



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****Short Form**
Return of Organization Exempt From Income TaxUnder 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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2011**Open to Public
Inspection****A** For the 2011 calendar year, or tax year beginning **July 1**, 2011, and ending **June 30**, 20 **12****B** Check if applicable:

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

C Name of organization**Supreme Emblem Club of the United States - Washington State Association**

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

Room/suite

% 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 ExemptionNumber ► **1065****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 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 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	15113
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	1524
	4	Investment income	4	6817
	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	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 \$ 15113 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	33758	
c	Less: direct expenses from gaming and fundraising events	6c	18772	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14986	
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	38440	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	30319
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2706
	16	Other expenses (describe in Schedule O)	16	5126
	17	Total expenses. Add lines 10 through 16. ►	17	38151
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	289
	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	397760
	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	398049

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2011)

UP

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	✓
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	✓
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	✓
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 0		
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	
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	✓
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)? 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 .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	✓
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	✓
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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	✓

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		☒

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		

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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."

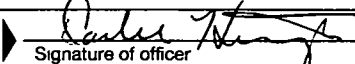
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

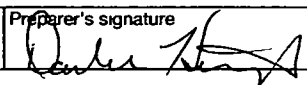
d Total number of other independent contractors each receiving over \$100,000

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	Signature of officer 	Date
	Darlene Huntington - WSAEC President	August 16, 2012

Paid Preparer Use Only	Print/Type preparer's name Darlene Huntington	Preparer's signature 	Date 8/16/12	Check ☒ if self-employed	PTIN P00697462
	Firm's name Huntington Services	Firm's EIN 04-3834192		Phone no. 425-822-3015	
	Firm's address 7039 124th Ave NE - Kirkland, WA 98033-8322				

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Meetings/Sales (event type)	(b) Event #2 Bowling/Tea/ (event type)	(c) Other events 2 Leavenworth/JS (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	26035	4317	728	31080
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	26035	4317	728	31080
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	16900			16900
	8 Entertainment				
	9 Other direct expenses	244	1154		1398
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(18298)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				12782

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			2678	2678
	2 Cash prizes			474	474
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(474)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				2204

9 Enter the state(s) in which the organization operates gaming activities: Washington

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: N/A Raffles held during meetings

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- | | | |
|-----------|---|---|
| 11 | Does the organization operate gaming activities with nonmembers? | ☐ Yes ☒ No |
| 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? | ☐ Yes ☒ No |
| 13 | Indicate the percentage of gaming activity operated in: | |
| a | The organization's facility | 13a % |
| 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

Supreme Emblem Club of the United States - Washington State Association

91-1171874

Part III Statement of Program Services - The Washington State Association of Emblem Clubs is a community service organization, Major

Project service include - Veterans Affairs, Annual Scholarships and assistance to the Visually Handicapped.

Part III Line 28 Grant - Scholarship Recipients 2011-2012

Santa Clara University - Sarah Katsandres - 534-27-7640 - 1846 NW Blue Ridge Dr., Seattle, WA 98177 \$1,000.00

Concordia University - Waverly Peterson - 534-17-9911 - P O Box 771 - North Plains, OR 97133 \$1,000.00

Skagit Valley College - Mark Wight - 535-27-6677 - 2805 Murphy Place - Bellingham, WA 98226 \$1000.00

CA Polytechnic State University - Jill Dayton - 609-62-6065- 5363 Sandra Way - Livermore, CA 94550 \$1,000.00

University of Washington - Marissa Elgarico - 623-50-1083 - 17716 Highland View Drive - Arlington, WA 98223 \$1,000.00

University of Washington - Annette Johnson - 537-94-1907 - 2128 Seaview St W - University Place, WA 98466 \$1,000.00

Wake Forest University - Matthew Judy - 404-45-5533 - 15039 Violet Road - Crittenden, KY 41030 \$1,000.00

(Total Scholarships \$7,000.00)

Other Donations

OSAEC Major Project 25.00

CNHSAC Major Project 25.00

ASAC Major Project 25.00

Supreme Scholarship Fund 200.00

Supreme Disaster Fund 500.00

Pediatric Interim Care Center - 328 4th Ave South - Kent, WA 3,738.09

(Total other Donations \$4,513.09)

Major Project Providers

Innovations in Eyecare, Inc. - 1125 Mellen St - Centralia, WA 98531

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

Wilson Family Eyecare PS - 617 Market Street - Prosser, WA 99350

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

Lenscrafters - 1321 N Columbia Center Blvd 419 - Kennewick, WA 99350

Margot Williams, OD - 3411 East Kolonels Way - Port Angeles, WA 09362

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	Employer identification number
Supreme Emblem Club of the United States - Washington State Association	91-1171824

Sight Connection - 9709 Third Ave NE Suite 100 - Seattle, WA 98115

Robert L Wilson OD - 617 Market - Prosser, WA 99350

Pacific NW Eye Associates - 2202 S Cedar St Ste 100 - Tacoma, WA 98405

Miller Eyecare - 230 SW 43rd St - Renton, WA 98057

Belinda Badorek OD - 6515 W Clearwater Ave Ste 340 - Kennewick, WA 99336-6715

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

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

Dr Dolezal - 1125 Mellen Street - Centralia, WA 98531

Eyes on James Optical Shop - 325 9th Ave - Seattle, WA 98104

Wal-Mart Vision Center - 3411 E Kolonels Way - Port Angeles, WA 98362

Glaucoma Consultants NW - 1221 Madison Suite 1124 - Seattle, WA 98104

Boboth Vision Clinic - 403 N Euclid - Grandview, WA 98930

Allen Optical Tacoma - 2202 Cedar St Ste 100 - Tacoma, WA 98405

Jesse Chan OD - 29307 NE 85th Circle - Camas, WA 98607

Maple Valley Vision Clinic PLLC - 22126 SE 237th St - Maple Valley, WA 98038-8533

