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Form 990

## Return of Organization Exempt From Income Tax

2010  
OMB No. 1545-0847  
2011  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue ServiceUnder 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 2011 calendar year, or tax year beginning		July 1, 2011, and ending	June 30, 2012
B Check if applicable		C Name of organization <b>FRATERNAL ORDER OF EAGLES 3678 AUXILIARY</b>	
<input type="checkbox"/> Address change		D Employer identification number <b>31-0914924</b>	
<input type="checkbox"/> Name change		E Telephone number <b>636-296-2062</b>	
<input type="checkbox"/> Initial return		F Gross receipts \$ <b>121,583</b>	
<input type="checkbox"/> Terminated		G	
<input type="checkbox"/> Amended return		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Application pending		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(8) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ►	
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 <b>1976</b>	M State of legal domicile <b>MO</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SOCIAL NETWORKING AND FUNDRAISING FOR CHARITY</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) <b>12</b>	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>12</b>	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) <b>0</b>	5	0
	6 Total number of volunteers (estimate if necessary) <b>MAR 31 2016</b>	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 24 <b>OGDEN</b>	7b	0
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) <b>10,187</b>		14,685	
9 Program service revenue (Part VIII, line 2g) <b>78,527</b>		106,898	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>88,714</b>		121,583	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>3,488</b>		29,398	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>67,088</b>		64,265	
	70,576	93,663	
	18,138	27,920	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0</b>	Beginning of Current Year	End of Year
	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>0</b>	33,364	61,284
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>0</b>	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e) <b>0</b>	33,364	61,284
b Total fundraising expenses (Part IX, column (D), line 25) <b>RECEIVED MAR 29 2016 IRS OGDEN, UT</b>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 14f-24e) <b>0</b>			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>0</b>			
19 Revenue less expenses. Subtract line 18 from line 12 <b>0</b>			
Net Assets or Fund Balances	20 Total assets (Part X, line 16) <b>0</b>		
	21 Total liabilities (Part X, line 26) <b>0</b>		
	22 Net assets or fund balances. Subtract line 21 from line 20 <b>0</b>		

## 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

*Sandra Ahonen*  
Signature of officer  
*Sandra Ahonen - treasurer*

Date

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name <b>John Brazeal</b>	Preparer's signature <i>John Brazeal</i>	Date, <b>10/17/2012</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00808138</b>
	Firm's name ► <b>LIBERTY TAX SERVICE</b>		Firm's EIN ► <b>20-8980056</b>		
	Firm's address ► <b>922 JEFFCO BLVD, ARNOLD, MO 63010</b>		Phone no. <b>636-287-9200</b>		

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 (2011)