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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 \$500,000 and total assets less than \$1,250,000 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

**2009****Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **June 1**, 2009, and ending **May 31**, 20 **10****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

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

**C** Name of organization**Washington State Aerie, F.O.E.**

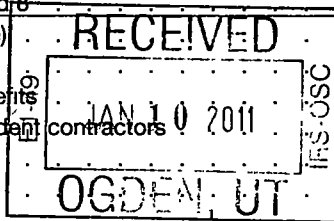
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

**P.O. Box 3461**

City or town, state or country, and ZIP + 4

**Everett, WA 98213-8461****D** Employer identification number**91-0226548****E** Telephone number**425 334-8975****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: ▶ **HTTP://www.waaegles.org****J** Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **128,690****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

|                   |                 |                                                                                                                                            |                                                                                                                                                            |                |                |
|-------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| <b>Revenue</b>    | <b>1</b>        | Contributions, gifts, grants, and similar amounts received . . . . .                                                                       | <b>1</b>                                                                                                                                                   | <b>0</b>       |                |
|                   | <b>2</b>        | Program service revenue including government fees and contracts . . . . .                                                                  | <b>2</b>                                                                                                                                                   | <b>7,957</b>   |                |
|                   | <b>3</b>        | Membership dues and assessments . . . . .                                                                                                  | <b>3</b>                                                                                                                                                   | <b>90,997</b>  |                |
|                   | <b>4</b>        | Investment income . . . . .                                                                                                                | <b>4</b>                                                                                                                                                   | <b>0</b>       |                |
|                   | <b>5a</b>       | Gross amount from sale of assets other than inventory . . . . .                                                                            | <b>5a</b>                                                                                                                                                  | <b>0</b>       |                |
|                   | <b>b</b>        | Less: cost or other basis and sales expenses . . . . .                                                                                     | <b>5b</b>                                                                                                                                                  | <b>0</b>       |                |
|                   | <b>c</b>        | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .                                          | <b>5c</b>                                                                                                                                                  | <b>0</b>       |                |
|                   | <b>6</b>        | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> |                                                                                                                                                            |                |                |
|                   | <b>a</b>        | Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .                                                       | <b>6a</b>                                                                                                                                                  | <b>0</b>       |                |
|                   | <b>b</b>        | Less: direct expenses other than fundraising expenses . . . . .                                                                            | <b>6b</b>                                                                                                                                                  | <b>0</b>       |                |
|                   | <b>c</b>        | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .                                          | <b>6c</b>                                                                                                                                                  | <b>0</b>       |                |
|                   | <b>7a</b>       | Gross sales of inventory, less returns and allowances . . . . .                                                                            | <b>7a</b>                                                                                                                                                  | <b>0</b>       |                |
|                   | <b>b</b>        | Less: cost of goods sold . . . . .                                                                                                         | <b>7b</b>                                                                                                                                                  | <b>0</b>       |                |
|                   | <b>c</b>        | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                                                   | <b>7c</b>                                                                                                                                                  | <b>0</b>       |                |
|                   | <b>8</b>        | Other revenue (describe ▶ <b>Transfer from E.M. savings and refunds</b> ) . . . . .                                                        | <b>8</b>                                                                                                                                                   | <b>29,690</b>  |                |
|                   | <b>9</b>        | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶                                                                            | <b>9</b>                                                                                                                                                   | <b>128,644</b> |                |
|                   | <b>Expenses</b> | <b>10</b>                                                                                                                                  | Grants and similar amounts paid (attach schedule) . . . . .                                                                                                | <b>10</b>      | <b>14,279</b>  |
| <b>11</b>         |                 | Benefits paid to or for members . . . . .                                                                                                  | <b>11</b>                                                                                                                                                  | <b>0</b>       |                |
| <b>12</b>         |                 | Salaries, other compensation, and employee benefits . . . . .                                                                              | <b>12</b>                                                                                                                                                  | <b>14,547</b>  |                |
| <b>13</b>         |                 | Professional fees and other payments to independent contractors . . . . .                                                                  | <b>13</b>                                                                                                                                                  | <b>0</b>       |                |
| <b>14</b>         |                 | Occupancy, rent, utilities, and maintenance . . . . .                                                                                      | <b>14</b>                                                                                                                                                  | <b>0</b>       |                |
| <b>15</b>         |                 | Printing, publications, postage, and shipping . . . . .                                                                                    | <b>15</b>                                                                                                                                                  | <b>8,021</b>   |                |
| <b>16</b>         |                 | Other expenses (describe ▶ <b>See attachment</b> ) . . . . .                                                                               | <b>16</b>                                                                                                                                                  | <b>82,888</b>  |                |
| <b>17</b>         |                 | <b>Total expenses.</b> Add lines 10 through 16 ▶                                                                                           | <b>17</b>                                                                                                                                                  | <b>119,735</b> |                |
| <b>Net Assets</b> |                 | <b>18</b>                                                                                                                                  | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                  | <b>18</b>      | <b>8,909</b>   |
|                   |                 | <b>19</b>                                                                                                                                  | 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) . . . . . | <b>19</b>      | <b>314,537</b> |
|                   | <b>20</b>       | Other changes in net assets or fund balances (attach explanation) . . . . .                                                                | <b>20</b>                                                                                                                                                  | <b>0</b>       |                |
|                   | <b>21</b>       | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶                                                                  | <b>21</b>                                                                                                                                                  | <b>323,446</b> |                |

