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

OMB No. 1545-1150

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2011 calendar year, or tax year beginning June 1, 2011, and ending May 31, 2012**B** Check if applicable:

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

C Name of organization

Fraternal Order of Eagles-Washington State Aux.

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

15726 Palatine Ave N

Room/suite

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

Shoreline, WA 98133-5918

D Employer identification number

23-7163746

E Telephone number

206-362-6322

F Group Exemption Number ►**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ►**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ► \$**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	64,512.55
	2	Program service revenue including government fees and contracts	2	11,776.70
	3	Membership dues and assessments	3	26,815.00
	4	Investment income	4	2,327.22
	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	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	105,431.47	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	78,063.25
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	4,492.60
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	1,599.41
	15	Printing, publications, postage, and shipping	15	2,980.00
	16	Other expenses (describe in Schedule O)	16	41,408.53
	17	Total expenses. Add lines 10 through 16	17	128,493.79
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(23,062.32)
	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	352,840.96
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	329,778.64

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2011)

OGDEN, UT

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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	352,840.96	22 329,778.64
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	352,840.96	25 329,778.64
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	352,840.96	27 329,778.64

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

What is the organization's primary exempt purpose?	Fraternal and Charitable
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 Monies raised to support "Pope's Kids Place" and Mary Bridge
Children's Hospital

(Grants \$ 58,011.40) If this amount includes foreign grants, check here . . . ☐

29 Monies raised to support our National Fraternal Order of Eagles
Charities

(Grants \$ 3,216.39) If this amount includes foreign grants, check here ☐

30 _____

(Grants \$) If this amount includes foreign grants, check here ☐

31 Other program services (describe in Schedule O)
(Grants \$ 3,284.76) If this amount includes foreign grants, check here ☐

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

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
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	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
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	37a	
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	X
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 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 ▶		
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.	40e	X
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
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	X
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 the U.S.?	42c	X
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		
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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)	45b	X

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

	Yes	No
46		X

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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ NONE

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 ▶ Carol D. Levandowski Signature of officer October 10, 2012 Date
 ▶ Carol D. Levandowski, 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

FORM 990 (2011-2012)

**Fraternal Order of Eagles
Washington State Auxiliary**

Attachment to page 1

23-7163746

LINE 10 – Grants and similar amounts paid

Grand Aerie Charities	\$ 7,634.55
Sleep Apnea Program	20,003.89
Mary Bridge Hospital	46,788.61
Patriotism Program	2,182.72
Eagle Valley Campground	100.00
Youth Program	26.38
Youth King and Queen	100.00
Stan Murray Memorial Kidney Foundation	1,227.10
Total	\$78,063.25

LINE 16 – Other Expenses

State Chairmen Program Expense	\$ 7,375.00
Convention Expense – Ballots, Credentials	1,566.40
Convention Expense – Per Diem, Mileage	18,975.56
Gifts, Flowers, Baskets	919.65
Awards, Plaques, Badges	1,124.28
Corporation Renewal	10.00
State Audit – Per Diem, Mileage	803.20
Telephone – State Officers	500.00
State Madam Presidents Visitations	7,455.80
Secretary, Treasurer, Auditor School	596.94
To Defend Titles at National Convention	450.00
Purchase of new Past State President Pins	543.00
Check Fees and Refunds	60.30
Insurance	310.00
Office Supplies	638.40
Safety Deposit Box	30.00
Total	\$41,408.53

FORM 990 (2011-2012)

**Fraternal Order of Eagles
Washington State Auxiliary**

Attachment to page 2

23-7163746

PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Line 28-31 – The purpose of this Fraternal organization is to help others. This year we have donated monies to our Youth Activities organizations, to our Patriotism program, all of our Grand Aerie Charities and special emphasis this year went to “Pope’s Kids Place” and additional funds raised for Mary Bridge Hospital, specifically for juvenile cancer and juvenile diabetes.

PART IV – List of Officers, Directory, Trustees and Key Employees

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) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Sharon Hayes 95 W Shore Ave SW, Lakewood, WA 98498	1 Hour Jr. Past			
Charlene Butterfield P O Box 519, Elma, WA 98541	40 Hours State Pres			
Jo Anna Pellerin 2250 Sidney Ave #I-91, Port Orchard	4 Hours State Vice Pres/			
Shelia Wilson 36407 108th Ave Court E, Eatonville	5 Hours Pres. Elect State Chaplain			
Carol Levandowski 15726 Palatine Ave N, Shoreline, WA	10 Hours State Secretary	\$3,041.96		
Ellen Blakely 10410 11th Ave Ct. S, Parkland, WA	2 Hours State Treasurer	\$ 150.00		
Donna Simonds 804 Old Samish Rd, Bellingham, WA	1 Hour State Conductor			
Linda Knowles P O Box 698, Castle Rock, WA 98611	1 Hour State Inside Guard			
Carol Wright 963 Coal Creek Rd, Chehalis, WA 98532	1 Hour State Outside Guard			
Karen Hildebrand 4819 122nd St. SE, Everett, WA 98208	1 Hour State Trustee			
Carol Schnorr 201 Union Ave SE, Sp. 89, Renton, WA	1 Hour State Trustee			
Joann Schultz P O Box 663, Walla Walla, WA 99362	1 Hour State Trustee			
Cheryl Postlethwaite 6410 Montclair Ave SW, Lakewood, WA	1 Hour State Trustee			
Terri Oswald 4819 S 349th St, Auburn, WA 98001	1 Hour State Trustee			

WASHINGTON STATE AUXILIARY FRATERNAL ORDER OF EAGLES

October 15, 2013

To Whom It May Concern:

Enclosed you will find the completed Form 990 EZ for the Washington State Auxiliary, Fraternal Order of Eagles and the appropriate schedules. My sincere apologies for being a day late, but I was not counting on Columbus Day and the closure of the post office. Again, I am sorry.

Also, in using last years form for my sample, I found the original form 990 EX for year ending on May 31, 2012 and since I am sure I send this to you, I must have sent my copy instead of the original. So, will you please replace the copy with the original.

If you have any questions, I can be reached at the locations listed below.


Carol Levandowski
Washington State Auxiliary Secretary
206-362-6322
Sea-n-ski@juno.com
15726 Palatine Ave N
Shoreline, WA 98133-5918