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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 1 June , 2008, and ending MAY 31 , 2009

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Fraternal Order of Eagles #3204

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: 1061 Newtown Road

City or town, state or country, and ZIP + 4: VIRGINIA BEACH, VA 23462-1593

D Employer identification number: 23 7593163

E Telephone number: (757) 497-1876

F Group Exemption Number ▶ 0102

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶

J **Organization type** (check only one)— ☑ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	7,182.00
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☑			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 323,753.00		
	b	Less: direct expenses other than fundraising expenses	6b 243,599.61		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	80,153.39
	7a	Gross sales of inventory, less returns and allowances	7a 108,848.70		
	b	Less: cost of goods sold	7b 47,720.49		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	61,282.21
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	148,617.60
Expenses	10	Grants and similar amounts paid (attach schedule)		10	8,991.06
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	29,108.15
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	57,885.97
	15	Printing, publications, postage, and shipping		15	2,270.61
	16	Other expenses (describe ▶ _____)		16	33,433.43
	17	**Total expenses.** Add lines 10 through 16 ▶		17	131,868.16
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	16,748.44
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	658,187.40
	20	Other changes in net assets or fund balances (attach explanation) Mortgage Reduction		20	16,174.78
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	691,110.62

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	37,565.14	22	56,218.98
23	Land and buildings	763,300.00	23	763,300.00
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	800,865.14	25	819,518.98
26	**Total liabilities** (describe ▶ _____)	144,583.14	26	128,408.36
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	658,187.40	27	691,110.62

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? Domestic Fraternal Order

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 ____

(Grants $ ____) If this amount includes foreign grants, check here ▶ ☐ **28a**

29 ____

(Grants $ ____) If this amount includes foreign grants, check here ▶ ☐ **29a**

30 ____

(Grants $ ____) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (attach schedule)

(Grants $ ____) If this amount includes foreign grants, check here ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) ▶ **32**

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED SHEET				
SEE ATTACHED SHEETS W-2				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?		•
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		✓
b	Did the organization file **Form 1120-POL** for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ____ ; section 4912 ▶ ____ ; section 4955 ▶ ____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ ____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ ____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓

41 List the states with which a copy of this return is filed. ▶ VIRGINIA

42a The books are in care of ▶ DONALD BURCH, CAE, RIS Sec.) Telephone no. ▶ (757) 497-1826
Located at ▶ 1061 Newtown Rd., Virginia Beach, VA ZIP + 4 ▶ 23462-1593

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ ____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**		✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ ____		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 —

		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?		✓
b	If "Yes," was the related organization(s) a section 527 organization?		✓

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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.

Donald W. Burch — Signature of officer — JAN 8, 2010 — Date

DONALD W. BURCH AERIE SECRETARY — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶ ( )	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

ATTACHEMENT PART I LINE 10

HAMPTON ROADS VETERANS ASSOC.	$450.00
CRIME SOLVERS VA. BCH.	$35.00
CANCER	$100.00
OSCAR SMITH HIGHSCHOOL	$100.00
VA WILDLIFE OFFICE	$300.00
ST. JUDE	$100.00
INOVA HEALTH SYSTEM FOUNDATION	$300.00
FOODBANK OF VIRGINIA	$250.00
ALZHEIMERS	$1,292.00
KIDNEY FUBD	$1,168.00
CANCER FUND	$1,092.00
DIABETES	$2,100.00
HEART	$1,004.00
CHILD ABUSE FUND	$100.00
JIMMY DURANTEE CHILDRENS FUND	$100.00
EAGLE VILLAGE	$100.00
GOLDEN EAGLE FUND	$100.00
GRAND AERIE MEMORIAL FUND	$100.00
ANTI DRUG	$100.00
GRAND AERIE SPINAL INJURY Fund	$100.00
TOTAL	$8,991.00

Attachment Part I line 16

STATE SALES TAX	$5,254.76
FED/STATE/SS EMPLOYEE TAXES	$6,228.49
GRAND AERIE MEMBERSHIP FEES	$590.00
GRAND AERIE/STATE PERCAPITA TAXES	$1,950.75
LICENSES	$799.90
SUPPLIES (PAPER, PRINTER INK, ENVELOPES,ETC	$3,216.28
MISC. (BANDS, KAROKE, BOWLING TOURNEY, SPECIAL COMMITEES)	$15,393.25
TOTAL	$33,433.43

