



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2010

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)

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

A For the 2010 calendar year, or tax year beginning	July 1	, 2010, and ending	June 30	.20 11
B Check if applicable	C Name of organization FRATERNAL ORDER OF EAGLES 3678 AUXILIARY			D Employer identification number 31-0914924
<input type="checkbox"/> Address change	Doing Business As			E Telephone number 636-296-2062
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)			Room/suite
<input type="checkbox"/> Initial return	PO BOX 1128			
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4			
<input type="checkbox"/> Amended return	ARNOLD, MO 63010-7128			G Gross receipts \$ 88,714
<input type="checkbox"/> Application pending	F Name and address of principal officer JANICE STRUCK, 208 STILLBROOK EST DR, FENTON, MO 63026			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (8)	◀ (insert no)	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
J Website: ►				H(c) Group exemption number ►
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1976			M State of legal domicile MO

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 or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a) U 7 E 8	3	12	
4 Number of independent voting members of the governing body (Part VI, line 1b) U 7 E 5	4	12	
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) MAR 31 2016	5	0	
6 Total number of volunteers (estimate if necessary) MAR 31 2016	6	150	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 14	7b	0	
OGDEN			
8 Contributions and grants (Part VIII, line 1h)	4109	10,187	
9 Program service revenue (Part VIII, line 2g)			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,796	78,527	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,923	88,714	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,852	3,488	
14 Benefits paid to or for members (Part IX, column (A), line 4)	112		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25)			
17 Other expenses (Part IX, column (A), lines 11a-11c, 11f-24f)	7,630	67,088	
18 Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25)	35,594	70,576	
19 Revenue less expenses. Subtract line 18 from line 12	-17,671	18,138	
RECEIVED			
20 Total assets (Part X, line 16)	15,226	33,364	
21 Total liabilities (Part X, line 26)	0	0	
22 Net assets or fund balances. Subtract line 21 from line 20	15,226	33,364	

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	<i>Sandra Ahonen</i>	Date
	<i>Sandra Ahonen - Treasurer</i>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name John Brazeal	Preparer's signature <i>John Brazeal</i>	Date 8/3/11	Check <input type="checkbox"/> if self-employed	PTIN P00808138
	Firm's name ► LIBERTY TAX SERVICE			Firm's EIN ►	20-8980056
	Firm's address ► 922 JEFFCO BLVD, ARNOLD, MO 63010			Phone no	636-287-9200

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)