### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

		le service   ► Information about Form 990 and its instructions is at www.i				mapect	VII.						
<u>A</u> _	For the	2016 calendar year, or tax year beginning June 1 , 2016, and end	ing	May 31		20 17							
В	Check if a	applicable C Name of organization Fraternal Order of Eagles, Aerie 3204		DE	mployer ide	entification nu	mber						
	Address	change Doing business as Virginia Beach Aerie 3204			23	7593163							
	Name ch	ange Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Te	elephone nu	mber							
	Initial retu				757	-497-1876							
	Final return	Uterminated City or town, state or province, country, and ZIP or foreign postal code		ı									
	Amended	return Virginia Beach, VA 23462		<b>G</b> G	ross receipt	s \$							
	Application	on pending F Name and address of principal officer	H(a) is ti	his a group re	eturn for subord	ınates? 🔲 Yes	☐ No						
		Norman T. Patton 1361 Oceana Blvd, Virginia Beach, VA 23454-5508	H(b) A	re all subo	rdinates incli	ided? 🗌 Yes	□ No						
	Tax-exem	npt status		If "No," a	ttach a list	(see instruction	ıs)						
J	Website:	<b>&gt;</b>	H(c) G	iroup exer	nption numi	oer ▶							
K	Form of or	rganization:   Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation: 1	964 M	State of le	gal domicile:	VA_						
P	art I	Summary											
	1	Briefly describe the organization's mission or most significant activities:											
8		The Fraternal Order of Eagles unites fraternally to better the communities where w	e live and i	improve	the lives	of its people	).						
Activities & Governance		We are People Helping People											
le.	2	Check this box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more	than 25	% of its n	et assets.							
Ó	3	Number of voting members of the governing body (Part VI, line 1a)		1	3		228						
۵ğ	4	Number of independent voting members of the governing body (Part VI, line 1)	o)	[	4		228						
tles	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		[	5		11						
₹		Total number of volunteers (estimate if necessary)		[	6		_ 20						
Ac		Total unrelated business revenue from Part VIII, column (C), line 12	_	[	7a		0						
	!	Net unrelated business taxable income from Form 990-T, line 34			7b		0						
			Pri	or Year		Current Ye	ar						
Revenue	8	Contributions and grants (Part VIII, line 1h)	1372	29.00		9418.00							
	,	Program service revenue (Part VIII, line 2g)			0		0						
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1 3		0	··	0						
ď	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2017.	13281	14.51	17	72536.16							
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		146543.51			81954.16						
		Grants and similar amounts paid (Part IX, column (A), lines 1,3).		7604.00		<del>_</del> _	7573.00						
		Benefits paid to or for members (Part IX, column (A), line 4)	<del></del>		0		0						
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		416	13.90		36551.76						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0		0						
Þ	1	Total fundraising expenses (Part IX, column (D), line 25) ▶		100		71417							
Д		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	400 36 30 6 50 6 70 80	10752	25 52	COMPANY OF STREET	90370.16						
		Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1574			34495.15						
		Revenue less expenses, Subtract line 18 from line 12	<b>—</b>	(1090			47459.01						
- 8			Beginning			End of Yea							
anc an	20	Fotal assets (Part X, line 16)		92548	20 21	101	60939.22						
Ass	21	Fotal liabilities (Part X, line 26)	<b></b>	<u> </u>	0		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		92548	80 21	100	60939.22						
	rt II	Signature Block	<del></del>	3234	30.21		10333.LL						
_		les of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and	to the be	est of my kn	owledge and	helief it is						
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any k	nowledge	).	oego w.o	55.15.1, 11.15						
· <del>}</del>		1 Phone of 1		T		·	<del>_</del>						
Sig	n	Signature of officer		Date									
He	re	WIRTHY PRESIDENT											
45	Ì	Type or print name and title											
Pa		<u></u>	Date	T:		PTIN							
			_		heck [_] if elf-employe	ŀ							
	parer	1				<u> </u>							
US	e Only	Firm's address		Firm's E									
May	the IR	6 discuss this return with the preparer shown above? (see instructions)		Phone n	U	· VYes	No						
=	D		<del></del>	<del>· · · ·</del>	<del></del>	· (*) 168	20 :						

