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SCANNED APR 11 2016  
DATE MAR 13 2016

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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)

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

2010  
OMB No 1545-0047  
**2011**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2011 calendar year, or tax year beginning <b>July 1</b> , 2011, and ending <b>June 30</b> , 2012	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FRATERNAL ORDER OF EAGLES 3678 AUXILIARY</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 1128</b> City or town, state or country and ZIP + 4 <b>ARNOLD, MO 63010-7128</b>
<b>D</b> Employer identification number <b>31-0914924</b>	
<b>E</b> Telephone number <b>636-296-2062</b>	
<b>G</b> Gross receipts \$ <b>121,583</b>	
<b>F</b> Name and address of principal officer <b>JANICE STRUCK, 208 STILLBROOK EST DR, FENTON, MO 63026</b>	
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number	
<b>I</b> 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	
<b>J</b> Website: <b>ACCOUNTMANAGEMENT.ORG</b>	
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Year of formation <b>1976</b>	
<b>M</b> State of legal domicile <b>MO</b>	

Part I Summary	
<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SOCIAL NETWORKING AND FUNDRAISING FOR CHARITY</b>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 12
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 12
<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b> 0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 150
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0
<b>b</b> Net unrelated business taxable income from Form 990-E, line 15	<b>7b</b> 0
<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 10,187 Current Year: 14,685
<b>9</b> Program service revenue (Part VIII, line 2g)	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 78,527 Current Year: 106,898
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 88,714 Current Year: 121,583
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	Prior Year: 3,488 Current Year: 29,398
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f, 24e)	Prior Year: 67,088 Current Year: 64,265
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	Prior Year: 70,576 Current Year: 93,663
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	Prior Year: 18,138 Current Year: 27,920
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 33,364 End of Year: 61,284
<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year: 0 End of Year: 0
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year: 33,364 End of Year: 61,284

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.	
<b>Sign Here</b> Signature of officer: <i>Sandra Ahonen</i> Type or print name and title: <i>Sandra Ahonen - treasurer</i>	Date: _____
<b>Paid Preparer Use Only</b> Print/Type preparer's name: <i>John Brazeal</i> Preparer's signature: <i>John Brazeal</i> Date: <i>10/17/2012</i> Check <input type="checkbox"/> if self-employed Firm's name: <i>LIBERTY TAX SERVICE</i> Firm's EIN: <i>20-8980056</i> Firm's address: <i>922 JEFFCO BLVD, ARNOLD, MO 63010</i> Phone no: <i>636-287-9200</i>	PTIN: <i>P00808138</i>
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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