See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning June 1 , 2010, and ending may 31 , 20 11

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

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 ▶ **0201**

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶ **HTTP:/www.waeagles.org**

J **Tax-exempt status** (check only one) — ☐ 501(c)(3) ☐ 501(c) (**8**) ◀ (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 $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ **102,459**

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1 **0**
	2	Program service revenue including government fees and contracts			2 **5,899**
	3	Membership dues and assessments			3 **83,710**
	4	Investment income			4 **0**
	5a	Gross amount from sale of assets other than inventory	5a **0**		
	b	Less: cost or other basis and sales expenses	5b **0**		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c **0**
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a **8,710**		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b **0**		
	c	Less: direct expenses from gaming and fundraising events	6c **3,353**		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d **5,357**
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c **0**
	8	Other revenue (describe in Schedule O)			8 **4,149**
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9 **99,106**
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10 **6,468**
	11	Benefits paid to or for members			11 **0**
	12	Salaries, other compensation, and employee benefits			12 **18,326**
	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 **9,081**
	16	Other expenses (describe in Schedule O)			16 **58,154**
	17	**Total expenses.** Add lines 10 through 16		▶	17 **92,029**
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 **7,077**
	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 **323,446**
	20	Other changes in net assets or fund balances (explain in Schedule O)			20 **0**
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		▶	21 **330,523**

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Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	319,866	22	327,301
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	3,580	24	3,222
25	**Total assets**	323,446	25	330,523
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	323,446	27	330,523

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

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

What is the organization's primary exempt purpose? **See Schedule O**

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.

28	**See Schedule O**		
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this 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
Marvin Little **1102 8th St. N.E. #25, Auburn, WA 98002**	**Jr. Past St. Pres. 5 Hrs/wk.**	0	0	0
William Stotko **PMB#114 3405 172nd St. #5, Arlington, WA 98223**	**State President 20 Hrs/wk.**	0	0	0
Ivan Wilson **36407 108th Ave. Ct. E, Eatonville, WA 98328**	**State Vice Pres. 5 Hrs/wk.**	0	0	0
Mike Simonds **804 Old Samish Road, Bellingham, WA 98229**	**State Chaplain 5 Hrs/wk.**	10,000	0	0
William K. Smith **P.O. Box 3461, Everett, WA 98213**	**State Secretary 40 Hrs/wk.**	0	0	0
Douglas Ashmore **P.O. Box 21, Chehalis, WA 98532**	**State Treasurer 6 Hrs/wk.**	0	0	0
Kenneth Schnorr **201 Union S.E. #89, Renton, WA 98059**	**State Conductor 5 Hrs/wk.**	0	0	0
Mark Crouchet **1420 So. 31st Ave., Yakima, WA 98902**	**St. Inside Guard 5Hrs/wk.**	0	0	0
Karma Krogh **P.O. Box 408, Grapeview, WA 98546**	**St. Outside Guard 5Hrs/wk.**	0	0	0
Sean McGrath **P.O. Box 586, North Bend , WA 98045**	**State Trustee 5 Hrs/wk.**	0	0	0
William Walton **1828 Methow St., Wenatchee, WA 98801**	**State Trustee 5 Hrs/wk.**	0	0	0
Frank Santa Cruz **P.O. Box 904, Castle Rock, WA 98611**	**State Trustee 5 Hrs/wk.**	0	0	0
Clarence Hall **211 McDonald Road, Toppenish, WA 98949**	**State Trustee 5 Hrs/wk.**	0	0	0

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✔
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✔
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✔
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		✔
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	36		✔
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a n.a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✔
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 tax year covered by this return?	38a		✔
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b n.a			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a n.a			
b	Gross receipts, included on line 9, for public use of club facilities 39b n.a			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✔
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 ▶ n.a			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ n.a			
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.	40e		✔
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ **William K. Smith** Telephone no. ▶ **425 334-8975**			
	Located at ▶ **3502 99th Drive S.E., Lake Stevens, Washington** ZIP + 4 ▶ **98258-5731**			
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)?	42b		✔
	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.?	42c		✔
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✔
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✔
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✔
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✔

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✔
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		✔
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✔

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			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 ▶

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

William K. Smith — Signature of officer — 12-27-2011 — Date

William K. Smith - State Aerie Secretary — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Washington State Aerie, F.O.E.

PART I #16

Employer identification number
91-0226548

Bond and liability insurance	4,327
Membership Board, mileage and perdiem	6,469
District Deputy expense	240
Zone President expense	115
Trustee workshop	317
Local Aerie Advisor	807
Non Identified funds	1,541
State Aerie badges	644
State Aerie plaques	779
State Aerie pins	2,375
Patriotism program	2,310
State President pin & plaque	507
Chaplain Prayer Breakfast	300
Ritual judges	478
Hall of Fame	92
Credentials Committee	720
Miscellaneous Convention expense	2,273
State bulletin awards	212
Ritual team awards	770
State Officer registration	255
State telephone	1,476
State Officers meetings	12,701
Memorials and funerals	163
Grand Aerie program	1,050
Grand Aerie hospitality room	1,500
State President's assignments	15,733

Name of the organization: Washington State Aerie, F.O.E.

Employer identification number: 91-0226548

PART I #8

Patriotism Program	3,935
Interest, Savings fund	22
Interest, General Fund	42
Website ads	150

PART I #10

Membership awards	5,626
District 25 cents awards	842

PART I #24

Office supplies, furniture, regalia, and equipment	3,222

PART III

Securing an efficient organization of and strengthening of the bond of fraternity between our 96 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 Leadership Conference for training and membership promotion motivation, several Zone Conferences annually, and training for hte Officers of our local Aeries. We also provide a State newspaper and WEB site for promoting communications and information between the local Aeries.

PART III #28

Provide a membership promotion program with our local Aeries in our State, incentive awards for those members that bring in new memberahip which improves our ability to provide charity programs for research into cures for Diabetes, Cancer, Heart disease, Alzheimer's, Spinal injuries, etc. These grants come back to non profit research organizations in our State from donations made by our local Aeries thru the Grand Aerie, F.O.E. International Charities Department. The State Aerie, F.O.E. administers the review and State approval of charity grant applications submitted to the State Aerie for charity grants requested from the Grand Aerie, F.O.E.

PART IV (continuation)

Mike Matthias	State Trustee, 5 Hrs./week	no compensation
15980 Tatty Ave., Monroe, WA 98272		
Jack Anderson	State Trustee at Large, 5Hrs./week	no compensation

Form **8868** (Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- 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.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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.

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

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ WILLIAM K. SMITH

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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JAN. 15, 20 12, 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, 20 10, and ending MAY 31, 20 11.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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.	3a	$ 0
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.	3b	$ 0
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0

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	Name of exempt organization	**Employer identification number**
File by the extended due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . ☐☐

Application Is For	**Return Code**	**Application Is For**	**Return Code**
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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.

4 I request an additional 3-month extension of time until _____, 20 _____.

5 For calendar year _____, or other tax year beginning _____, 20 _____, and ending _____, 20 ____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension _____

8a	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.	**8a**	$
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.	**8b**	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**8c**	$

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 ▶ 9-26-11