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Revenue Procedures
2014-1

Retroactive Restatement
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Form **990-EZ**

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Statute clear

A For the 2008 calendar year, or tax year beginning 4/01, 2008, and ending 3/31, 2009

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C</p> <p>BPOE Lodge 2146 Milton Freewater 611 North Main Street Milton Freewater, OR 97862</p>	<p>D Employer identification number 93-0492707</p> <p>E Telephone number 1-541-938-3633</p> <p>F Group Exemption Number 1156</p>
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. ☐ Cash ☒ Accrual
Other (specify) _____

I Website: N/A

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — ☒ 501(c) (8) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 228,708.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and contracts</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p>5b Less: cost or other basis and sales expenses</p> <p>5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)</p> <p>6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input checked="" type="checkbox"/></p> <p>6a Gross revenue (not including \$ _____ of contributions reported on line 1)</p> <p>6b Less: direct expenses other than fundraising expenses</p> <p>6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p>7b Less: cost of goods sold</p> <p>7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</p> <p>8 Other revenue (describe See Statement 1)</p> <p>9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)</p>	<p>1 117.</p> <p>2</p> <p>3 29,819.</p> <p>4 6,284.</p> <p>5c</p> <p>6a 97,688.</p> <p>6b 64,984.</p> <p>6c 32,704.</p> <p>7c 27,823.</p> <p>8 1,200.</p> <p>9 97,947.</p>
<p>10 Grants and similar amounts paid (attach schedule)</p> <p>11 Benefits paid to or for members</p> <p>12 Salaries, other compensation, and employee benefits</p> <p>13 Professional fees and other payments to independent contractors</p> <p>14 Occupancy, rent, utilities, and maintenance</p> <p>15 Printing, publications, postage, and shipping</p> <p>16 Other expenses (describe See Statement 3)</p> <p>17 Total expenses (add lines 10 through 16)</p>	<p>10 7,404.</p> <p>11</p> <p>12 12,356.</p> <p>13 3,188.</p> <p>14 8,947.</p> <p>15 4,836.</p> <p>16 53,164.</p> <p>17 89,895.</p>
<p>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</p> <p>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</p> <p>20 Other changes in net assets or fund balances (attach explanation) See Statement 4</p> <p>21 Net assets or fund balances at end of year Combine lines 18 through 20</p>	<p>18 8,052.</p> <p>19 141,463.</p> <p>20 -40,326.</p> <p>21 109,189.</p>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	101,154.	74,115.
23 Land and buildings	23,499.	22,498.
24 Other assets (describe See Statement 5)	19,862.	16,312.
25 Total assets	144,515.	112,925.
26 Total liabilities (describe See Statement 6)	3,052.	3,736.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	141,463.	109,189.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

TEEA0803L 09/18/08

JUNE

SCANNED MAY 06 2014
ENVELOPE
POSTMARK DATE MAR 31 2014

Part III	Statement of Program Service Accomplishments (See the instructions.)
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Expenses

What is the organization's primary exempt purpose? See Statement 7

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 See Statement 8

(Grants \$ _____) If this amount includes foreign grants, check here

28 a

29

(Grants \$) If this amount includes foreign grants, check here

29 a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

32 Total program service expenses (add lines 28a through 31a).

32

Part IV	List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs)
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[illegible]

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed		

42a The books are in care of Ray Navarre Telephone no. 1-541-938-3633
 Located at 611 N Main Street Milton Freewater OR ZIP + 4 97862

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country: _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S. ?
 If 'Yes,' enter the name of the foreign country: _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

☐ **43** ☐ N/A
N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** 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

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

3-28-14

Ray Navarre
Type or print name and title

Secretary

Paid Preparer's Use Only

Preparer's signature

Date

3/12/2014

Check if self-employed

Preparer's Identifying Number (See instructions)

N/A

Firm's name (or yours if self-employed), address, and ZIP + 4

Read & Bose, CPA's, PC

215 SE Dorion

Pendleton, OR 97801-2552

EIN

N/A

Phone no

(541) 276-2693

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

BAA

Form 990-EZ (2008)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Various Events (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
	1 Gross receipts	46,823.			46,823.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	46,823.			46,823.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	24,863.			24,863.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				24,863.
	9 Net income summary. Combine lines 3 and 8 in column (d)				21,960.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
	1 Gross revenue			50,865.	50,865.
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			40,121.	40,121.
	6 Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 0 %	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 0 %	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 0 %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				40,121.
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				10,744.

