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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements



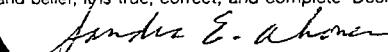
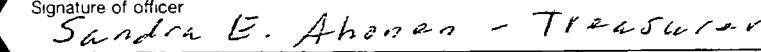
A For the 2008 calendar year, or tax year beginning JULY 1, 2008, and ending JUNE 30, 2009

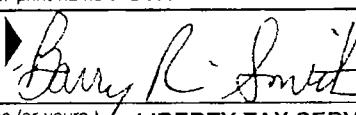
B Check if applicable		C Name of organization FRATERNAL ORDER OF EAGLES 3678 AUXILIARY		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type Doing Business As FRATERNAL ORDER OF EAGLES 3678 AUXILIARY Number and street (or P O box if mail is not delivered to street address) P. O. BOX 1128 Room/suite City or town, state or country, and ZIP + 4 ARNOLD, MO 63010-7128		31 0914924	
				E Telephone number (636) 296-2062	
				F Name and address of principal officer JANICE STRUCK, 208 STILLBROOK EST. DR., FENTON, MO	
				G Gross receipts \$ 85,305	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (10) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
J Website: ►		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(c) Group exemption number ►			
				L Year of formation 1976 M State of legal domicile MO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SOCIAL AND FUNDRAISING FOR CHARITY		
	----- ----- 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part V, line 3) 5 4 Number of independent voting members of the governing body (Part V, line 4) 5 5 Total number of employees (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) MAR 31 2016 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) ACCOUNT MANAGEMENT b Net unrelated business taxable income from Form 990-T, line 23 OGDEN		
Revenue	8 Contributions and grants (Part VIII, line 1h)	3	12
	9 Program service revenue (Part VIII, line 2g)	4	12
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6	150
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7a	0
		7b	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,485	38,400
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8	55
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	46,965	32,928
	16a Professional fundraising fees (Part IX, column (A), line 11e)	57,354	43,867
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)	9,879	8,171
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 25)	59,364	46,571	
19 Revenue less expenses Subtract line 18 from line 12	-2,010	-2,830	
		Prior Year	Current Year
20 Total assets (Part X, line 16)	47,152	44,448	
21 Total liabilities (Part X, line 26)	0	0	
22 Net assets or fund balances Subtract line 21 from line 20	47,152	44,448	
		Beginning of Year	End of Year
Net Assets or Fund Balances	38	IRS-OGDEN	

Part II Signature Block

Sign Here	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		
	 Signature of officer Sandra E. Ahonen  Type or print name and title Sandra E. Ahonen - Treasurer		
	Date 8-26-09		

Paid Preparer's Use Only	Preparer's signature 	Date 8/20/2009	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 LIBERTY TAX SERVICE 922 JEFFCO BLVD., ARNOLD, MO 63010	EIN 20	8980056	P00815472
	Phone no (636) 287-9200			

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No