Párt		Statement of Program Service Accompl			
1		Check if Schedule O contains a response	or note to any line in this Part III	_ <del></del>	<u>. Ц</u>
ı		/ describe the organization's mission: raternal Order of Eagles unites fraternally to be	ttor the communities and to improve	the lives of its people	
		e people helping people.			
		e people neibing people.			
2		ne organization undertake any significant pro Form 990 or 990-EZ?			☑No
		s," describe these new services on Schedule			
3	Did t	he organization cease conducting, or makes?	te significant changes in how it	conducts, any program	☑ No
	If "Ye	s," describe these changes on Schedule O.			
4		ibe the organization's program service acco			
		ses. Section 501(c)(3) and 501(c)(4) organiz		amount of grants and allocations to	others,
	the to	tal expenses, and revenue, if any, for each p	rogram service reported.		
				<del></del>	<del></del>
4a	(Code	e:) (Expenses \$ir	ncluding grants of \$	) (Revenue \$	.)
			***************************************		
4b	(Code	:) (Expenses \$ir	ocluding grants of \$	) (Revenue \$	<del></del>
	(				
	-+				
4c	(Code	:i (Expenses \$ir	ncluding grants of \$	) (Revenue \$	()
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
		~==-7==-4=17=			
			•		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
A -1	Oth -	Transfer Control (December 19 Cohe de 19 Coh			
4d		program services (Describe in Schedule O.) uses \$ including grants of \$	\	•	
4e	<del></del>	nses \$ including grants of \$ program service expenses ▶	) (Revenue \$		
		3 3. · · · · · · · · · · · · · · · · · ·			

**Checklist of Required Schedules** 

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	WATER OFFICE PROPERTY.
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundacing business investment and program continues extinities putaids the United States or appropriate	]		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III			-
		19 For	n 990	(2016)
				(-0,0)

Part	V Checklist of Required Schedules (continued)			
		]	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		     <b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>▼</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>·</u> ✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>√</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u>·</u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>▼</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		1
			990	(2016)

Form **990** (2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No
12	Enter the number reported in Pay 2 of Form 1006 Enter 0 if not applicable	Sake 7	165	B-7(3)
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	1 m	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			d 10
·	reportable gaming (gambling) winnings to prize winners?	1c	Chili.E.	drakt.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	\$ \S	1 3 1 m	18 20 F.
20	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7.7
<b>L</b>	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]	2h		200 ME
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
За	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	24-1-27	118	1
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	<del>                                     </del>	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	SD	<b>  </b>	<u> </u>
<b>4a</b> .	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_		1
_	·	4a	स्ट्रिक अस्ट्र	14 05 12 12 1
p	If "Yes," enter the name of the foreign country:		7.5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1		
<b>-</b> -	(FBAR).	Name of	E# 1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b>├</b> ──┤	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del> </del>	7
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del> </del>	<b>  ~</b>
Va				,
<b>h</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	G.		,
7	gifts were not tax deductible?	6b	38.79%	42.7.74.84 A
7	Organizations that may receive deductible contributions under section 170(c).	1000		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	1337 ·	10.36	
_		7a	<b></b>	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del> </del> -	<b>-</b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	-	l l	,
	· ·	7c	1848 - 30	<b>∀</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		30 1 2 2 2 2
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<b> </b>	1
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>V</b>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	├	\ <u>\</u>
۳''	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	7h	16 TO 18 19	18 55 55
0		1		1
•	sponsoring organization have excess business holdings at any time during the year?	8	7 4 5 5 5 T	
9	Sponsoring organizations maintaining donor advised funds.	13	THE STATE OF	1 W. W.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	<del> </del>	\ <u>\</u>
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9D	153 EM	V
10				
a	Initiation fees and capital contributions included on Part VIII, line 12		17.79	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		100	4
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	1		# 72 T
a b	Gross income from members or shareholders			17.2
-		1	100	1
100	against amounts due or received from them.)	420	مضتكا	1
12a b		12a	<del> </del>	V
	<u> </u>	1.3	Sec.	1.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- Carl	ri	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	<b>↓</b> <del>*</del>
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	1 to 1		)° (1.3-1)
b	the constants to Personal Astronomy 200 at the 100 miles	1 3.	, "	22.
_		W. W. W.	18.3	133
C	L <u>'2' 1,</u>	12 05 24	18/60 19	1 7
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del></del>	<b>✓</b>
U	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	I

