

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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)

OMB No. 1545-0047

2019

Open to Public
Inspection

► 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. 2003

A For the 2019 calendar year, or tax year beginning

4/01

, 2019, and ending

3/31

, 20 20

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

BPOE Lodge 2146 Milton-Freewater

Bene

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

611 North Main Street

City or town, state or province, country, and ZIP or foreign postal code

Milton-Freewater, OR 97862

OS

D Employer identification number

930492707

E Telephone number

(541) 938-3633

F Group Exemption

Number ►

1156

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(8) (insert no.) 4947(a)(1) or 527K 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

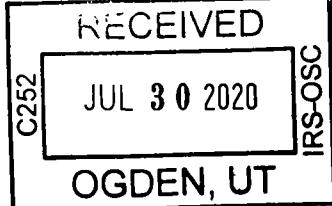
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I

<input type="checkbox"/>	1 Contributions, gifts, grants, and similar amounts received	1	2,025
<input type="checkbox"/>	2 Program service revenue including government fees and contracts	2	37,166
<input type="checkbox"/>	3 Membership dues and assessments	3	27,051
<input type="checkbox"/>	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	27874
	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
	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
	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.

Cat. No. 10642I

Form 990-EZ (2019)



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	61,436
23 Land and buildings	19,119	124,658
24 Other assets (describe in Schedule O)	9,405	82,742
25 Total assets	100,557	269,336
26 Total liabilities (describe in Schedule O)	18,194	150,388
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,363	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		
29		
30		
31 Other program services (describe in Schedule O)		
32 Total program service expenses (add lines 28a through 31a)		32

(Grants \$ If this amount includes foreign grants, check here ► 28a

(Grants \$ If this amount includes foreign grants, check here ► 29a

(Grants \$ If this amount includes foreign grants, check here ► 30a

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

(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	0	0	0
Exalted Ruler				
Diane Deseve	10	4,500	0	0
Secretary				
James DeVore	10	1,200	0	0
Treasurer				
Fred Brown	2	0	0	0
Leading Knight				
Carrie Brown	2	0	0	0
Loyal Knight				
John Cook	2	0	0	0
Lectuning Knight				
Richard Bean	2	0	0	0
Trustee				
Philip Meyer	2	0	0	0
Trustee				
Ed Granger	2	0	0	0
Trustee				
Ray Navarre	2	1,500	0	0
Secretary				
Lloyd Humbert	24	19,418	0	0
Bartender				
Linda Mantione	6	3,510	0	0
Janitor				

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 33

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

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

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

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

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

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

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

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

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

41 List the states with which a copy of this return is filed ► None

42a The organization's books are in care of ► James DeVore Telephone no. ► (541)938-3633
Located at ► 611 N. Main Street, Milton-Freewater 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 ► 42b
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

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

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

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

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 ✓

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
b	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."	

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

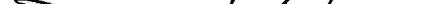
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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		7-20-20 Date
<ul style="list-style-type: none"> ► Signature of officer ► James DeVore <u>Treasurer</u> ► 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.

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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

Benefvolent 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 charity 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

?