280 3,402					
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 8	Other salaries and wages	20,325					
9 10 11	Other employee benefits	2,520					
a b	Management						
c d e	Accounting						
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	30					
12 13	Advertising and promotion	1,896					
14 15	Information technology						
16 17	Occupancy	30,296					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19 20	Conferences, conventions, and meetings . Interest	80					
21 22 23	Payments to affiliates	10,371					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	9,363					
a	Security 612; Entertainment 1,550	2,162					
c	WCMS 1,090; Music 820; Permits 2,423 Per Cap Tax 2,123; Sales Tax 7,583	4,333 9,706					
d e	Bldg R & M 14,007 All other expenses Misc 98	14,007					
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	117,134					
<b>2</b> 0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)						

_P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	87,480	1	79,027
	2	Savings and temporary cash investments	274,530	2	275,865
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			,
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	U	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			,
(S)		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	-	7	
AS	8	Inventories for sale or use	1,000	8	1,000
	9	Prepaid expenses and deferred charges	126	9	126
	10a	Land, buildings, and equipment: cost or	<u> </u>		
		other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b	202,324	10c	191,953
	11	Investments—publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	565,460	16	547,971
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	, , , , ,	21	
Ś	22	Loans and other payables to current and former officers, directors,			
≝		trustees, key employees, highest compensated employees, and	,		-
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
Ģ		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		1	:
Š		complete lines 27 through 29, and lines 33 and 34.	- ,		-
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
ď	29	Permanently restricted net assets	······································	29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	!	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .	565,460		547,971
ž	33	Total net assets or fund balances	565,460		547,971
	34	Total liabilities and net assets/fund balances	565,460	34	547,971

•					
Form 99	90 (2013)		_	P	age <b>12</b>
Part	XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI			_ •	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			99,646
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	17,134
3	Revenue less expenses. Subtract line 2 from line 1	3		(1	7,488)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	65,460
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		5	47,972
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  ☐ Cash ☐ Accrual ☐ Other				,
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ın			
	Schedule O.				
<b>2</b> a	The state of the s		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compared to the com	piled or			
	reviewed on a separate basis, consolidated basis, or both:		1	. '	i '
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	1 .		i
	separate basis, consolidated basis, or both:		-		
	Separate basis Consolidated basis Both consolidated and separate basis				'
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		1		
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
3a	The second of th	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.

3b

Form **990** (2013)

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► 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.

OMB No 1545-0047

2013

Open to Public Inspection

	ent of the Treasury	► Information about Schodul	► Attach to Form 990.	v ire anvli	nm990	Open to Public Inspection
Internal Revenue Service  Name of the organization			▶ Information about Schedule D (Form 990) and its instructions is at www.		er identificat	
Fraternal Order of Eagles Boise #115					82-0115560	
Par			r Advised Funds or Other Similar Fo	unds or		
			ered "Yes" to Form 990, Part IV, line (			
-			(a) Donor advised funds	<del> </del>	(b) Funds and	other accounts
1	Total number	at end of year				
2		ntributions to (during year) .				
3		ents from (during year)				
4	Aggregate val	ue at end of year				
5	Did the organ	ization inform all donors and	donor advisors in writing that the assets	held in	donor advi	sed _
			t to the organization's exclusive legal con			
6			nors, and donor advisors in writing that g			
			benefit of the donor or donor advisor, or			
Dow		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · ·	·
Pari		ervation Easements.	ored "Vee" to Form 000 Bort IV line	7		
			ered "Yes" to Form 990, Part IV, line 7	<del>/</del>		
1			by the organization (check all that apply).  Decreation or education)  Preservation	of an his	torically im	nortant land area
		of natural habitat	Preservation		-	<u>-</u>
		on of open space	- Treservation	o, a oci	inca motori	o ou doldro
2		• •	tion held a qualified conservation contribu	ition in th	e form of a	conservation
		the last day of the tax year.	•			t the End of the Tax Year
а	Total number	of conservation easements .			2a	<u>-</u>
b	Total acreage	restricted by conservation ease	ements		2b	
C			tified historic structure included in (a)		2c	
d			ed in (c) acquired after 8/17/06, and no			
_		ure listed in the National Regist			2d	
3	Number of co tax year ►	nservation easements modified	l, transferred, released, extinguished, or to	erminated	by the org	anization during the
4			conservation easement is located ▶			_
5			cy regarding the periodic monitoring, i			
•			ion easements it holds?			
6	Starr and volu	nteer nours devoted to monitor	ring, inspecting, and enforcing conservation	on easem	ents during	the year
7	Amount of exp	 penses incurred in monitoring, i	inspecting, and enforcing conservation ea	sements	during the	year
8	•	nservation essement reported	on line 2(d) above satisfy the requirement	s of socti	on 170(h)//	\/ <b>P</b> \
Ū	(i) and section	170(h)(4)(B)(ii)?		S OI SECII	on 170(n)(4	· PYes No
9			ports conservation easements in its reven	ue and e	nense stat	
_			text of the footnote to the organization's			
	organization's	accounting for conservation ea	asements.			
Part	III Organ	izations Maintaining Colle	ctions of Art, Historical Treasures,	or Othe	Similar A	Assets.
			ered "Yes" to Form 990, Part IV, line 8			
1a	If the organiza	ation elected, as permitted und	ler SFAS 116 (ASC 958), not to report in	its reven	ue stateme	nt and balance sheet
			similar assets held for public exhibition,			
			f the footnote to its financial statements to			
b			der SFAS 116 (ASC 958), to report in it			
	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:					
			line 1		▶ •	
	(ii) Assets incl	uded in Form 990 Part YIII,			· • •	
2	If the organiz	ation received or held works	of art, historical treasures, or other simi	lar assets	· σ for finance	ial gain, provide the
	following amo	ounts required to be reported ur	nder SFAS 116 (ASC 958) relating to these	e items:		3, p. 21100 110
а					. ▶ \$	
b	Assets include	ed in Form 990, Part X	91		. <b>&gt;</b> \$	