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Sect	on A. Governing Body and Management			
		France	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		7
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7a	Did the organization have members or stockholders?	6	✓	
ь	one or more members of the governing body?	7a	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b	✓.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	- 1	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a	<b>✓</b>	
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<b>√</b>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>√</b> 250 30	<b>শৃশ্বভূতি করে</b>
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		<b>√</b>
13	Did the organization have a written whistleblower policy?	13		<del></del>
14	Did the organization have a written document retention and destruction policy?	14	1	<del>'</del>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		<b>✓</b>
b	Other officers or key employees of the organization	15b		✓_
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a 16b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ Virginia  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	Own website	erest	policy	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	:▶	
	Donald W. Burch, 757 DE LAURA LANE, Virginia Beach, VA 23455			
		For	n <b>990</b>	(2016)

-om		

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any relate	d orga	aniz			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	untes	Pos neck is pe d a d	rson	e than out to the state of the	an ee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	<b>(F)</b> Estimated amount of other
<u> </u>	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Norman T. Patton										
Worthy President		ĺ	•		1	ĺ	ĺ	ĺ	0	o
(2) William E. Singleton	<del></del> -				<del>                                     </del>	<u> </u>	-			
Worthy Vice-President		ĺ			1	l	1	0	٥	o
(3) Johnathan Epstien		<u> </u>			Ť	_	t	<u> </u>		
Worthy Chaplain					1	[		\ o	o	o
(4) Thomas Sharpe		<del></del>			_	<u></u>	<u> </u>		1	
Worthy Treasurer		1			1	}	1	) o	0	0
(5) William Singleton						l ——	_	† <u>-</u>		
Worthy Secretary		1		ł	1			3889.50	0	o
(6) Kristina Hill						•				
Employee				l i		✓	l	960.40	0	o
(7) Pat Cieslik										
Employee						1	ļ	8026.38	lo	o
(8) Margo Bosworth										
Employee		1				1	l	2810.51	o	o
(9) Tracey Maio										<u>*</u>
Employee						1		1083.25	0	0
(10) Nicole Johnson										
Employee		}		ŀ		1		2829.75	o	o
(11) Theresa Hart										
Employee						✓		3962.03	o	o
(12) Blanche McLawhorn										
Employee		1				1		728.13	0	o
(13) Crystal Roe										
Employee			}			✓		995.75	0	0
(14) Michael Boyce										
Employee	T	}		1	1	✓	Ì	2789.75	0	o

rai	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, i office or directo	ot ch unles	Posi eck s per i a di	ition more	and the state of t	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation related organization (W-2/1099-Mi	from	(F) Estimated amount of other compensation from the organization and related organizations	_
		(ine)	stee	rustee	j	đ	pensated					Urganizations	_
Inside	on Dick Guard				1				О		0		0
(17)			}						}				
(18)													_
(19)			ļ					-		<del></del>			_
(20)					-			-					
								<u> </u>					_
												··· <u> </u>	_
(23)			-					-					_
			<b>_</b>										_
(25)			_					-				<del></del>	_
		<u></u>						L_					
1b c d	Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Sectio	n A				•	<b>A A</b>	\$28,075.45 \$28,075.45		0		000
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	ho received m	ore than \$10	0,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete:							emp		nest compen	sated	Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual												内部
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi	 vidual 	L	题
	on B. Independent Contractors												_
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	iress				-			(B) Description of s	ervices		(C) Compensation	_
													<u>-</u> -
								F					_
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who	147.84.		

Form **990** (2016)