2009 – 2010 Aerie 3204 Virginia Beach Officers

Jr Past Worthy President	**Robert M Freitag**
713 Houdon Lane VA Beach, VA 23455-5805	
Worthy President	**William E. Singleton**
5008 Titian Lane VA Beach, VA 23455	
Worthy Vice-President	**Thomas L. Hamacher Sr.**
28 W. South Hampton Avenue Hampton, VA 23669	
Worthy Chaplain	**Michael J. Pooley**
780 Aragona Blvd VA Beach, VA 23455	
Worthy Secretary	**Donald W. Burch**
757 De Laura Lane VA Beach, VA 23455-5747	
Worthy Treasurer	**James F. Wynne**
4805 Longwillow Lane VA Beach, VA 23455	
Worthy Conductor	**Richard W. Henry**
720 Houdon Lane VA Beach, VA 23455	
Worthy Inside Guard	**Robert P. Fishwick**
1728 Volvo Parkway Chesapeake, VA 23320	
Worthy Trustee's	**Raymond L. Taylor**
239 Hill Prince Road VA Beach, VA 23462	
	Harry G. Butler
5625 Haden Road VA Beach, VA 23455-3120	
	Tom Sharpe
788 Stell Lane VA Beach, VA 23455-5835	
	David Steadman
5505 Aurora Drive VA Beach, VA 23455	
	Lloyd J. Gorski
815 Orville Avenue Chesapeake, VA 23324	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES #AERIE 3204

Employer identification number

23 7593163

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				( )
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue		262,365.06		262,365.00
Direct Expenses	2 Cash prizes		226,600.63		226,600.63
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		8664.04		8664.04
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(235,264.67)
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				27,100.33

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: Virginia			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	✓	
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		✓
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		✓
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		✓

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a 100 %		
b	An outside facility	13b Ø %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ EARL E. GIBSON			
	Address ▶ 612 PINE LAKE DRIVE, VIRGINIA BEACH, VA. 23462			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		✓
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .			
c	If "Yes," enter name and address:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶ EARL E. GIBSON			
	Gaming manager compensation ▶ $ 0.00			
	Description of services provided ▶			
	☒ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		✓
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

a Employee's social security number [redacted]	OMB No 1545-0008	This information is being furnished to the Internal Revenue Service If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
23-7593163	5603.04	536.00
c Employer's name, address, and ZIP code FRATERNAL ORDER OF EAGLES #3204 P.O.BOX 68158 VIRGINIA BEACH, VA 23471-8158	**3** Social security wages 5603.04	**4** Social security tax withheld 347.35
	5 Medicare wages and tips 5603.04	**6** Medicare tax withheld 78.23
	7 Social security tips	**8** Allocated tips
d Control number	**9** Advance EIC payment	**10** Dependent care benefits
e Employee's name, address, and ZIP code MARGO M BOSWORTH 612 PINE LAKE DRIVE VIRGINIA BEACH, VA 23462	**11** Nonqualified plans	**12a** See instructions for box 12 Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
VA	23-7593163	5603.04	201.00			

Form **W-2** **Wage and Tax Statement** **2009**

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

Safe, accurate, FAST! Use IRS e-file

a Employee's social security number [redacted]	OMB No 1545-0008	This information is being furnished to the Internal Revenue Service If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
23-7593163	4157.59	598.00
c Employer's name, address, and ZIP code FRATERNAL ORDER OF EAGLES #3204 P.O.BOX 68158 VIRGINIA BEACH, VA 23471-8158	**3** Social security wages 4157.59	**4** Social security tax withheld 260.68
	5 Medicare wages and tips 4157.59	**6** Medicare tax withheld 58.82
	7 Social security tips	**8** Allocated tips
d Control number	**9** Advance EIC payment	**10** Dependent care benefits
e Employee's name, address, and ZIP code THERESA A HART 1042 GRAND OAK LANE VIRGINIA BEACH, VA 23455	**11** Nonqualified plans	**12a** See instructions for box 12 Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
VA	23-7593163	4157.59	174.00			

Form **W-2** **Wage and Tax Statement** **2009**

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

Safe, accurate, FAST! Use IRS e-file

LW2EEC

a Employee's social security number [redacted]	OMB No 1545-0008	This information is being furnished to the Internal Revenue Service If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
23-7593163	2168.05	147.00
c Employer's name, address, and ZIP code FRATERNAL ORDER OF EAGLES #3204 P.O.BOX 68158 VIRGINIA BEACH, VA 23471-8158	**3** Social security wages 2168.05	**4** Social security tax withheld 129.25
	5 Medicare wages and tips 2168.05	**6** Medicare tax withheld 29.62
	7 Social security tips	**8** Allocated tips
d Control number	**9** Advance EIC payment	**10** Dependent care benefits
e Employee's name, address, and ZIP code RONALD D JOHNSON 5532 RUTLEDGE ROAD VIRGINIA BEACH, VA 23464	**11** Nonqualified plans	**12a** See instructions for box 12 Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
VA	23-7593163	2168.05	98.00			

