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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning **July 1**, 2009, and ending **June 30**, 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**Supreme Emblem Club of the United States - Washington State Assoc**

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

C/O Ardenna Hurt P O Box 151

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

Wooster, OH 44691-0151**D** Employer identification number**91-1171874****E** Telephone number**F** Group Exemption Number ►**1065**

• 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) ►

I Website: ►

J Tax-exempt status (check only one) — ☒ 501(c) (10) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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. ► \$ **44415**

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received		13822				
2	Program service revenue including government fees and contracts						
3	Membership dues and assessments		1622				
4	Investment income		9527				
5a	Gross amount from sale of assets other than inventory	5a					
b	Less: cost or other basis and sales expenses	5b					
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0				
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐						
a	Gross revenue (not including \$ 13822 of contributions reported on line 1)	6a	19444				
b	Less: direct expenses other than fundraising expenses	6b	12682				
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6762				
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0				
8	Other revenue (describe ►)	8	0				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	31733				
10	Grants and similar amounts paid (attach schedule)	10	17565				
11	Benefits paid to or for members	11	0				
12	Salaries, other compensation, and employee benefits	12	0				
13	Professional fees and other payments to independent contractors	13	0				
14	Occupancy, rent, utilities, and maintenance	14	0				
15	Printing, publications, postage, and shipping	15	1770				
16	Other expenses (describe ► Misc Club Expenses and President's Expense)	16	6410				
17	Total expenses. Add lines 10 through 16	17	25745				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5988				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	383113				
20	Other changes in net assets or fund balances (attach explanation)	20	0				
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	389101				

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
22	Cash, savings, and investments	383113	389101
23	Land and buildings		
24	Other assets (describe ►)		
25	Total assets	383113	389101
26	Total liabilities (describe ►)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	383113	389101

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

Cat No 106421

Form **990-EZ** (2009)

SCANNED OCT 27 2010

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

28	Per Attached Statements		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a	17565
29			
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	17565

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

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	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	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 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		
c	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 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41	List the states with which a copy of this return is filed. ▶ None		
42a	The organization's books are in care of ▶ Darlene Huntington Telephone no. ▶ 425-822-3015 Located at ▶ 7039 124th Ave NE Kirkland, WA ZIP + 4 ▶ 98033-8322		
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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI **Section 501(c)(3) organizations 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** ☐ **Yes** ☒ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☒ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☒ **No**
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ **Yes** ☒ **No**
- 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."

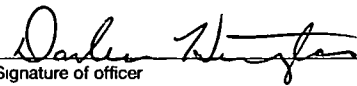
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 **0**

- 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 **0**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>10/15/10</u>	
	Darlene Huntington - WSAEC 2nd Vice President Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☒	Preparer's identifying number (See instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	Huntington Services 7039 124th Ave NE Kirkland, WA 98033-8322	EIN 04-3834192	Phone no 425-822-3015
	May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No			

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

Supreme Emblem Club of the United States - Washington State Association

Employer identification number

91 : 1171874

Fundraising Activities. Complete if the organization answered "Yes" to 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 |
| c ☐ Phone solicitations | g ☒ Special fundraising events |
| d ☒ In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Meetings/Sales (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	17329			17329
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	17329			17329
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	8382			8382
	8 Entertainment				
	9 Other direct expenses	4300			4300
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(12682)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				4647

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	2115			2115
Direct Expenses	2 Cash prizes	0			0
	3 Noncash prizes	0			0
	4 Rent/facility costs	0			0
	5 Other direct expenses	0			0
	6 Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				2115

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>Washington</u>		
a Is the organization licensed to operate gaming activities in each of these states?	9a	☒
b If "No," explain: <u>N/A - Raffles during meetings</u>		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	☒
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	11	☒
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	☒

13 Indicate the percentage of gaming activity operated in:

- | | 13a | % |
|--|-----|---|
| a The organization's facility | | |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

✓

- b**
- If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

- c**
- If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

✓

- b**
- Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

WASHINGTON STATE ASSOCIATION OF EMBLEM CLUBS
91-1171874

ATTACHMENT TO FORM 990EZ 7/01/2009 TO 6/30/2010

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE WASHINGTON STATE ASSOCIATION OF EMBLEM CLUBS IS A
COMMUNITY SERVICE ORGANIZATION. MAJOR SERVICE AREAS INCLUDE
VETERANS AFFAIRS, ANNUAL SCHOLARSHIPS, AND ASSISTANCE TO
THE VISUALLY HANDICAPPED.

