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Revenue Procedures
2014-11Retroactive Reinstatement
Short Form Process as Original

0903

OMB No 1545-1150

Form 990-EZ

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

2008

Open to Public
InspectionDepartment 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
B Check if applicable.	<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending			
C	BPOE Lodge 2146 Milton Freewater 611 North Main Street Milton Freewater, OR 97862			
D Employer identification number	93-0492707			
E Telephone number	1-541-938-3633			
F Group Exemption Number	► 1156			
• 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.	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►			
I Website:	► N/A			
J Organization type (check only one) —	<input checked="" type="checkbox"/> 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.)

1 Contributions, gifts, grants, and similar amounts received	1	117.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	29,819.
4 Investment income	4	6,284.
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. ► <input checked="" type="checkbox"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	97,688.
b Less, direct expenses other than fundraising expenses	6b	64,984.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	32,704.
7a Gross sales of inventory, less returns and allowances	7a	93,600.
b Less: cost of goods sold	7b	65,777.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	27,823.
8 Other revenue (describe ► See Statement 1)	8	1,200.
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	97,947.
10 Grants and similar amounts paid (attach schedule)	10	7,404.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	12,356.
13 Professional fees and other payments to independent contractors	13	3,188.
14 Occupancy, rent, utilities, and maintenance	14	8,947.
15 Printing, publications, postage, and shipping	15	4,836.
16 Other expenses (describe ► See Statement 3)	16	53,164.
17 Total expenses (add lines 10 through 16)	17	89,895.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,052.
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)	19	141,463.
20 Other changes in net assets or fund balances (attach explanation) See Statement 4	20	-40,326.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	109,189.

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

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

Form 990-EZ (2008)

2008

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	33	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	34	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?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 501(c)(7) organizations. Enter	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
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 ► <u>N/A</u> , section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>	40a	
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	40b	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	0.
d Enter amount of tax on line 40c reimbursed by the organization	40d	0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► <u>None</u>		
42a The books are in care of ► <u>Ray Navarre</u> Located at ► <u>611 N Main Street Milton Freewater OR</u>	42a	Telephone no. ► <u>1-541-938-3633</u> ZIP + 4 ► <u>97862</u>
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: ►	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts .	42c	X
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	► <input type="checkbox"/> 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	44	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	45	X

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

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?

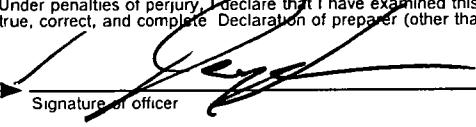
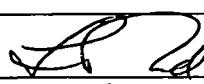
	Yes	No
46		
47		
48		
49a		
49b		

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 13-28-14	Secretary
Ray Navarre Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 3/12/2014	Check if self-employed ► <input type="checkbox"/> N/A Preparer's Identifying Number (See Instructions)
	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

BAA

► Yes No

Form 990-EZ (2008)

Department of the Treasury
Internal Revenue Service

- Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

Employer identification number

BPOE Lodge 2146 Milton Freewater

93-0492707

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants**
- Solicitation of government grants**
- Special fundraising events**

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 Various Events (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (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 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	
	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

YES NO

9a X

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

10a X

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

11 X

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?

12 X

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	YES	NO
13a	100.0 %	
13b	%	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Ray Navarre -----

Address ► 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?

- 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

15a	X

Name: ► -----

Address: ► -----

16 Gaming manager information

Name: ► Ray Navarre -----

Gaming manager compensation ► \$ _____

Description of services provided ► Organizational Secretary -----

Director/officer

Employee

Independent contractor

17 Mandatory distributions

17a	X

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- 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

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

BPOE Lodge 2146 Milton Freewater

Business or activity to which this form relates

Form 990/990-PF

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

Identifying number
93-0492707

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	
			27.5 yrs	MM	S/L	
i Nonresidential real property			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	

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

Advertising Income	\$ 1,200.
Total	<u>\$ 1,200.</u>

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	<u>\$ 53,164.</u>

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

Equity Adj	\$ -40,326.
Total	<u>\$ -40,326.</u>

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

	<u>Beginning</u>	<u>Ending</u>
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	<u>\$ 19,862.</u>	<u>\$ 16,312.</u>

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

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

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

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen-sation</u>	<u>Contri-bution to EBP & DC</u>	<u>Expense Account/Other</u>
Jeffrey Lee Shorey 113 SE 8th Ave. Milton Freewater, OR 97862	Exhalted 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	LecturingKnight 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**

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
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>	

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur. 179 Allow.	Specia Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Dec. Bal. Dept.	Salvage /Basis Reducn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 390/990-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
	Total Lodge Building & Improvements			124,638		0	0	0	0	0	124,658	101,159				1,001
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 & Etc.	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	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

BPOE Lodge 2746 Milton Freewater

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