Form W-2 Wage and Tax Statement 2009

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

Safe, accurate, FAST! Use IRS e-file

a Employee's social security number [redacted]	OMB No 1545-0008	This information is being furnished to the Internal Revenue Service If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
23-7593163	3118.03	140.00
c Employer's name, address, and ZIP code FRATERNAL ORDER OF EAGLES #3204 P.O.BOX 68158 VIRGINIA BEACH, VA 23471-8158	**3** Social security wages 3118.03	**4** Social security tax withheld 193.27
	5 Medicare wages and tips 3118.03	**6** Medicare tax withheld 43.28
	7 Social security tips	**8** Allocated tips
d Control number	**9** Advance EIC payment	**10** Dependent care benefits
e Employee's name, address, and ZIP code ORA B MCLAWHORN 5513 IOWA AVENUE NORFOLK, VA 23513	**11** Nonqualified plans	**12a** See instructions for box 12 Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
VA	23-7593163	3118.03	81.00			

Form W-2 Wage and Tax Statement 2009

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

Safe, accurate, FAST! Use IRS e-file

LW2EEC

	a Employee's social security number [redacted]	OMB No 1545-0008	This information is being furnished to the Internal Revenue Service If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it
b Employer identification number (EIN) 23-7593163		1 Wages, tips, other compensation 10386.25	2 Federal income tax withheld 1201.00
c Employer's name, address, and ZIP code FRATERNAL ORDER OF EAGLES #3204 P.O.BOX 68158 VIRGINIA BEACH, VA 23471-8158		3 Social security wages 10386.25	4 Social security tax withheld 643.14
		5 Medicare wages and tips 10386.25	6 Medicare tax withheld 145.37
		7 Social security tips	8 Allocated tips
d Control number		9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, and ZIP code VICTORIA L WILLIAMS-TRACY 111 HOLLAND DRIVE VIRGINIA BEACH, VA 23462		11 Nonqualified plans	12a See instructions for box 12 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
VA	23-7593163	10386.25	502.00			

Form **W-2** **Wage and Tax Statement** **2009**

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

Safe, accurate, FAST! Use IRS e-file

	a Employee's social security number [redacted]	OMB No 1545-0008	This information is being furnished to the Internal Revenue Service If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it
b Employer identification number (EIN) 23-7593163		1 Wages, tips, other compensation 1892.70	2 Federal income tax withheld 40.00
c Employer's name, address, and ZIP code FRATERNAL ORDER OF EAGLES #3204 P.O.BOX 68158 VIRGINIA BEACH, VA 23471-8158		3 Social security wages 1892.70	4 Social security tax withheld 117.35
		5 Medicare wages and tips 1892.70	6 Medicare tax withheld 27.43
		7 Social security tips	8 Allocated tips
d Control number		9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, and ZIP code DONALD W BURCH 757 DE LAURA LANE VIRGINIA BEACH, VA 23455-5747		11 Nonqualified plans	12a See instructions for box 12 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
VA	23-7593163	1892.70	24.00			

Form **W-2** **Wage and Tax Statement** **2009**

Department of the Treasury—Internal Revenue Service

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LW2EEC

	a Employee's social security number [redacted]	OMB No 1545-0008	This information is being furnished to the Internal Revenue Service If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it
b Employer identification number (EIN) 23-7593163		1 Wages, tips, other compensation 756.50	2 Federal income tax withheld 50.00
c Employer's name, address, and ZIP code FRATERNAL ORDER OF EAGLES #3204 P.O.BOX 68158 VIRGINIA BEACH, VA 23471-8158		3 Social security wages 756.50	4 Social security tax withheld 46.90
		5 Medicare wages and tips 756.50	6 Medicare tax withheld 10.97
		7 Social security tips	8 Allocated tips
d Control number		9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, and ZIP code CRYSTAL A ROE 3831 DARE CIRCLE NORFOLK, VA 23513		11 Nonqualified plans	12a See instructions for box 12 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
VA	23-7593163	756.50	22.00			

Form **W-2** **Wage and Tax Statement** **2009**

Department of the Treasury—Internal Revenue Service

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	a Employee's social security number	OMB No 1545-0008	This information is being furnished to the Internal Revenue Service If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
d Control number		9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, and ZIP code		11 Nonqualified plans	12a See instructions for box 12 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2** **Wage and Tax Statement** **2009**

Department of the Treasury—Internal Revenue Service

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