WASHINGTON STATE ASSOCIATION OF EMBLEM CLUBS
91-1171874

ATTACHMENT TO FORM 990 EZ 7/01/2009 TO 6/30/2010

PART III - LINE 32 - GRANTS

17565

WASHINGTON STATE ASSOCIATION OF EMBLEM CLUBS
91-1171874

Part III Line 32 - Grants
Other Donations

OSAEC Major Project	25
Gig Harbor Band	442
Washington Talking Book & Braille Library 2021 9th Ave Seattle, WA 98121	55 I Care
Vosh % Jay Huddleston OD 1110 12th Street Anacortes, WA 98221-2104	-2000 I Care
Boy Scout Troop #282	50
Drug Awareness Programs	
Pediatric Interim Care Center 328 4th Ave South Kent, WA 98032	3391
	1963

WASHINGTON STATE ASSOCIATION OF EMBLEM CLUBS

91-1171874

Part III Line 32 - Grants

Eye Care Providers

Paid by WSAEC

July 1, 2009 through June 30, 2010

J. L. Dolezal, O.D.
1125 Mellen Street
Centralia, WA 98531

Wal-Mart Vision Center
Bank of America
P O Box 60982
St Louis, MO 63160-0982

Sam's Club Optical
13550 Aurora Ave N
Seattle, WA 98133

Contact Lens & Eye
114 E 1st Street
Port Angeles, WA 98263

Jay Huddleston OD
1110 12th Street
Anacortes, WA 98221-2104

Dr Warren Barmore
714 Sixth ST
Prosser, WA 99350-1439

Costco Optical
1175 N 205th St
Shoreline, WA 98133

Wilson Family Eyecare PS
617 Market Street
Prosser, WA 99350

Allenmore Optical Tacoma
2202 S Cedar St Ste 100
Tacoma, WA 98405

Mt Baker Vision Center
P O Box 5566
Bellingham, WA 98227

Davis Optical
6830 NE Bothell Way # B
Kenmore, WA 98028

Vision Plus
1225 Sunset Dr Ste 125
Bellingham, WA 98226

Cascade Eye & Skin Centers
1703 S Meridian St Ste 101
Puyallup, WA 98371

Snowden M Booth
625 SW 153rd St
Burien, WA 98166

Binyon Family Eye Care
225 106th Ave NE
Bellevue, WA 98004

Dr Lee E Barnhart
10614 Beardslee Blvd #A
Bothell, WA 98011

Rainier Anesthesia Associates
P O Box 1737
Tacoma, WA 98401

\$11,602.27

WASHINGTON STATE ASSOCIATION OF EMBLEM CLUBS

91-1171874

Part III Line 32 - Grants

Scholarship Receipients
2009-2010

		SSN	
Centralia College	Derek R. Garland 3712 Mayberry Road Centralia. WA 98531		1000
Seattle University	Abigail C. Cress 914 East Jefferson ST Seattle, WA 98117		1000
Washington State University	Sean Paul Weeks 481 Leppell Rd P O Box 1961 Forks, WA 98331		1000
Western Washington University	Deana Guffey 18901 84th Ave W Edmonds, WA 98026		1000