**Part II** **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

|                                                                                                        | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| <b>22</b> Cash, savings, and investments . . . . .                                                     | <b>310,562</b>        | <b>319,866</b>  |
| <b>23</b> Land and buildings . . . . .                                                                 | <b>0</b>              | <b>0</b>        |
| <b>24</b> Other assets (describe ▶ <b>Supplies, furniture and regalia</b> ) . . . . .                  | <b>3,975</b>          | <b>3,580</b>    |
| <b>25</b> <b>Total assets</b> . . . . .                                                                | <b>314,537</b>        | <b>323,446</b>  |
| <b>26</b> <b>Total liabilities</b> (describe ▶ _____) . . . . .                                        | <b>0</b>              | <b>0</b>        |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . . | <b>314,537</b>        | <b>323,446</b>  |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2009)

65 15

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)What is the organization's primary exempt purpose? See attachment

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, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

|           |                                                                                                                                                                                                                                                                                                                                                                                                          |            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>28</b> | Provide a membership promotion program with our local Aeries in our State, incentive awards for those members that bring in new membership which improves our ability to provide charity grants for research into cures for Diabetes, Cancer, Heart disease, Alzheimers, Spinal injuries, etc.<br>(Grants \$ <u>68,812</u> ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> |
| <b>29</b> | <br><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                                                                                                                                         | <b>29a</b> |
| <b>30</b> | <br><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                                                                                                                                         | <b>30a</b> |
| <b>31</b> | Other program services (attach schedule)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <b>31a</b> |
| <b>32</b> | <b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                               | <b>32</b>  |

