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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

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-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016**Open to Public Inspection**

A For the 2016 calendar year, or tax year beginning 4/1/2016, and ending 3/31/2017	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BPOE OF THE USA - LODGE NO. 131 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P. O. BOX 2006 City or town State ZIP code BATTLE CREEK MI 49015 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 38-0341606	
E Telephone number (269) 231-0333	
F Group Exemption Number ▶ 1156	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ N/A	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(8) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 38,157	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	8,020
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	8,996
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
	7a	Gross sales of inventory, less returns and allowances	7a	7,994
	7b	Less: cost of goods sold	7b	1,645
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	6,349
	8	Other revenue (describe in Schedule O)	8	13,147
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	36,512
	10	Grants and similar amounts paid (list in Schedule O)	10	6,202
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	960
	13	Professional fees and other payments to independent contractors	13	1,400
	14	Occupancy, rent, utilities, and maintenance	14	5,937
Expenses	15	Printing, publications, postage, and shipping	15	834
	16	Other expenses (describe in Schedule O)	16	23,038
	17	Total expenses. Add lines 10 through 16	17	38,371
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,859
	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	25,899
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	24,040

For Paperwork Reduction Act Notice, see the separate instructions.
HTAForm **990-EZ** (2016)

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		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	5,599	22	3,740
23	Land and buildings	18,000	23	18,000
24	Other assets (describe in Schedule O)	2,300	24	2,300
25	Total assets	25,899	25	24,040
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,899	27	24,040

11

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	PROVIDES PROGRAMS FOR YOUTH AND VETERANS		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) ▶ <input type="checkbox"/>	31a	
32	Total program service expenses. (add lines 28a through 31a) ▶	32	0

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a 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 outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/> .		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="text"/> .		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization. <input type="text"/> .		
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. <input type="text"/> MI		
42 a The organization's books are in care of <input type="text"/> GEORGE SCOTT SECRETARY Telephone no <input type="text"/> 269-963-8386		
Located at <input type="text"/> 1332 MEACHEM RD City <input type="text"/> BATTLE CREEK ST <input type="text"/> MI ZIP + 4 <input type="text"/> 49037		
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: <input type="text"/>		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: <input type="text"/>		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <input type="text"/> 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's 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."

	Yes	No
47		
48		
49a		
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			

f Total number of other employees paid over \$100,000

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

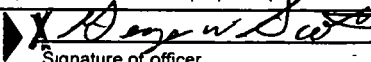
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		


d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

☐ Yes ☒ No

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.

Sign Here		7-5-2017
	Signature of officer	Date
	GEORGE SCOTT	SECRETARY
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Michael F McLain CPA		6/10/2017		P00536238
	Firm's name	Firm's EIN	Phone no		
	MICHAEL F MCLAIN CPA INC	81-5023054	269-962-9276		
	Firm's address				
	223 W MANSION ST., MARSHALL, MI 49068				

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

☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ 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.

OMB No 1545-0047

2016

Open to Public
Inspection

Employer identification number

BPOE OF THE USA - LODGE NO 131

38-0341606

Form 990-EZ, Part I, Line 8, Other Revenue: FUND RAISING. 4,025

Form 990-EZ, Part I, Line 8, Other Revenue: ADVERTISING. 300

Form 990-EZ, Part I, Line 8, Other Revenue: CAMPING FEES. 7,340

Form 990-EZ, Part I, Line 8, Other Revenue: OTHER. 758

Form 990-EZ, Part I, Line 8, Other Revenue: FACILITY RENTAL. 724

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising. 1,425

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings. 335

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies. 394

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone. 1,590

Form 990-EZ, Part I, Line 16, Other Expenses: Taxes. 3,100

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance Expense. 4,828

Form 990-EZ, Part I, Line 16, Other Expenses: Per Capita Expense. 1,580

Form 990-EZ, Part I, Line 16, Other Expenses: Other Expenses. 2,643

Form 990-EZ, Part I, Line 16, Other Expenses: Licenses. 740

Form 990-EZ, Part I, Line 16, Other Expenses: Transfer to Lodge. 6,403

Form 990-EZ, Part II, Line 24, Other Assets: INVENTORY. Beginning of year. 2,300. End of year.

2,300