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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 ☒

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2012)

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	32,681	22	41,901
23 Land and buildings	362,975	23	366,074
24 Other assets (describe in Schedule O)	51,486	24	40,323
25 Total assets	447,142	25	448,298
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)	447,142	27	448,298

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?

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

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 (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
See Additional Data Table				

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	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
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	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 Located at ☐ 560 ST PETERS HOWELL ROAD 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 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		
		Yes	No
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	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	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? <i>If "No," provide an explanation in Schedule O</i>	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		No

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		
48	Is the organization a school as 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 title of each employee paid more than \$100,000	(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	
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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.	
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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
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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	*****		2013-06-04		
	Signature of officer		Date		
Paid Preparer Use Only	GREG WALLS SECRETARY				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature MARK J HOLLMAN	Date 2013-06-04	Check ☐ if self-employed	PTIN P00986838
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
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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.

2012

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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 67,063 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 39,483 GROSS PROFIT 27,580 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 4,825 MERCHANDISE PURCHASED 39,483 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 4,825 COST OF GOODS SOLD 39,483
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION LODGE ACTIVITIES AMOUNT 25,370 DESCRIPTION MISCELLANEOUS AMOUNT 3,595 DESCRIPTION HALL RENTAL - ELKS LODGE # 690 560 ST PETERS HOWELL ROAD, ST CHARLES, MO AMOUNT 21,225 TOTAL TO FORM 990-EZ, LINE 8 50,190
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 20,822 DESCRIPTION OTHER EXPENSES AMOUNT 20,678 TOTAL TO FORM 990-EZ, LINE 14 41,500
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONVENTION AMOUNT 952 DESCRIPTION DIGNITARY ENTERTAINMENT AMOUNT 409 DESCRIPTION INSURANCE AMOUNT 3,399 DESCRIPTION SUPPLIES AMOUNT 4,947 DESCRIPTION OFFICE AMOUNT 998 DESCRIPTION PER CAPITA AMOUNT 3,028 DESCRIPTION TAXES AMOUNT 603 DESCRIPTION TELEPHONE AMOUNT 2,715 DESCRIPTION ADVERTISING AMOUNT 822 DESCRIPTION LICENSES AMOUNT 1,419 DESCRIPTION BAR SUPPLIES AMOUNT 3,354 DESCRIPTION KITCHEN SUPPLIES AMOUNT 5,215 DESCRIPTION LODGE ACTIVITY AMOUNT 9,615 DESCRIPTION PEST CONTROL AMOUNT 407 DESCRIPTION DISTRICT PICNIC AMOUNT 165 DESCRIPTION SHIRTS AMOUNT 232 DESCRIPTION CHRISTMAS BASKETS AMOUNT 3,172 DESCRIPTION CHARITY AMOUNT 6,584 DESCRIPTION MISCELLANEOUS AMOUNT 976 DESCRIPTION FLOWERS AMOUNT 245 TOTAL TO FORM 990-EZ, LINE 16 49,257
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 46,661 END OF YEAR AMOUNT 35,498

Additional Data

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

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

(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
STEVE STILL EXALTED RULER	0 00	0	0	0
WILLIAM MANDELE TREASURER	0 00	0	0	0
SUE FITZGERALD SECRETARY	0 00	0	0	0
DALE DAVIS 1 YEAR TRUSTEE	0 00	0	0	0
MARK MANLEY 2 YEAR TRUSTEE	0 00	0	0	0
DAVE CALLIER 3 YEAR TRUSTEE	0 00	0	0	0
JOHN ISRAEL LEADING KNIGHT	0 00	0	0	0
DENNIS CLARK ESQUIRE	0 00	0	0	0
TOM BULCH LOYAL KNIGHT	0 00	0	0	0
MARK LAWLER LECTURING KNIGHT	0 00	0	0	0
JEANIE CALLIER CHAPLAIN	0 00	0	0	0
DENISE CLARK TILER	0 00	0	0	0

TY 2012 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.