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Short Form
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

OMB No 1545-1150

2011

Open to Public
InspectionA For the 2011 calendar year, or tax year beginning April 1, 2011, and ending MARCH 31, 2012

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

BPO EK's 1986 Parkersburg

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

D Employer identification number

65-01228850

P.O. Box 555

Room/suite

City or town, state or country, and ZIP + 4

Parkersburg, WV 26102-0555

E Telephone number

304-422-6546

F Group Exemption

Number ► 1156G 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 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

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 □

SCANNED JUL 13 2012

Revenue

1 Contributions, gifts, grants, and similar amounts received	1	<u>8395</u>
2 Program service revenue including government fees and contracts	2	<u>9416</u>
3 Membership dues and assessments	3	<u>7335</u>
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	<u>8000</u>
b Less: cost or other basis and sales expenses	5b	<u>5626</u>
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6 Gaming and fundraising events	5c	<u>2374</u>
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (net 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	<u>6159</u>
c Less: direct expenses from gaming and fundraising events	6c	<u>3420</u>
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>2739</u>
7a Gross sales of inventory, less returns and allowances	7a	<u>66286</u>
b Less: cost of goods sold	7b	<u>386603</u>
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>27683</u>
8 Other revenue (describe in Schedule O) <i>see Attached pg. 1</i>	8	<u>33512</u>
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>66484</u>

Expenses

10 Grants and similar amounts paid (list in Schedule O) <i>see Part III</i>	10	<u>3204</u>
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	<u>15338</u>
13 Professional fees and other payments to independent contractors	13	<u>5714</u>
14 Occupancy, rent, utilities, and maintenance	14	<u>24403</u>
15 Printing, publications, postage, and shipping	15	<u>985</u>
16 Other expenses (describe in Schedule O) <i>see Attached pg. 2</i>	16	<u>27660</u>
17 Total expenses. Add lines 10 through 16	17	<u>77224</u>

Net Assets

18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>(10740)</u>
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	<u>54114</u>
20 Other changes in net assets or fund balances (explain in Schedule O)	20	<u>(14764)</u>
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>36350</u>

8
P

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	48587	32347
23	Land and buildings		23
24	Other assets (describe in Schedule O) <i>Eqp, Inventory, Rec.</i>	65098	5673
25	Total assets	55095	38107
26	Total liabilities (describe in Schedule O)	976	1457
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	54117	36360

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?

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 and section
4947(a)(1) trusts; optional
for others.)

28 Student of the year - local scholarships

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

28a 1500

29 EIK's National Foundation

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

29a

30 Erik's Major Project - Handicap Kids Camp

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

30a 1502

31 Other program services (describe in Schedule O)

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

31a

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

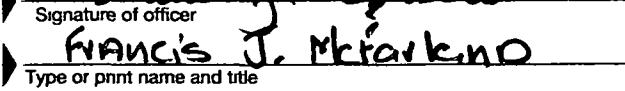
32 3204

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 address	(b) Title and 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
DAVE Roberts 723 5th St., Belpre OH.	Enlisted Rvt (20)	0	0	0
Jill Rayring 515 Market St., Parkersburg, WV	Vol. Sec. (20)	\$1402/yr.	0	0
Francis McFalland 1123 Ann St. Parkersburg, WV	Audit Court. (5)	0	0	0
Anna M. Gregg 515 Market St., Parkersburg, WV	Secretary (20)	\$3000/yr.	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 <input type="checkbox"/>		
	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	
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)	
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)?	
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	
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	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a D	
b	Did the organization file Form 1120-POL for this year?	
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?	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	
39	Section 501(c)(7) organizations. Enter:	
a	Initiation fees and capital contributions included on line 9	
b	Gross receipts, included on line 9, for public use of club facilities	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	
section 4911 ►	; section 4912 ► ; section 4955 ►	
b	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►	
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.	
41	List the states with which a copy of this return is filed. ►	
42a	The organization's books are in care of ► Telephone no. ► Located at ► ZIP + 4 ►	
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: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
c	At any time during the calendar year, did the organization maintain an office outside 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 □	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
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	
c	Did the organization receive any payments for indoor tanning services during the year?	
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
45b	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)	

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	Yes	No
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 <input type="checkbox"/>				
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	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	Yes	No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	Yes	No
b	If "Yes," was the related organization a section 527 organization?	49b	Yes	No
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 address of each employee paid more than \$100,000		(b) Title and 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
f Total number of other employees paid over \$100,000 ► <input type="text" value="0"/>				
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 address of each independent contractor paid more than \$100,000		(b) Type of service	(c) Compensation	
d Total number of other independent contractors each receiving over \$100,000 ► <input type="text" value="0"/>				
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	 Francis J. McFarland Type or print name and title		<input type="text" value="6-84-12"/> Date	
Paid Preparer Use Only	Print/Type preparer's name Firm's name ► Firm's address ►	Preparer's signature 	Date Firm's EIN ► Phone no.	Check <input type="checkbox"/> if self-employed PTIN
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No				

Form 990-EZ

BPO EIK'S 1988 PARKERSBURG 55-0122850

PART I: Line 8. Other Rev.-

1. misc.	96
2. Uncategorized	140
3. lottery	3927
4. DIAW/Tip	2321
5. Other	<u>1998</u>
Total	<u><u>8512</u></u>

PART I, Line 16, Other Exp. -

1. SUPPLIES (Lodge)	712
2. OFFICE EXP.	658
3. PER CAPITA - GRAND Lodge	3150
4. PER CAPITA - STATE	675
5. TAXES - PAYROLL	417
6. LICENSES	1060
7. LODGE ACTIVITIES	2092
8. BANK CHARGES	44
9. CONTRIBUTIONS	100
10. AIDS TO CLUB	10307
11. RECONCILIATIONS (Lodge)	895
12. MISC (Lodge)	500
13. OTHER	160
14. INSURANCE (liability)	151
15. AUTO EXP.	760
16. EQUIP RENTAL	56
17. INSURANCE - W.C.	288
18. LICENSES (club)	1429
19. TAXES	(532)
20. SUPPLIES (club)	164
Contributions	1104
21. WEEKLY	204
22. MISC.	(633)
23. LOTTERY	3987
24. OFFICE EXP (club)	751
25. BPO TAX	241
26. RECONCILIATION (club)	(2476)
27. BANK CHARGES	78
28. PAYROLL EXP.	1056
29. CLEAN-UP ADJ.	279
Total	<u><u>276660</u></u>