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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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012**Open to Public Inspection**

A For the 2012 calendar year, or tax year beginning June 1, 2012, and ending May 31, 2012	
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	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, town or post office, state, and ZIP code ARNOLD, MO 63010 D Employer identification number 31-0914924 E Telephone number 636-296-2062 G Gross receipts \$ 139,938 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ F Name and address of principal officer JANICE STRUCK, 208 STILLBROOK EST, FENTON, MO 63026 I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) () (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 1976 M State of legal domicile MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SOCIAL NETWORKING 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 VII, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VII, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2012 (Part VIII, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 1	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,685	23,222
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106,898	116,716
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,583	139,938
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	29,398	63,730
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	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–11d, 11f, and 12a)	64,265	60,851	
18 Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25)	93,663	124,581	
19 Revenue less expenses—subtract line 18 from line 12	27,920	15,357	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	61,284	76,641
	22 Net assets or fund balances—subtract line 21 from line 20	0	0

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 <i>Janice Struck</i>	Date			
	Type or print name and title <i>Janice Struck - Treasurer</i>				
Paid Preparer Use Only	Print/Type preparer's name JOHN BRAZEALE	Preparer's signature	Date	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** (2012)

Print pg. only.

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SCANNED APR 15 2016