Part VIII		Statement of Revenue											
		Check if Schedule C	contains	a resp	oonse or note to	any line in this		<u> </u>	🗸				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
ts ts	1a	Federated campaigns	S	1a									
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues .		1b	3975.00		La Carthan Can Cath						
و کی	С	Fundraising events .		1c	5443.00								
i i	d	Related organizations		1d					N. A. S.				
s, G	е	Government grants (con		1e	<del></del>								
io Si	f	All other contributions, g			<del></del>				The second second				
but		and similar amounts not inc		1f		The state of the s	1 2 3						
₹ 2	a	Noncash contributions include	ded in lines 1a		·	10 mg 1 mg							
a S	h	Total. Add lines 1a-1			>	9418.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
			· <del></del>		Business Code		A James Correction	State A.	* * * * * * * * * * * * * * * * * * *				
Program Service Revenue	2a				<del></del>	2.00	31	A ST.					
æ	ь				<del> </del>								
<u>5</u>	C	**					<del></del>	<del></del>					
ē	d				<del></del>			·	··				
E	e					<del></del>	<del></del>						
gra	f	All other program sen	vice revenu										
Po	g	Total. Add lines 2a-2			. •		Carrier Section	The state of the s					
	3	Investment income		divide	ends, interest.		The said of the beat had a second	C.D. (Car Complete , 1976), 1970	ANTI-LINES STATES STEEN				
	}	and other similar amo			🗲								
	4	Income from investmen	t of tax-exer	not bo	ond proceeds▶			<del></del>					
	5	Royalties							<u> </u>				
			(i) Real	<u> </u>	(ii) Personal	ST TOP OF THE ST	THE OWNER.						
	6a	Gross rents	166	49.00		<b>"我们是我们的</b>							
	b	Less: rental expenses		50.00			A STATE OF THE STA	manifestary and the state of the state of					
	C	Rental income or (loss)		99.00		A STATE OF THE STA							
	d	Net rental income or		33.00	<b>•</b>	13299.00	5 S. T. 16	Land Control of the C					
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other	54 B 44 F		CONTRACTOR OF THE PARTY OF THE					
		assets other than inventory					The state of the state of	The state of the s	The same of the sa				
	ь	Less: cost or other basis											
		and sales expenses .	Ì										
	С	Gain or (loss)			-	Contract of							
	d	Net gain or (loss) .				2 12 12 12 12 12 12 12 12 12 12 12 12 12	- 4 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 100 13 - 35 20 134 36 30	de la constitución de la constit				
,				`	<u> </u>	Land Habit I'm Hardelle	F 医可以中央	THE PROPERTY AND ADDRESS OF THE PARTY OF THE					
ne	8a	Gross income from fu	ındraising			art The L.							
len/		events (not including \$	J					Restaurant in					
ے ا		of contributions reporte	ed on line 1	c).		Mary San Ser	1						
-i						The state of the state of	1 - 41 - 4 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6		A STATE OF THE STA				
Other Revenue	ь	Less: direct expenses	3	. b		B. C. L. S. C.							
0	С	Net income or (loss) f		isina	events . ►	Thirt de la laction de laction de la laction de la laction de laction de la laction de laction de la laction de la laction de lac		Marie Tracks of the Control of the C					
	9a	Gross income from ga				Transfer To a Care	10 197 10 1 16 - 72 1	Secretary of the second	CONTRACTOR STATE				
					861994.00	Man Section of the Same		المراجعة الم					
	b	Less: direct expenses	S	. b	757621.30	1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
	С	Net income or (loss) f		g acti		104372.70			196 Address A. D. C. and C. an				
	10a	Gross sales of in	_	-		G. San Carrier	353850	TRUESSON	MET AND THE REAL PROPERTY.				
		returns and allowance		· a	96414.39		The state of the s						
	b	Less: cost of goods s	old	. b	41549.93	1737 600	<b>经</b> 等。2006年		The state of the state of the				
	C	Net income or (loss) for				54864.46	Maria de la description de la constitución de la co	10 12 12 12 12 12 12 12 12 12 12 12 12 12	The Atlanta de La Contraction				
	<del></del>	Miscellaneous R			Business Code		18 TO BOAR BAR	TO COME AND	The state of the s				
	11a					The Table Co	20 C C C C C C C C C C C C C C C C C C C	1. M. 30. 110. 3 M. 10. 10.					
	b						<del> </del>						
	C												
	d	All other revenue .					<u> </u>						
	e	Total. Add lines 11a-	11d .	·			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s				
	12	Total revenue. See in			•	191054.16			A AN AGENT TO THE GET THE PARTY AND THE				

	90 (2016)				Page IU
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7573.00		general expenses	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			LA ASSESSMENT OF THE PARTY OF T	In the first of the second sec
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	28075.45			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	8476.31			
11 a	Fees for services (non-employees):  Management				_
- b	Legal	25.00			
d e	Lobbying				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1666.48			
13	Office expenses	8380.23		L	
14	Information technology			<u> </u>	
15	Royalties				
16	Occupancy	38032.46			
17 18	Travel				
19 20	Conferences, conventions, and meetings .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	8627.00	<del></del>	<b>_</b>	<del>                                     </del>
24	Other expenses. Itemize expenses not covered	9027.00		PERSONAL PROPERTY OF THE PARTY	PRINCE AND A SECTION OF THE SECTION
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Sales tax	7210.77	E. St. ST. N. THENCE, ST. Mr. IV. SPING.	A dis followed extraction (in all it is no division. "May take Hostings", on	Michael St. Mr. S. S. S. S. C. Addition Co. S. S. S. S.
b	Building Repair and Maintenance	22807.32			
C					
ď	Miscellaneous	3621.13			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	134495.15		<b> </b>	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