4000

WASHINGTON STATE ASSOCIATION OF EMBLEM CLUBS
91-1171874

ATTACHMENT TO FORM 990 EZ 7/01/2009 TO 6/30/2010

PART IV - - Officers, Directors, Trustees

President

Mary Grennan
1021 SW 116th St
Seattle, WA 98146

1st Vice President

Toni Schwichtenberg
21908 83rd Ave W
Edmonds, WA 98026

3rd Vice President

Darlene Huntington
7039 124th Ave NE
Kirkland, WA 98033-8322

Financial Secretary

Kerry Allen
P. O. Box 1301
Coupeville, WA 98239

Recording Secretary

Barbara Teall
17322 38th Pl S
Sea Tac, WA 98188-3670

Press Correspondent

Violet Simonson
12529 3rd Ave NE
Seattle, WA 98125

Chairman of Trustees

Sandra Dressel
3115 101st Ave NE
Lake Stevens, WA 98258

3rd Trustee

Cathy Weygandt
2207 G Ave
Anacortes, WA 98221

5th Trustee

Donna Hawkins
3707 N Hether Pl
Bellingham, WA 98226

Jr. Past President

Ruth Herren
107 96th Pl SE
Everett, WA 98208-3823

2nd Vice President

Janice Flournoy
9520 26th Ave NW
Seattle, WA 98127-0824

4th Vice President

Judy Hohn
103 S Davies Rd
Lake Stevens, WA 98258-8537

Treasurer

Bobbie Nielsen
9235 Dibble Ave NW
Seattle, WA 98117-2214

Corresponding Secretary

Kathie Robinson
11436 SE 208th St Sp 4
Kent, WA 98031

Historian

Karen Sargent
1212 Georgiana St
Port Angeles, WA 98362-4214

2nd Trustee

Karen Mortensen
3920 NE Pacific Way
Vancouver, WA 98662

4th Trustee

Helen Russell
11544 17th NE
Seattle, WA 98125-5112

Marshal

Vicki Miller
1641 Jefferson Ct SE
Renton, WA 98058

WASHINGTON STATE ASSOCIATION OF EMBLEM CLUBS
91-1171874

ATTACHMENT TO FORM 990 EZ 7/01/2009 TO 6/30/2010

PART IV - - Officers, Directors, Trustees

1st Assistant Marshal

Barbara Slyter
80 Friars Way
Forks, WA 98331-9110

2nd Assistant Marshal

Jan Johnson
2106 NE 136th Ave
Vanvouver, WA 98684

Chaplain

Janice Pierce
P O Box 552
Hobart, WA 98025

Organist

Jeri Royal
4807 101st St SW
Lakewood, WA 98499-3822

Assistant Organist

Joyce Slemp
13210 SE 7th St A2
Vancouver, WA 98683-6947

1st Guard

JoAnn Collins
4000 Flynn St #83
Bellingham, WA 98229

2nd Guard

June Mulford
1313 SE Nancy Rd
Vancouver, WA 98664-5418

INVESTMENT COMMITTEE

Chairman

Joan Parker
4930 N Scenic View Lane
Tacoma, WA 98407-1365

Co-Chairman

Ann Thompson
17724 Woodcrest Dr. NE
Bothell, WA 98011-5424

Co-Chairman

Judy Lyon
2515 Mt. Vista
Centralia, WA 98531-1431

MAJOR PROJECT COMMITTEE - I CARE

Chairman

Judy Lyon SPP
2515 Mt Vista
Centralia, WA 98531-1431

Trustee District 2

Corky Lyman
13509 Cascadian Way
Everett, WA 98208-7341

Co-Chairman

Ann Thompson SPP
17724 Woodcrest Dr NE
Bothell, WA 98011-5424

Trustee District 3

Judy Klahn
2682 Calawah Way
Forks, WA 98331-9714

WASHINGTON STATE ASSOCIATION OF EMBLEM CLUBS
91-1171874

ATTACHMENT TO FORM 990 EZ 7/01/2009 TO 6/30/2010

PART IV - - Officers, Directors, Trustees

Trustee District 1

Vera Adamson
6125 NE 175th N-302
Kenmore, WA 98028

Trustee District 4

Peg Peterson
904 Broadview Dr
Grandview, WA 98930-9658

EXECUTIVE COMMITTEE

JoAnn Smith SPP
7928 216th St SW
Edmonds, WA 98020-7940

Anne Servello SPP
1608 Harrington Ave SE
Renton, WA 98058-3826

Shirley Erickson SPP
727 Cascade Palms Court
Sedro-Woolley, WA 98284-4383

Marie Crockett SPP
8409 W Canyon Ave
Kennewick, WA 99336-7934

Judy Reiber SPP
1200 Lincoln St # 287
Bellingham, WA 98229-5736

Agnes Hansen SPP
P O Box 33
Forks, WA 98331-0033

Eileen Beitler SPP
10904 Carolann Court
Burlington, WA 98233-8703

Sharon Delaney SPP
3702 Hunt St NW Sp42
Gig Harbor, WA 98335

Judy Lyon SPP
2515 Mt Vista
Centralia, WA 98531-1431

Carol Thomas SPP
2310 Oak Dr
Steilacoom, WA 98388-4114

Donna Del Monico SPP
1400 SE Nancy Rd
Vancouver, WA 98664-5420

Sandi Manion SPP
8802 50th Ave Ct E
Tacoma, WA 98446-5600

Kelli Harding SPP
720 175th Ave NE
Snohomish, WA 98290-4409

Ann Thompson SPP
17724 Woodcrest Dr NE
Bothell, WA 98011-5424

Janice Dimick SPP
84136 Ave 44 Spc 758
Indio, CA 92203-6158

Ruth Herren SPP
107 96th Pl SE
Everett, WA 98208-3823

Margie Borget SPP
751 Laurel Street
Edmonds, WA 98020-4027