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Short Form
Return of Organization Exempt From Income Tax

2012

Open to Public
Inspection

Under 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.

A For the 2012 calendar year, or tax year beginning

April 1, 2012, and ending

March 31, 2013

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

BPO Elk's 196 Parkersburg

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

P.O. Box 555

D Employer identification number

55-0122350

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

Parkersburg, WV 26102-0555

E Telephone number

304-422-6546

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 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 □

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	6213
	2 Program service revenue including government fees and contracts	2	99689
	3 Membership dues and assessments	3	11613
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	21957
	b Less: cost or other basis and sales expenses	5b	17680
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4277
	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	5375
	c Less: direct expenses from gaming and fundraising events	6c	44886
	d Net income (or (loss)) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4687
	7a Gross sales of inventory, less returns and allowances	7a	90467
	b Less: cost of goods sold	7b	47443
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	43024
	8 Other revenue (describe in Schedule O) See Attached Pg. 1	8	12400
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	92464
Expenses	10 Grants and similar amounts paid (list in Schedule O) See Part III	10	2986
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	18764
	13 Professional fees and other payments to independent contractors	13	2353
	14 Occupancy, rent, utilities, and maintenance	14	23655
	15 Printing, publications, postage, and shipping	15	390
	16 Other expenses (describe in Schedule O) See Attached Pg. 2	16	326868
Net Assets	17 Total expenses. Add lines 10 through 16	17	81230
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11233
	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	36360
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	(14573)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	33010

P 20

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	30434	22 26559
23	Land and buildings		23
24	Other assets (describe in Schedule O)	Equip. Inventory. Rec.	5673
25	Total assets	36107	7027
26	Total liabilities (describe in Schedule O)	151	33586
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	36360	576
			33010

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

1500

29 EIK's NATIONAL FOUNDATION

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

760

30 Lodge Activities (Citizen of the Year, Soccer Shoot, Hoop Shoot, Elk of the Year, Thanksgiving Dinner.)

• 30

T26

31 Other program services (describe in Schedule Q)

3. Other program services (described in Schedule 3) _____ If this amount includes foreign grants, check here

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

2986

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 Q 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
JAY PARKINS 515 Market St, Parkersburg WV	Executive Poker (20)	0	0	0
Jim Parkins 515 Market St, Parkersburg WV	Tobacco Spec. (20)	\$2500/yr.	0	0
Francis McFarland 1123 Ann St, Parkersburg WV	Audit compt (5)	0	0	0
Anna M. Gress 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

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

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

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40b

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 40c

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 40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e ✓

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 40f

41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► Jim Perkins Telephone no. ► 304-422-6546
Located at ► 515 Market St., Parkersburg, WV ZIP + 4 ► 26101 42b ✓

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 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 ✓

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) 45b ✓

	Yes	No
33	<input type="checkbox"/> ✓	
34	<input type="checkbox"/> ✓	
35a	<input type="checkbox"/> ✓	
35b		
35c		
36	<input type="checkbox"/> ✓	
37a		
37b	<input type="checkbox"/> ✓	
38a	<input type="checkbox"/> ✓	
38b		
39a		
39b		
40b		
40c		
40d		
40e	<input type="checkbox"/> ✓	
42b		
42c		<input type="checkbox"/> ✓
44a		
44b		
44c		
44d		
45a		
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 Yes No 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 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 . . ►

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

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	<input type="text" value="Francis J. Mikalko"/> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p>Signature of officer</p> <p>Francis J. Mikalko</p> </div> <div style="flex: 1; text-align: right;"> <p>Date</p> <p>06-24-13</p> </div> </div>
	<p>Type or print name and title</p> <p>Audit Chairman</p>

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

Form 990-EZ (2012)

990 EZ BPO EIC's KFS Parkersburg

55-0122850

PART I, Line 8, Other Rev.

1. Misc.	3559
2. lottery	5639
3. DRAW / Tip	22+2
4. Other	<u>460</u> <u>12400</u>

B. ①

1. Supplies (Lodge)	3752
2. Office Exp.	912
3. Per Capita - Grand Lodge	2912
4. Per Capita - State	615
5. Taxes - Payroll	454
6. Licenses	248
7. Bank Charges	2
8. Contributions	300
9. AIDS to Club	1165
10. Reconciliations (Lodge)	685
11. W.C. Insurance (Lodge)	353
12. Other	1120
13. Insurance (Liability)	165
14. Auto Exp.	1022
15. Equip. Rental	307
16. W.C. Insurance (Club)	944
17. Licenses (Club)	51
18. Supplies (BAV)	198
19. Supplies (Kitchen)	171
20. Contributions (Club)	330
21. Weekly	440
22. Match. Direct	1
23. Misc.	(200)
24. Lottery	5614
25. Office Exp (Club)	144
26. B&O Tax	316
27. Reconciliations (Club)	(71)
28. Tip Bds	21
29. Bank Charges	100
30. Redemable Coupons	1960
31. Daily	265
32. B&I - Adjustment	<u>6176</u>
	<u>32882</u>