Form 990 (2016) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1 Cash—non-interest-bearing 67707.20 . . . . . . . . . . 102975.91 2 2 Savings and temporary cash investments . . . . . . 13772.01 25963.31 3 3 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 7 Inventories for sale or use . . . . . . 8 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 932000.00 10b Less: accumulated depreciation . . . . 844000.00 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 . . . . . 12 12 13 Investments—program-related. See Part IV, line 11 . . . 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 92548,21 1060939.22 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 O Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . .

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29

30

31

32

33

Net Assets

Temporarily restricted net assets . . . . . . . . . . .

complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . .

Total liabilities and net assets/fund balances .

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

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1060939.22

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0 34

925480.21

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1819	54.16
2	Total expenses (must equal Part IX, column (A), line 25)	2		1344	95.15
3	Revenue less expenses. Subtract line 2 from line 1	3		474	59.01
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9254	80.21
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		880	00.00
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		10609	39.22
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · ·	<del></del>	
	<u>_</u>		For the St. of	Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in			
	Schedule O.			A REP	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	PAS ARRIVE	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	AND STREET	1-5969:403
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	o on a			
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
С	of the audit, review, or compilation of its financial statements and selection of an independent account		i i		,
	If the organization changed either its oversight process or selection process during the tax year, ex		2c	SCLINDER.	<u>₩₩₩₩₩</u>
	Schedule O.	piain in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	2.32.5520	GENEL.	(ESAL, MESA)
_	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			<del></del>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at		3ь	l	
-			Form	990	(2016)

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 23-7593163 -Fraternal Order of Eagles, Virginia Beach Aerie 3204 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

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_	aue	-

Par								
3	Using the organization's acquisition, collection items (check all that apply):		her reco	ds, chec	k any of the	e follow	ving that are a si	gnificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	rams	
ь	☐ Scholarly research		e	☐ Other	r			
Ç	☐ Preservation for future generations	\$						
4	Provide a description of the organizat XIII.	tion's collections a	and expla	ain how t	hey further	the org	anization's exem	pt purpose in Part
5	During the year, did the organization							
	assets to be sold to raise funds rather		ained as p	part of the	e organizati	on's co	llection?	☐ Yes ☐ No
Par		•	» <del>-</del>		5 t. 13 / 15	0		
	Complete if the organization	answered "Yes	on For	m 990, i	art IV, Ilne	9, or	reported an am	ount on Form
10	990, Part X, line 21.  Is the organization an agent, trustee,	austadian ar ath	or intern	adion, fo	or contribut	ione or	other genete no	
Ia	included on Form 990, Part X?							Yes 🗌 No
b	If "Yes," explain the arrangement in Pa							csc
_		and our pro	010 11,0 10		<b></b>	[	Ar	mount
С	Beginning balance					1c	1	<del></del>
d	Additions during the year					1d	<del></del>	
е	Distributions during the year					1e		
f	Ending balance					1f	<del></del>	<del></del>
2a	Did the organization include an amoun					ustodial	account liability	? Tyes No
b	If "Yes," explain the arrangement in Pa							
	t V Endowment Funds.			<del>-</del>		<u></u>		
	Complete if the organization	answered "Yes	" on For	m 990, f	Part IV, line	e 10.	_	-
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses				t			
g	End of year balance							
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1d	, column (a	)) held a	as:	
а	Board designated or quasi-endowmer	nt ▶	%	•	•			
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
3a	Are there endowment funds not in the	e possession of th	ne organi	zation the	at are held	and adi	ministered for th	е
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of							3b
4	Describe in Part XIII the intended uses		on's endo	wment f	unds.			
Part								
	Complete if the organization	answered "Yes	on For	m 990, I	Part IV, line	e 11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or of (investm		, , <i>,</i>	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land						APPELLATE.	556400.00
b	Buildings							375600.00
C	Leasehold improvements							0.00
d	Equipment							0.00
_е	Other	·						0.00
Total	Add lines 1a through 1e (Column (d) n	nust equal Form 9	On Part	Column	(R) line 10	)c		932000 00