9 Enter the state(s) in which the organization operates gaming activities: OR

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a	X	
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** 100.0 %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:Name ▶ Ray NavarreAddress ▶ 142 SE Third Ave, Milton-Freewater, OR 97862**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a**

X

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address

Name: ▶ _____

Address ▶ _____

16 Gaming manager informationName. ▶ Ray Navarre

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ Organizational Secretary☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a**

X

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008Attachment
Sequence No **67**

Name(s) shown on return

BPOE Lodge 2146 Milton Freewater

Identifying number

93-0492707

Business or activity to which this form relates

Form 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,107.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,107.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDI20812L 06/12/08

Form 4562 (2008)

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Advertising Income

Total \$ 1,200.
 \$ 1,200.

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Payments to Affiliates

Name: BPOE
 Address: 2750 Lake View Avenue
 Chicago, IL 60614
 Purpose of payment: National & state per capita
 Amount: \$ 7,404.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$ 340.
Bank Fees	224.
Bar & Kitchen Supplies	1,265.
Cash (Over) Short	309.
Conferences, Conventions, and Meetings	9,286.
Dart Sponsor	25.
Depreciation	4,107.
Dignitary Entertainment	136.
Donations	3,459.
Dues & Subscriptions	105.
Information Technology	1,393.
Insurance	3,451.
Janitorial Expense	5,356.
Miscellaneous	1,126.
Office Expenses	3,704.
Officer's Expenses	366.
Repairs and Maintenance	3,976.
Telephone	547.
Television	1,126.
Utilities	12,863.
Total	\$ 53,164.

Statement 4
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Equity Adj			\$	-40,326.
	Total	\$	-40,326.	

Statement 5
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Accounts Receivable	\$ 29.	\$ 0.
Furniture and Fixtures	4,310.	3,366.
Inventories	3,714.	4,345.
Machinery and Equipment	10,763.	8,601.
Prepaid Expenses and Deferred Charges	1,046.	0.
Total	\$ 19,862.	\$ 16,312.

Statement 6
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Accounts Payable and Accrued Expenses	\$ 726.	\$ 1,966.
Accrued Payroll Taxes	2,326.	1,770.
Total	\$ 3,052.	\$ 3,736.

Statement 7
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

The organizations primary exempt purpose is to supply charity and social activities to the community.

Statement 8
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

The accomplishments for the year are college scholarships, funds to the eye clinic for those that need it, Meadowood camp that conducts activities for youth that have speech and hearing problems, youth activities such as Little League and local children programs, Veterans programs to help family and veterans with funds as needed, Christmas baskets for the needy, and a yearly picnic for the elks to have lots of youth activities etc.

Statement 9
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Jeffrey Lee Shorey 113 SE 8th Ave. Milton Freewater, OR 97862	Exalted Ruler 2.00	\$ 0.	\$ 0.	\$ 0.
Robert R Hutchins 217 NE 9th Ave. Milton Freewater, OR 97862	Leading Knight 2.00	0.	0.	0.
James H Devore 621 S Columbia Milton Freewater, OR 97862	Loyal Knight 2.00	0.	0.	0.
Joel Figueroa 103 SE 9th Street Milton Freewater, OR 97862	Lecturing Knight 2.00	0.	0.	0.
Ray Navarre 142 SE Third Ave. Milton Freewater, OR 97862	Secretary 10.00	6,000.	0.	0.
Timothy Deseve 85062 Triangle Station R&R Milton Freewater, OR 97862	Treasurer 10.00	1,200.	0.	0.
John D Steele PO Box 124 Athena, OR 97813	Trustee 1.00	0.	0.	0.
Diane L Deseve 85062 Triangle Station R&R Milton Freewater, OR 97862	Trustee 1.00	0.	0.	0.
John H Kain Jr. 313 Apple Ct. Milton Freewater, OR 97862	Trustee 1.00	0.	0.	0.
Mike Humbert PO Box 409 Milton Freewater, OR 97862	Trustee 1.00	0.	0.	0.
Rick Kain 403 Willow Street Milton Freewater, OR 97862	Trustee 1.00	0.	0.	0.
Dale Peterson PO Box 1060 Milton Freewater, OR 97862	Tiler 1.00	0.	0.	0.

