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1DDLP
OMB No 1545-0047

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)

2009

Open to Public Inspection

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 2009 calendar year, or tax year beginning **July 1**, 2009, and ending **June 30**, 20 **10**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **FRATERNAL ORDER OF EAGLES 3678 AUXILIARY**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1128
 City or town, state or country, and ZIP + 4
ARNOLD, MO 63010-7128

D Employer identification number
31 0914924

E Telephone number
(636) 296-2062

G Gross receipts \$ _____

F Name and address of principal officer
JANICE STRUCK, 208 STILLBROOK EST DR, FENTON MO

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list (see instructions)

I Tax-exempt status 501(c) () (insert no) 4947(a)(1) or 527

J Website: _____

K Form of organization Corporation Trust Association Other _____

L Year of formation **1976** **M** State of legal domicile **MO**

H(c) Group exemption number _____

Part I Summary

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 for the year and 25% or more of its net assets			
3 Number of voting members of the governing body (Part VII, line 1a)	3	12	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
5 Total number of employees (Part V, line 2a)	5	0	
6 Total number of volunteers (estimate if necessary)	6	150	
7a Total gross unrelated business revenue from Part VIII, column (A), lines 7a-7d	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 31	7b		
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		10,884	4,109
9 Program service revenue (Part VIII, line 2g)			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		55	18
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,928	13,796
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,867	17,923
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		38,400	27,852
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	112
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
b Total fundraising expenses (Part IX, column (D), line 25)			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		8,171	7,630
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		46,571	35,594
19 Revenue less expenses - Subtract line 18 from line 12		-2,830	-17,671
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		44,448	15,226
21 Total liabilities (Part X, line 26)		0	0
22 Net assets or fund balances - Subtract line 21 from line 20		44,448	15,226

Part II Signature Block

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: *Sandra E. Ahonen*
 Date: _____
 Type or print name and title: **Sandra E. Ahonen - treasurer**

Preparer's Use Only
 Preparer's signature: *Benny R. Smith*
 Date: **9/23/2010**
 Check if self-employed:
 Preparer's identifying number (see instructions): **P00815472**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **LIBERTY TAX SERVICE
922 JEFFCO BLVD., ARNOLD, MO 63010**
 EIN: **20 8980056**
 Phone no: **(636) 287-9200**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED APR 11 2016
DATE MAR 16 2016

RECEIVED
MAR 31 2016
RECEIVED
MAR 29 2016
OGDEN, UT.

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