

Form <b>990-EZ</b>  Department of the Treasury Internal Revenue Service	<b>Short Form</b> <b>Return of Organization Exempt From Income Tax</b>  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 <a href="http://www.irs.gov/form990ez">www.irs.gov/form990ez</a> .	OMB No 1545-1150  <b>2017</b>  <b>Open to Public Inspection</b>
	<b>A For the 2017 calendar year, or tax year beginning 04-01-2017 , and ending 03-31-2018</b>	

<b>B</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	<b>C</b> Name of organization BPOE # 1790  Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 53  City or town, state or province, country, and ZIP or foreign postal code AINSWORTH, NE 69210	<b>D</b> Employer identification number 47-0371304  <b>E</b> Telephone number (402) 387-9952  <b>F</b> Group Exemption Number ▶ 1156
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**G** Accounting Method ☐ Cash ☐ Accrual Other (specify) ▶ MODIFIED CASH

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

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)( 8) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other FRATERNAL

**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 . . . . . ▶ \$ 122,407

**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 . . . . . ☒

<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	4,897
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## Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☒

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	97,803	<b>22</b> 101,148
<b>23</b> Land and buildings . . . . .	30,513	<b>23</b> 40,357
<b>24</b> Other assets (describe in Schedule O) . . . . .	17,768	<b>24</b> 17,825
<b>25</b> Total assets . . . . .	146,084	<b>25</b> 159,330
<b>26</b> Total liabilities (describe in Schedule O). . . . .	716	<b>26</b> 1,073
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	145,368	<b>27</b> 158,257

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)	<b>Expenses</b>
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Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

EXEMPT PURPOSE IS TO PROVIDE YOUTH RELATED ASSISTANCE & ACTIVITIES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28**  
See Additional Data Table

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

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29

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

30

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

21. CH

**31 Other program services (describe in Schedule O)** . . . . . ☐

(Grants \$ )

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

**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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

[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 . . . . . ☐

- 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 . . . . .

	Yes	No
<b>33</b>		No

		Yes	No
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 . . . . .	46	No

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 . . . . . ☐

		Yes	No
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 . . . . .	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
49b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	

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."				
(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

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

d	Total number of other independent contractors each receiving over \$100,000. . . . .	▶	
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52	Did the organization complete Schedule A? <b>NOTE.</b> All Section 501(c)(3) organizations must attach a completed Schedule A . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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	***** Signature of officer		2019-02-14 Date	
	ERIC GOOCHEY SECRETARY Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MANDY L MCCOY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00744488
	Firm's name ▶ DANA F COLE & COMPANY LLP			Firm's EIN ▶ 47-0526649
	Firm's address ▶ 121 EAST 4TH BOX 146 AINSWORTH, NE 69210			Phone no (402) 387-1673

	May the IRS discuss this return with the preparer shown above? See instructions . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Data

Software ID:  
Software Version:  
EIN: 47-0371304  
Name: BPOE # 1790

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> PROVIDE YOUTH RELATED ASSISTANCE & ACTIVITIES  (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	386

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
BPOE # 1790**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection****Employer identification number**

47-0371304

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 7 - Sales of Inventory	Income Gross Receipts 79,316 Returns and Allowances 0 Less Cost of Goods Sold 44,354 Gross Profit 34,962 Cost of Goods Sold Inventory at Beginning of Year 12,314 Mercha ndise Purchased 32,711 Cost of Labor 12,329 Materials and Supplies 0 Other Costs 0 Inventory at End of Year 13,000 Cost of Goods Sold 44,354

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 8 - Other Revenue	Description INTEREST Amount 33 Description MISCELLANEOUS Amount 2,036 Description BUILDING Amount 6,544 Total to Form 990-EZ, line 8 8,613

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 14	Description Depreciation Amount 5,545 Description Other Expenses Amount 19,066 Total to Form 990-EZ, line 14 24,611



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description CONVENTION Amount 1,966 Description SUPPLIES Amount 2,189 Description OFFICE EXPENSE Amount 875 Description DUES TO STATE AND FEDERAL ORG Amount 5,279 D escription ENTERTAINMENT SHARE Amount 2,000 Description YOUTH ACTIVITIES Amount 386 Description MEAL PURCHASES Amount 1,244 Description MISCELLANEOUS Amount 2,872 D escription ADVERTISING Amount 3,504 Description SALES TAX Amount 4,070 Description

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part II, Line 24 - Other Assets	Description INVENTORIES Beg of Year Amount 13,992 End of Year Amount 14,688 Descrip tion Other Depreciable Assets Beg of Year Amount 3,776 End of Year Amount 3,137

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description PAYROLL TAX Beg of Year Amount 286 End of Year Amount 309 Description SALES TAX Beg of Year Amount 430 End of Year Amount 764