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► 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.*

43-6135980

E Telephone number

(636) 447-5515

F Group Exemption Number ▶ 1156

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2010)

Part II

Balance Sheets

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

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	14,113	22	32,681
23	Land and buildings	367,350	23	362,975
24	Other assets (describe in Schedule O)	62,649	24	51,486
25	Total assets	444,112	25	447,142
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	444,112	27	447,142

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☒

What is the organization's primary exempt purpose? TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICEE, BROTHERLY LOVE AND FIDELITY, TO RECOGNIZE A BELIEF IN GOD, TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS, TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM, TO CULTIVATE GOOD FELLOWSHIP, TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR ITS GOVERNMENT, THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS, DEMONSTRATING THAT ELKS CARE AND ELKS SHARE	(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
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	ST CHARLES ELKS # 690, A SUBORDINATE LODGE OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA, IS INVOLVED IN THE PROGRAMS OF THE GRAND LODGE AND CHARITIES AND DONATIONS TO THOSE IN NEED LOCALLY (Grants \$ 0)	If this amount includes foreign grants, check here	28a	0
29				
	(Grants \$)	If this amount includes foreign grants, check here	29a	
30				
	(Grants \$)	If this amount includes foreign grants, check here	30a	
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	

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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the 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	No
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	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	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	No
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
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	No
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 ☐ _____		
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	40b	
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	40e	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ THE ORGANIZATION Telephone no ☐ (636) 447-5515 560 ST PETERS HOWELL ROAD Located at ☐ ST CHARLES, MO ZIP + 4 ☐ 63304		
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 .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ☐ _____	42c	No
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? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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
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 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.

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		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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	2012-05-17 Date		
	GREG WALLS SECRETARY Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	MARK J HOLLMAN	Date 2012-05-17	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	GRABEL SCHNIEDERS HOLLMAN & CO CPA 206 W ARGONNE STE 200 KIRKWOOD, MO 63122		Preparer's taxpayer identification number (See instructions) P00986838
			EIN	43-1171178 Phone no (314) 434-7310

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 to provide any additional information.**
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
BENEVOLENT AND PROTECTIVE ORDER OF ELKS
ST CHARLES LODGE NO 690

Employer identification number

43-6135980

Identifier	Return Reference	Explanation
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 62,997 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 32,678 GROSS PROFIT 30,319 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 4,825 MERCHANDISE PURCHASED 32,678 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 4,825 COST OF GOODS SOLD 32,678
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION LODGE ACTIVITIES AMOUNT 14,081 DESCRIPTION MISCELLANEOUS AMOUNT 10,920 DESCRIPTION HALL RENTAL - ELKS LODGE # 690 560 ST PETERS HOWELL ROAD, ST CHARLES, MO AMOUNT 15,560 TOTAL TO FORM 990-EZ, LINE 8 40,561
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 20,538 DESCRIPTION OTHER EXPENSES AMOUNT 18,579 TOTAL TO FORM 990-EZ, LINE 14 39,117
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONVENTION AMOUNT 3,013 DESCRIPTION DIGNITARY ENTERTAINMENT AMOUNT 450 DESCRIPTION INSURANCE AMOUNT 5,091 DESCRIPTION SUPPLIES AMOUNT 3,989 DESCRIPTION OFFICE AMOUNT 613 DESCRIPTION PER CAPITA AMOUNT 2,953 DESCRIPTION TAXES AMOUNT 1,099 DESCRIPTION TELEPHONE AMOUNT 1,963 DESCRIPTION ADVERTISING AMOUNT 891 DESCRIPTION LICENSES AMOUNT 515 DESCRIPTION BAR SUPPLIES AMOUNT 3,724 DESCRIPTION LODGE ACTIVITY AMOUNT 7,153 DESCRIPTION PEST CONTROL AMOUNT 444 DESCRIPTION DISTRICT PICNIC AMOUNT 100 DESCRIPTION SHIRTS AMOUNT 178 DESCRIPTION CHRISTMAS BASKETS AMOUNT 2,600 DESCRIPTION CHARITY AMOUNT 6,225 DESCRIPTION MISCELLANEOUS AMOUNT 866 DESCRIPTION FLOWERS AMOUNT 515 TOTAL TO FORM 990-EZ, LINE 16 42,382
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION INVENTORY BEG OF YEAR AMOUNT 4,825 END OF YEAR AMOUNT 4,825 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 57,824 END OF YEAR AMOUNT 46,661

Additional Data

Software ID:
Software Version:
EIN: 43-6135980
Name: BENEVOLENT AND PROTECTIVE ORDER OF ELKS
ST CHARLES LODGE NO 690

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JERRY FITZGERALD 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	EXALTED RULER 0 00	0	0	0
JOY R WALLS 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	TREASURER 0 00	0	0	0
GREGORY J WALLS 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	SECRETARY 0 00	0	0	0
WILLIAM MANDELE 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	TRUSTEE 0 00	0	0	0
DAVE CALLIER 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	TRUSTEE 0 00	0	0	0
DALE DAVIS 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	TRUSTEE 0 00	0	0	0
STEVE STILL 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	LEADING KNIGHT 0 00	0	0	0
DENNIS CLARK 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	ESQUIRE 0 00	0	0	0
JOHN ISRAEL 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	LOYAL KNIGHT 0 00	0	0	0
TOM BOULCH 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	LECTURING KNIGHT 0 00	0	0	0
JEAN CALLIER 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	CHAPLAIN 0 00	0	0	0
TIM HICKEY 560 ST PETERS HOWELL ROAD ST CHARLES,MO 63304	TILER 0 00	0	0	0

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: BENEVOLENT AND PROTECTIVE ORDER OF ELKS
ST CHARLES LODGE NO 690

EIN: 43-6135980

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.