

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

QMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the 2019 calendar year, or tax year beginning	4/01	, 2019, and ending	3/31	, 20	20
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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 <input type="checkbox"/> BPOE Lodge 2146 Milton-Freewater <i>Bene</i>		D Employer identification number <input type="checkbox"/> 930492707
	Number and street (or P.O. box if mail is not delivered to street address) <input type="checkbox"/> 611 North Main Street	Room/suite	E Telephone number (541) 938-3633
	City or town, state or province, country, and ZIP or foreign postal code Milton-Freewater, OR 97862		F Group Exemption Number <input type="checkbox"/> 1156
	(Signature: <i>OS</i>)		

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶ **H Check** ▶ ☒ if the organization is not

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

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **▶** \$ 174,140

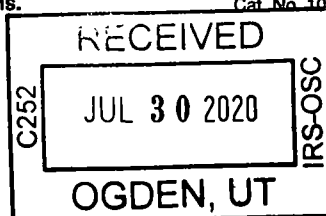
Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) <input type="checkbox"/>
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Check if the organization used Schedule O to respond to any question in this Part I ☒

		1	2,025
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	2,025
	2 Program service revenue including government fees and contracts	2	37,166
	3 Membership dues and assessments	3	27,051
	4 Investment income	4	98
	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 line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b 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	39,187
c Less: direct expenses from gaming and fundraising events	6c	25,375	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	13,812	
7a Gross sales of inventory, less returns and allowances	7a	68,613	
b Less: cost of goods sold	7b	27,874	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	40,739	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	120,891	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	7,448
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits <input type="checkbox"/>	12	30,128
	13 Professional fees and other payments to independent contractors <input type="checkbox"/>	13	3,150
	14 Occupancy, rent, utilities, and maintenance	14	13,670
	15 Printing, publications, postage, and shipping	15	3,252
	16 Other expenses (describe in Schedule O) <input type="checkbox"/>	16	26,658
	17 Total expenses. Add lines 10 through 16 ▶	17	84,306
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	36,585
	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	82,363
	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	118,948

For Paperwork Reduction Act Notice, see the separate instructions.

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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
22 Cash, savings, and investments	72,033	22 61,436
23 Land and buildings	19,119	23 124,658
24 Other assets (describe in Schedule O)	9,405	24 82,742
25 Total assets	100,557	25 269,336
26 Total liabilities (describe in Schedule O)	18,194	26 150,388
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,363	27 118,948

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? See Schedule O

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.)

28 See Schedule O		
(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)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
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 instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Maybell Hardy	2			
Exalted Ruler		0	0	0
Diane Deseve	10			
Secretary		4,500	0	0
James DeVore	10			
Treasurer		1,200	0	0
Fred Brown	2			
Leading Knight		0	0	0
Came Brown	2			
Loyal Knight		0	0	0
John Cook	2			
Lectunng Knight		0	0	0
Richard Bean	2			
Trustee		0	0	0
Philip Meyer	2			
Trustee		0	0	0
Ed Granger	2			
Trustee		0	0	0
Ray Navarre	2			
Secretary		1,500	0	0
Lloyd Humbert	24			
Bartender		19,418	0	0
Linda Mantone	6			
Janitor		3,510	0	0

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	33	<input checked="" type="checkbox"/>
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	34	<input checked="" type="checkbox"/>
35a 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)?	35a	<input checked="" type="checkbox"/>
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	35b	<input checked="" type="checkbox"/>
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	35c	<input checked="" type="checkbox"/>
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	36	<input checked="" type="checkbox"/>
37a 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?	37b	<input checked="" type="checkbox"/>
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 outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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	40b	<input checked="" type="checkbox"/>
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 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u>None</u>		
42a The organization's books are in care of ▶ <u>James DeVore</u> Telephone no. ▶ <u>(541)938-3633</u>		
Located at ▶ <u>611 N. Main Street, Milton-Freewater</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	<input type="checkbox"/>
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 ▶	42c	<input checked="" type="checkbox"/>
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
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	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	44d	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	45b	<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 ▶

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."

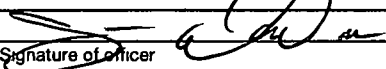
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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	Signature of officer 	Date 7-20-20
	James DeVore Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization
BPOE Lodge 2146 Milton-Freewater

Employer identification number
93-0492707

Form 990-EZ, Part 1, Line 10 Grants and Similar Amount Paid in excess of \$5,000 Payment to Affiliates

Benevolent and Protective Order

2750 North Lakeview Ave

Chicago, IL 60614

Purpose of payment Support to Parent Organization \$5,987.00

Form 990-EZ, Part 1, Line 16 Other Expenses

Bank Charges \$ 2,264

Bar & Kitchen Supplies 983

Conferences, Conventions and Meeting 6,826

Depreciation 2,176

Dues, Licenses and Fees 1,071

Insurance 3,720

Janitorial Expense 3,822

Office Expense 3,811

Officer's Expense 349

Repairs 1,636

Total \$ 26,658

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

Furniture and Fixtures \$ 39,926

Equipment / Computer 25,960

Building Improvement 16,856

Total \$82,742

Name of the organization BPOE Lodge 2146 Milton-Freewater	Employer identification number 93-0492707
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Form 990-EZ, Part II, Line 26 Total Liabilities

A/P and Payroll Taxes Payables \$ 1,936

Prepaid Dues 14,696

Deffer Payables 133,756

Totals \$ 150,388

Form 990-EZ, Part III - Organization Primary Exempt Purpose

The organization primary exempt purpose is to supply chanty and social activities to the community

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

The accomplishment 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 yearly picnic for the elks to have lots of youth activities, etc.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums

on a personal benefit contract? No

(b) did the organization, during the year, pay premiums, directly or indirectly,

on a personal benefit contract? No

?