Statement 9 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Marquis F Navarre 513 NE 8 Apt C7 Milton Freewater, OR 97862	Esquire 1.00	\$ 0.	\$ 0.	\$ 0.
Michael Jones PO Box 92 Weston, OR 97886	Chaplain 1.00	0.	0.	0.
Vern Walton 1040 Bonnie Brae St.8 Walla Walla, WA 99362	Inner Guard 1.00	0.	0.	0.
	Total	\$ <u>7,200.</u>	\$ <u>0.</u>	\$ <u>0.</u>

3/31/09

2008 Federal Book Depreciation Schedule

Page 1

BPOE Lodge 2146 Milton Freewater

93-0492707

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Lodge Building & Improvements																
8	Elks Building	3/01/59		89,084							89,084	89,084	S/L			0
9	Building Land	3/01/59		18,573							18,573					0
11	Secretary Office	6/01/96		5,655							5,655	5,338	S/L	15		317
14	Carpet	6/01/98		8,660							8,660	5,774	S/L	15		577
15	Roof	6/01/98		2,686							2,686	963	S/L	25		107
				124,658	0	0	0	0	0	0	124,658	101,159				1,001
Total Lodge Building & Improvements																
Lodge Personal Property																
12	Misc Business Equipment	6/01/96		28,915							28,915	28,915	S/L	7		0
13	Office Equipment	6/01/98		2,102							2,102	2,102	S/L	7		0
18	Computer Table Stool	6/01/00		2,000							2,000	2,000	S/L	7		0
19	Owning & Ect.	1/01/07		1,753							1,753	251	S/L	7		250
22	Security System	6/01/05		800							800	114	S/L	7		114
23	Rug	5/03/07		500							500	36	S/L	7		71
24	Air Conditioner	8/15/07		575							575	41	S/L	7		82
25	Vacuum Cleaner	10/03/07		420							420	42	S/L	5		84
				37,065	0	0	0	0	0	0	37,065	33,501				601
Total Lodge Personal Property																
Social Quarters Personal Property																
1	Fire Extinguisher	3/01/05		3,000							3,000	1,284	S/L	7		429
2	Salad Bar	6/01/06		1,511							1,511	432	S/L	7		216
3	Chairs	6/01/06		2,178							2,178	622	S/L	7		311

3/31/09

2008 Federal Book Depreciation Schedule

Page 2

BPOE Lodge 2146 Milton-Freewater

93-0492707

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Prt.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
4	Walk In Cooler	6/01/05		1,820							1,820	780	S/L	7		260	
5	Bar Chairs	6/01/05		2,020							2,020	867	S/L	7		289	
6	Tables	6/01/02		400							400	342	S/L	7		57	
7	Stools	5/01/02		326							326	326	S/L	7		0	
10	Lounge Equipment	6/01/96		14,001							14,001	14,001	S/L	7		0	
16	Glass Washer	6/01/98		2,708							2,708	2,708	S/L	7		0	
17	Oven Mural Shuffle Board	6/01/99		1,821							1,821	1,821	S/L	7		0	
20	Ice Machine	6/01/05		4,500							4,500	1,393	S/L	7		643	
21	TV	6/01/06		2,100							2,100	300	S/L	7		300	
Total Social Quarters Personal Prope				36,385	0	0	0	0	0	0	36,385	24,876					2,505
Total Depreciation				198,108	0	0	0	0	0	0	198,108	159,536					4,107
Grand Total Depreciation				198,108	0	0	0	0	0	0	198,108	159,536					4,107