	_
D	•
PANA	4

Part		Collections of	Art, His	torical Tr	easures,	or Otl	her Similar A	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and otl	her reco	rds, check	any of the	e follow	ring that are a	significant use of its
а	☐ Public exhibition		d	Loan o	r exchang	e progr	ams	
b	☐ Scholarly research		8	☐ Other				
С	☐ Preservation for future generations	S			•			
4	Provide a description of the organizat	tion's collections a	and expla	ain how the	ey further	the org	anization's exe	empt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive	donation	s of art, hi	storical tro	easures	s, or other sim	
Dovt			ineu as p	Dart Of the		0113 00		· 🗌 Yes 🗌 No
Part	Complete if the organization 990, Part X, line 21.	answered "Yes'						
1a	Is the organization an agent, trustee included on Form 990, Part X?							not ·                    Yes          No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing tab	ole:	Γ	1	Amount
_	Designing halons					40	<del></del>	7 1110 1111
C	Beginning balance					1c 1d		
d	Additions during the year					1e		· · · · · · · · · · · · · · · · · · ·
e	Distributions during the year					1f		
f	Ending balance		 					. 🗌 Yes 🗌 No
2a	If "Yes," explain the arrangement in P							
Pari		art Alli. Check here	5 II LIIG 6/	pianation	nas Deen	provide	d in r are Ain	
, v	Complete if the organization	answered "Yes"	' to For	n 990. Pa	rt IV. line	10.		
	Complete if the organization	(a) Current year			(c) Two year		(d) Three years ba	ick (e) Four years back
1a	Beginning of year balance	(-,		-				
b	Contributions							
	Net investment earnings, gains, and losses							
ď	Grants or scholarships							-
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	the current year en	d balanc	e (line 1g,	column (a)	)) held a	ıs:	
а	Board designated or quasi-endowmer		%	, ,	, ,	•		
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2		0%.					
3a	Are there endowment funds not in th organization by:	•		zation that	are held a	and adı	ministered for	the Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(ii), are the related organ	izations listed as re	equired o	n Schedul	e R? .			. 3b
4	Describe in Part XIII the intended uses	s of the organization	n's endo	wment fur	nds.			
Part	VI Land, Buildings, and Equip	oment.						
	Complete if the organization	answered "Yes'	to Forr	n 990, Pa	rt IV, line	11a. S	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or oti (investme		(b) Cost or (oth			Accumulated epreciation	(d) Book value
1a	Land		80,000					80,000
b	Buildings		336,431				224,478	111,953
С	Leasehold improvements							
d	Equipment		97,184				97,184	0
<u>e</u>	Other	·						
Total.	Add lines 1a through 1e. (Column (d) r	must equal Form 99	90, Part	K, column (	B), line 10	(c).) .	>	191,953

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 990T are presented from the floor at the meeting following their completion.	