Part VII	Investments—Other Securities			444 0 5	000 D 4 V III 4 D
	Complete if the organization ansi				
	(a) Description of security or category (including name of security)	•	(b) Book value	, , ,	hod of valuation. -of-year market value
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other	· · · · · · · · · · · · · · · · · · ·				
(A)					
(B)	h				
(C)					
(D)					
(E)		+			
(F)				<del> </del>	
(G)			<del>                                     </del>	<del></del>	
(H)				<del> </del>	<del></del>
Total, (Column (b	) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related	i.	L		7. A. C.
	Complete if the organization ans		rm 990. Part IV. lir	ne 11c. See Form	990. Part X. line 13.
	(a) Description of investment	100 01110	(b) Book value		thod of valuation:
	(a) bossiphen er mossanern		(b) Book value		-of-year market value
(1)	<del></del>		<del></del>	<del> </del>	
(2)	<del></del>	<del></del>		<del> </del>	<del></del>
		<del></del>	<del> </del>	<del> </del>	<del></del>
(3)				<del> </del>	<del></del>
(4)		<del></del>		<del> </del>	<del></del>
(5)				<del></del>	<del></del>
(6)		<del></del>		<del> </del>	<del></del>
(7)		<del></del>		<del> </del>	
(8)		<del></del>	<u> </u>	<b>-</b>	<del> </del>
(9)	) must equal Form 990, Part X, col. (B) line 13.)	<del></del>	<del> </del>	VICTOR STATE	
Part IX	Other Assets.	<del></del>	L		
raitiA	Complete if the organization ans	wored "Vee" on Ea		o 11d Coo Form	000 Port V line 15
	·	n) Description	ili 990, Fait IV, III	ie Tru. See Form	(b) Book value
(4)	· · · · · · · · · · · · · · · · · · ·	n Description	<del></del>		(b) Book value
(1)		<del></del>		<del></del>	<del></del>
(2)					
(3)					
(4)	<del></del>				
_(5)			<del></del>		
(6)					
					<u> </u>
(8)	<del></del>				
(9)	(1) - 15 - 150 B 1 V	1 (2) 1' 45 )			
	nn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u> </u>	<u> </u>	L
Part X	Other Liabilities.				
	Complete if the organization answers	wered "Yes" on Fo	rm 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X,
	line 25.	,			
1.	(a) Description of liability	(b) Book value			
(1) Federal inc	come taxes				
(2)		L			
(3)					
(4)	•				
(5)					
(6)				DESCRIPTION OF THE PARTY OF THE	
(7)					
(8)					A STATE OF THE STA
(9)					
	must equal Form 990, Part X, col. (B) line 25.) ▶				
	uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to the organization	n's financial stateme	ents that reports the
organization's	liability for uncertain tax positions under	FIN 48 (ASC 740). Che	eck here if the text of	the footnote has bee	en provided in Part XIII

Par	Complete if the organization answered "Yes" on Form 99		<del>-</del>
	Total revenue, gains, and other support per audited financial statemen		<b>1</b>
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ii.	977
	Net unrealized gains (losses) on investments	1001	1. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
a	Donated services and use of facilities		
b	Recoveries of prior year grants		
C	Other (Describe in Part XIII.)	<del></del>	
d e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		No.2
a	Investment expenses not included on Form 990, Part VIII, line 7b.	. 4a	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,		
	XII Reconciliation of Expenses per Audited Financial Sta		
· ar	Complete if the organization answered "Yes" on Form 99		•
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	.   2a	
b	Prior year adjustments	·	
С	Other losses	<del></del>	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	l, line 18.)	5
	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		
2; Parl	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	part to provide any	additional information.
<b>-</b>			
·			
			· · · · · · · · · · · · · · · · · · ·
		<b></b> -	