John P Huard OD - 901 S Lincoln St - Port Angeles, WA 986362-7848

Bridgeport Vision Clinic - 8101 Bridgeport Way SW #C - Tacoma, WA 98492-2419

Lewis County Eye & Vision - P O Box 14126 - Chehalis, WA 98532-0169

Optical Place - 1110 12th - Anacortes, WA 98221-2104

Davis Optical - 6830 Bothell Way NE Suite B - Kenmore, WA 98028

Physicians Anesthesia Services - 1229 Madison Ste 1440 - Seattle, WA 98103-3538

Eye Associates Northwest - P O Box 34181 - Seattle, WA 98124-1181

Everett Optometry Clinic - 3700 Colby Ave - Everett, WA 98206

(Total Major Project Donations \$18,806.21)

Part IV List of Officers, Directors, Trustees and Key Employees

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

Jr. Past President - Toni Schwichtenberg - 21908 83rd Ave W - Edmonds, WA 98146

1st Vice President - Darlene Huntington - 7039 124th Ave NE - Kirkland, WA 98033

P09-3

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

2011

**Open to Public
Inspection**

Name of the organization

Supreme Emblem Club of the United States - Washington State Association

Employer identification number

91-1171874

Part IV List of Officers, Directors, Trustees and Key Employees continued

2nd Vice President - Judith Hohn - 103 S Davis Rd - Lake Stevens, WA 98258

3rd Vice President - Kathie Robinson - 11436 SE 208th St Sp 4 - Kent, WA 98031-1683

4th Vice President - Bobbie Nielsen - 9235 Dibble Ave NW - Seattle, WA 98188-3670

Financial Secretary - Corky Lyman - 13509 Cascadian Way - Everett, WA 98208

Treasurer - Diana Tiegs - 16915 Talbot Rd - Edmonds, WA 98026

Recording Secretary - Sharon Harbin - 375 Union Ave SE #46 - Renton, WA 98059

Corresponding Secretary - Pat Price - 10905 A Glen Acres Dr S - Seattle, WA 98168

Press Correspondent - Jan Johnson - 4216 NE 128th Ave - Vancouver, WA 98682

Historian - Pat Brittan - 636 NW Quincy Pl - Chehalis, WA 98532

Chairman of Trustees - Jessica Howes - 1637 NE 169th St - Shoreline, WA 98155

2nd Trustee - Sherri Gordon - 811 E 56th St - Tacoma, WA 98404

3rd Trustee - Cathy Weygandt - 2207 G Ave - Anacortes, WA 98221

4th Trustee - Lois Frantz - 911 Alder Street Apt 1 - Centralia, WA 98531-2586

5th Trustee - Marilyn Carlson - 1375 Nothview Rd - Oak Harbor, WA 98277

Marshal - Debra Austin - 7029 191st Place SW - Lynnwood, WA 98037

1st Assistant Marshal - Barbara Teall - 17322 38th Pl S - Sea-Tac, WA 98188-3670

2nd Assistant Marshal - Kerry Allen - P O Box 1301 - Coupeville, WA 98239

Chaplain - Lois Avery - 2014 W 21st Pl - Kennewick, WA 99337-3665

Organist - Joyce Slomp - 13210 SE 7th St A2 - Vancouver, WA 98683

Assistant Organist - Jeri Royal - 48078 101st St SW - Lakewood, WA 98499-3822

1st Guard - Myrtle Davis - 9615 Holly Drive #106 - Everett, WA 98204-1170

2nd Guard - Helen Russell - 11544 17th NE - Seattle, WA 98125-5112

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 98536-1431

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	Employer identification number
Supreme Emblem Club of the United States - Washington State Association	91-1171874

Major Project Committee - I Care

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

Co-Chairman - Jessica Howes 1637 NE 169th St - Shoreline, WA 98155

Trustee District 1 - Lorraine Koch - P O Box 2979 - Arlington, WA 98223-2901

Trustee District 2 - Corky Lyman - 13509 Cascadian Way - Everett, WA 98208

Trustee District 3 - Judy Klahn - 2682 Calawah Way - Forks, WA 98331-9714

Trustee District 4 - Lois Frantz - 911 Alder Street Apt 1 - Centralia, WA 98531-2586

Executive Committee

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

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

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

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

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

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

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

Margie Borgert SPP - 751 Laurel St - Edmonds, WA 98020-4027

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

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

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

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

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

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

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

Ruth Herren SPP - 1907 96th Pl SE - Everett, WA 98208-3823

Mary Grennan SPP - 126 SW 138th St. Suite C100, PMB 136 - Seattle, WA 98166-1984

Toni Schwichtenberg SPP - 21908 83rd Ave W - Edmonds, WA 98026

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

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

Supreme Emblem Club of the United States - Washington State Association

91-1171874

Part I Line 16 Other Expenses

Advertising 207

Supplies 500

President's Expenses 3173

Insurance 100

Tax Preparation 31

Bank Service Charges 101

Other Club Expenses 964

Trademark Fee 50

Total Other Expenses 5126