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Return of Organization Exempt From Income Tax

1305
OMB No. 1545-0047
2012
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 2012 calendar year, or tax year beginning | June 1, 2012, and ending | May 31, 2012, 2013 |
| B Check if applicable | C Name of organization FRATERNAL ORDER OF EAGLES 3678 AUXILIARY | |
| <input type="checkbox"/> Address change | Doing Business As | |
| <input type="checkbox"/> Name change | Number and street (or P O box if mail is not delivered to street address) | |
| <input type="checkbox"/> Initial return | Room/suite | |
| <input type="checkbox"/> Terminated | E Telephone number | |
| <input type="checkbox"/> Amended return | 636-296-2062 | |
| <input type="checkbox"/> Application pending | G Gross receipts \$ 139,938 | |
| F Name and address of principal officer JANICE STRUCK, 208 STILLBROOK EST, FENTON, MO 63026 | | |
| 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 ► | | |
| 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 | | 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 | 12 |
| 3 Number of voting members of the governing body (Part VI, line 1a) | 4 | 12 | |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 5 | 0 | |
| 5 Total number of individuals employed in calendar year 2012 (Part VI, line 2a) | 6 | 150 | |
| 6 Total number of volunteers (estimate if necessary) ACCOUNT MANAGEMENT | 7a | 0 | |
| 7a Total unrelated business revenue from Part VIII, column (C) OGDEN | 7b | 0 | |
| b Net unrelated business taxable income from Form 990-T, line 34 | | | |
| 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-24b) | 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 |
| | | 61,284 | 76,641 |

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 | | Date |
| | Sandra A. Brazeal - Treasurer | | |
| Type or print name and title | | | |

| | | | | | |
|--|-----------------------------------|-------------------------|------|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | JOHN BRAZEAL | | | | 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)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

Front pg only.

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