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Depart	ment of the Treasury			ttach to Form			ì	Open to Public
	Revenue Service	► Information at	out Schedule G (Fo	ırm 990 or 990	O-EZ) and its	instructions is at ww		Inspection
	of the organization						Employer identifi	
	Fraternal Order of Eagles, Virginia Beach Aerie 3204  23-7593163  Port III Fundamining Activities Complete if the approximation annual "Voc" on Form 900 Part IV line 17							
Par	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.							
	Form 990-EZ filers are not required to complete this part.							
-	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
_	a ☐ Mail solicitations e ☐ Solicitation of non-government grants b ☐ Internet and email solicitations f ☐ Solicitation of government grants							
b			ns	f L		-	-	
C	Phone soli			g L	J Special i	fundraising event	S	
d	In-person s				ما المالية المالية المالية	land Graduudina aff		
2a							icers, directors, trus fundraising services	
<b>h</b>				=		•	-	
ь		at least \$5,000 by			uraisers) pu	irsuant to agreen	nents under which tr	ne fundraiser is to be
				fiin Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and addre or entity (fun		(ii) Activity	custody o	r control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
	<del>"</del>			Yes	No			
1		•						
2	<del> </del>	<del></del>						
3	<del></del>	<del></del>		<del> </del>		-		
4	<del></del>	<del></del>			ļ			<del> </del>
-5		<del></del>		<del> </del>				
6	<del></del>	<del></del>						ļ
7	<del></del>	<del></del>						
8								
9								
10	<del></del>				<u> </u>			
		····	L	<u></u>	L		<del></del>	
Total	<u> </u>		<del></del>	<del></del>	<u> </u>	<u> </u>		<del></del>
3	registration or		nization is regis	tered or lic	ensed to s	olicit contribution	ns or has been notifi	ed it is exempt from
			***************************************					

Schedule G (Form 990 or 990-EZ) 2016

Pá	irt II	Fundraising Events. Cor				
		than \$15,000 of fundraising gross receipts greater that		and gross income on	Form 990-EZ, lines 1 a	nd 6b. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Dinner	Fish Fry	10	(add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	846.00	417.00	5828.00	7091.00
	2	Less: Contributions				
	3	Gross income (line 1 minus				
	<u> </u>	line 2)	846.00	417.00	5828.00	7091.00
	4	Cash prizes				1648.00
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ž Š	7	Food and beverages				
Öğ	8	Entertainment				
	9	Other direct expenses .				
	10	Direct expense summary. Ac				1648.00
	11	Net income summary. Subtra				5443.00
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answei 90-EZ, line 6a.	red "Yes" on Form 99	00, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue		861994.00		861994.00
ses	2	Cash prizes		669305.80		669305.80
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .		88315.50		88315.50
_	<del></del>		☐ Yes %	✓ Yes 100 %	☐ Yes %	00313:30
	6	Volunteer labor	□ No	□ No	No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		757621.30
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	<u> ▶ </u>	104372.70
9	Ent	ter the state(s) in which the or	ganization conducts ga	ming activities: Virginia	1	
	a Ist	the organization licensed to co	onduct gaming activities	s in each of these states		🗹 Yes 🗌 No
10:		ere any of the organization's g	aming licenses revoked	I, suspended, or termina	ated during the tax year	? .
1	o If "	Yes," explain:				

Schedu	ule G (Form 990 or 990-EZ) 2016 Page <b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ► Kathryn M. Pooley
	Address ► 780 Aragona Blvd, Virginia Beach, VA 23455
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ lf "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ► Kathryn M. Pooley
	Gaming manager compensation ► \$0
	Description of services provided ► Keeps records of receipts and disbursements
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
<b></b>	

Schedule G (Form 990 or 990-EZ) 2016

# **SCHEDULE 1** (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Fraternal Order of Eagles, Virinia Beach Aerie 3204

OMB No. 1545-0047	2016	
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Open to Public Inspection

**Employer identification number** 

23-7593163

°N □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance □ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 2745.75 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)8 20-2479590 (p) EIN 1 (a) Name and address of organization (1) Grand Aerie, Fraternal Order of or government Eagles, Grove City, Ohio (2) Part 1 Part II N € ල 9 **©** 9 5 9

Schedule I (Form 990) (2016)

Cat No. 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III Part IV N က Ŋ 9

Schedule I (Form 990) (2016)

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer identification number
Fraternal Order of Eagles, Virginia Beach Aerie 3204	23-7593163
Part V Line 3b-501(c)8 Not Required	
Part VI Line 6 Fraternal Order Members	
Part VI Line 7a All Members Elect Officers	
Part VI Line 7b All items are approved by Members	
rait vi Line /b Ai) keins are approved by Members	
Part VI Line 19 All documents are available for review	
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Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization	Employer identification number
<del>* *** * *** *** *** ** ** ** ** ** ** *</del>	
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