**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 |
|-----------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| Dennis Allen<br>37715 Echo Road Deer Park, WA 99006             | Jr. Past State Pres. 5                                   | 0                                         | 0                                                                   | 0                                        |
| Marvin Little<br>1102 8th St. N.E. #25 Auburn, WA 98002         | State President 20                                       | 0                                         | 0                                                                   | 0                                        |
| William Stotko<br>16040 171st Ave S.E. Monroe, WA 98272         | St. V. Pres./Pres. Elect. 5                              | 0                                         | 0                                                                   | 0                                        |
| Ivan Wilson<br>36407 108th Ave. Ct. E Eatonville, WA 98328      | State Chaplain 5                                         | 0                                         | 0                                                                   | 0                                        |
| William K. Smith<br>3502 99th Drive S.E. Lake Stevens, WA 98258 | State Secretary 40                                       | 10,000                                    | 0                                                                   | 0                                        |
| Doug Ashmore<br>P.O. Box 21 Chehalis, WA 98532                  | State Treasurer 6                                        | 0                                         | 0                                                                   | 0                                        |
| Mike Simonds<br>804 Old Samish Rd. Bellingham, WA 98229         | State Conductor 5                                        | 0                                         | 0                                                                   | 0                                        |
| Ken Schnorr<br>201 Union S.E. #89 Renton, WA 98059              | State Inside Guard 5                                     | 0                                         | 0                                                                   | 0                                        |
| Mark Crouchet<br>604 15th St. N.W. Puyallup, WA 98371           | State Outside Guard 5                                    | 0                                         | 0                                                                   | 0                                        |
| Sean McGrath<br>P.O. Box 9 So. Cle Elum, WA 98943               | State Trustee 5                                          | 0                                         | 0                                                                   | 0                                        |
| Bill Walton<br>1828 Methow St. Wenatchee, Wa 98801              | State Trustee 5                                          | 0                                         | 0                                                                   | 0                                        |
| Mike Matthias<br>15980 Tatty Ave. Monroe, WA 98272              | State Trustee 5                                          | 0                                         | 0                                                                   | 0                                        |
| Tom Stone<br>P.O. Box 567 Veradale, WA 99037                    | State Trustee 5                                          | 0                                         | 0                                                                   | 0                                        |
| Karma Krogh<br>P.O. Box 408 Grapeview, WA 98546                 | State Trustee 5                                          | 0                                         | 0                                                                   | 0                                        |
| Jack Anderson<br>1701 N. Tower Ave. Centralia, WA 98531         | State Trustee at Large 5                                 | 0                                         | 0                                                                   | 0                                        |
|                                                                 |                                                          |                                           |                                                                     |                                          |
|                                                                 |                                                          |                                           |                                                                     |                                          |
|                                                                 |                                                          |                                           |                                                                     |                                          |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes             | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .                                                                                                                                                                                                                                                          | <b>33</b>       | ✓  |
| <b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .                                                                                                                                                                                                                                                                                  | <b>34</b>       | ✓  |
| <b>35</b> 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 why the organization did not report the income on Form 990-T.                                                                                                                                                          |                 |    |
| <b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .                                                                                                                                                                                                                                   | <b>35a</b>      | ✓  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                            | <b>35b</b>      | ✓  |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                                                                                                                                 | <b>36</b>       | ✓  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> n.a.                                                                                                                                                                                                                                                                                            |                 |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                      | <b>37b</b>      | ✓  |
| <b>38a</b> 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 outstanding at the end of the period covered by this return? . . . . .                                                                                                                                                                       | <b>38a</b>      | ✓  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                                                                                         | <b>38b</b> n.a. |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                     |                 |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                       | <b>39a</b> n.a. |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                              | <b>39b</b> n.a. |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶                                                                                                                                                                                                                                                   |                 |    |
| <b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . . | <b>40b</b>      | ✓  |
| <b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ n.a.                                                                                                                                                                                                             |                 |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ n.a.                                                                                                                                                                                                                                                                               |                 |    |
| <b>e</b> 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. . . . .                                                                                                                                                                                                                                            | <b>40e</b>      | ✓  |
| <b>41</b> List the states with which a copy of this return is filed. ▶                                                                                                                                                                                                                                                                                                                                                |                 |    |
| <b>42a</b> The organization's books are in care of ▶ <b>William K. Smith - State Aerie Secretary</b> Telephone no. ▶ <b>425 334-8975</b><br>Located at ▶ <b>3502 99th Drive S.E. Lake Stevens, WA</b> ZIP + 4 ▶ <b>98258-5731</b>                                                                                                                                                                                     |                 |    |
| <b>b</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)? . . . . .                                                                                                                                                           | <b>42b</b>      | ✓  |
| If "Yes," enter the name of the foreign country: ▶<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .                                                                                                                                                                                                                       |                 |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .                                                                                                                                                                                                                                                                                                 | <b>42c</b>      | ✓  |
| If "Yes," enter the name of the foreign country: ▶                                                                                                                                                                                                                                                                                                                                                                    |                 |    |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>                                                                                                                                                 |                 |    |
| <b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                | <b>44</b>       | ✓  |
| <b>45</b> 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 . . . . .                                                                                                                                                                                                                         | <b>45</b>       | ✓  |

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 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 . . . . . **46** **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**
- b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**
- 50** Complete this table for the organization's 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."

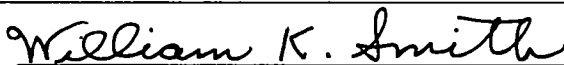
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| n.a.                                                           |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

**f** Total number of other employees paid over \$100,000 . . . . . ▶

- 51** Complete this table for the organization's 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 |
|------------------------------------------------------------------------------|---------------------|------------------|
| n.a.                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

|                                 |                                                                                                                                                                                                                                                                                                                       |          |                                                 |                                                      |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|------------------------------------------------------|
| <b>Sign Here</b>                | 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. |          |                                                 |                                                      |
|                                 | <br>Signature of officer                                                                                                                                                                                                           |          | 12-29-2010<br>Date                              |                                                      |
| <b>Paid Preparer's Use Only</b> | William K. Smith - State Aerie Secretary<br>Type or print name and title                                                                                                                                                                                                                                              |          |                                                 |                                                      |
|                                 | Preparer's signature<br>                                                                                                                                                                                                           | Date<br> | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (See instructions)<br> |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4<br>                                                                                                                                                                                                                                                     |          | EIN<br>                                         | Phone no<br>                                         |

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

## **Part I Line 16 - Other Expenses**

|                                    |            |
|------------------------------------|------------|
| State Officers Registration        | \$260      |
| Credentials Expense                | 214        |
| Misc. Convention Expense           | 2,530      |
| State Bulletin Awards              | 241        |
| Site Selection Committee           | 166        |
| Ritual Team Awards                 | 899        |
| Hall of Fame                       | 61         |
| State Convention Expense           | 24,690     |
| State Telephone                    | 1,116      |
| Memorials & Funerals               | 143        |
| Membership Board Mileage & Perdiem | 2,619      |
| District Deputies Expense          | 700        |
| Zone Presidents Expense            | 333        |
| Bond & Liability Insurance         | 4,354      |
| Grand Aerie Programs               | 1,000      |
| State President's Assignments      | 14,149     |
| State Officers meetings            | 14,357     |
| Chaplain's Prayer Breakfast        | 500        |
| State Aerie Badges                 | 702        |
| State Aerie Plaques and Pins       | 429        |
| State President's Pins & Plaques   | 3,068      |
| Memorial Museum                    | 5,000      |
| Bank Fees                          | 42         |
| S., T., A., & Trustees Schools     | 1,809      |
| Misc. Youth Conv. Insurance, etc.  | 2,654      |
| Fall Conference Program            | <u>852</u> |
| Total                              | \$82,888   |

## **Part III Organization's primary exempt purpose:**

Securing an efficient organization of and strengthening of the bond of fraternity between our 98 local Aeries and their membership in the State of Washington with the State Aerie and the Grand Aerie, F.O.E. Indirectly we administer the applications for Charity Grants for local non profit organizations between the local Aeries and the Grand Aerie, F.O.E. We provide an annual State Convention with its various activities, provide a Fall Conference for training and membership promotion motivation and up to ten Zone Conferences annually, as well as provide a State newspaper for promoting communications and information between the local Aeries.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).  
**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

|                                                                                            |                                                                                                                           |                                                     |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><b>WASHINGTON STATE AERIE, F.O.E.</b>                                                      | Employer identification number<br><b>91 0226548</b> |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>P.O. BOX 3461</b>                            |                                                     |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>EVERETT, WA 98213-8461</b> |                                                     |

**Check type of return to be filed** (file a separate application for each return):

- |                                                 |                                                                   |                                    |
|-------------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► WILLIAM K. SMITH, ST. AERIE SEC.

Telephone No. ► (425) 334-8975 FAX No. ► (425) 334-8975

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . . ☐ . If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JAN. 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 . . . . . or
- ☒ tax year beginning JUNE 1, 2009, and ending MAY 31, 2010.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

|                                                                                                                                                                                                                               |           |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                    | <b>3a</b> | \$ <u>0</u> |
| <b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.                                               | <b>3b</b> | \$ <u>0</u> |
| <b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | <b>3c</b> | \$ <u>0</u> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|                                                                                             |                                                                                          |  |                                |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|--------------------------------|
| Type or print<br><br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization                                                              |  | Employer identification number |
|                                                                                             | Number, street, and room or suite no. If a P.O. box, see instructions.                   |  | For IRS use only               |
|                                                                                             | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |                                |

**Check type of return to be filed** (File a separate application for each return):

- |                                      |                                                                   |                                      |                                    |
|--------------------------------------|-------------------------------------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ▶ \_\_\_\_\_  
Telephone No. ▶ (\_\_\_\_\_) \_\_\_\_\_ FAX No. ▶ (\_\_\_\_\_) \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_\_.
- For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                                                                                                                                                                                                                                            |           |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                                 | <b>8a</b> | \$ |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$ |
| <b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>8c</b> | \$ |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *William K. Smith*Title ▶ *WASH. ST. AERIE SEC*Date ▶ *9-20-10*

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