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
nterna Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the nterna Revenue Code (except private foundations)

▷ Do not enter Socia Security numbers on this form as it may be made pub ic

▷ nformation about Form 990 EZ and its instructions is at *www.irs.gov/form990*

OMB No 1545 1150

2013

Open to Public Inspection

A For the 2013 ca endar year, or tax year beginning June 1. , 2013, and ending May 31 , 20 14

B Check if app icab e
- ☐ Address change
- ☐ Name change
- ☐ nitia return
- ☐ Terminated
- ☐ Amended return
- ☐ App ication pend ng

C Name of organization
Fraternal Order of Eagles - Washington State Auxiliary

Number and street (or P O box, if mail is not delivered to street address) Room/suite
15726 Palatine Ave N

City or town, state or province, country, and Z P or foreign posta code
Shoreline, WA 98133-5918

D Emp oyer identification number
23-7163746

E Telephone number
206-362-6322

F Group Exemption Number ▷

G Accounting Method ☑ Cash ☐ Accrua Other (specify) ▷
Website: ▷

H Check ▷ ☑ if the organization is **not** required to attach Schedu e B (Form 990, 990 EZ, or 990 PF)

J **Tax exempt status** (check on y one) ☐ 501(c)(3) ☐ 501(c) (**8**) ◁ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add ines 5b, 6c, and 7b, to ine 9 to determine gross receipts f gross receipts are $200,000 or more, or if tota assets (Part II, 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 Ba ances** (see the instructions for Part)
Check if the organization used Schedu e O to respond to any question in this Part ☐

Revenue	1	Contributions, gifts, grants, and simi ar amounts received		1	52,212.93
	2	Program service revenue inc uding government fees and contracts		2	15,087.98
	3	Membership dues and assessments		3	28,324.76
	4	nvestment income		4	968.70
	5a	Gross amount from sa e of assets other than inventory	5a		
	b	Less. cost or other basis and sa es 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 Schedu e G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not inc uding $ of contributions from fundraising events reported on ine 1) (attach Schedu e 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 (oss) from gaming and fundraising events (add ines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sa es of inventory, ess returns and a owances	7a		
	b	Less: cost of goods so d	7b		
	c	Gross profit or (oss) from sa es of inventory (Subtract ine 7b from ine 7a)		7c	
	8	Other revenue (describe in Schedu e O)		8	
	9	**Tota revenue** Add ines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▷		9	96,594.37
Expenses	10	Grants and simi ar amounts paid (list in Schedu e O)		10	37,283.29
	11	Benefits paid to or for members		11	
	12	Sa aries, other compensation, and emp oyee benefits		12	3,001.02
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, uti ities, and maintenance		14	2,374.45
	15	Printing, pub ications, postage, and shipping		15	3,514.24
	16	Other expenses (describe in Schedu e O)		16	44,564.66
	17	**Tota expenses** Add ines 10 through 16 ▷		17	90,737.66
Net Assets	18	Excess or (deficit) for the year (Subtract ine 17 from ine 9)		18	5,856.71
	19	Net assets or fund ba ances at beginning of year (from ine 27, co umn (A)) (must agree with end of year figure reported on prior year's return)		19	318,217.29
	20	Other changes in net assets or fund ba ances (exp ain in Schedu e O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▷		21	324,074.00

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	318,217.29	22	324,074.00
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	318,217.29	25	324,074.00
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	318,217.29	27	324,074.00

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 . . ☑

What is the organization's primary exempt purpose? **Fraternal and Charitable**

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 our State Madam President's special charity - Terry Home

(Grants $ 31,140.10) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29 Monies raised to support our State Madam President's special project - Eagle Valley Campground

(Grants $ 8,993.60) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30 Additional monies raised for Mary Bridge - Child Advocacy Program

(Grants $ 9,700.75) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .
(Grants $ 2,378.48) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 52,212.93

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 title	(b) 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
Jo Anna Pellerin Jr. Past State President - Advisor to Board of Trustees	1 Hour			
Shelia Wilson State Madam President	40 Hours			
Donna Simonds State Vice President/President Elect	5 Hours			
Linda Knowles State Madam Chaplain	2 Hours			
Carol Levandowski State Madam Secretary	10 Hours	$ 1,396.		
Ellen Blakely State Madam Treasurer	2 Hours			
Carol Wright State Madam Conductor	1 Hour			
Kathleen Noldan State Madam Inside Guard	1 Hour			
Karen Hildebrand State Madam Outside Guard	1 Hour			
State Madam Trustees: Cheryl Postlethwaite JoAnn Schultz	1 Hour each			
Sandi Barron JoAnna Anderson				
Donna Faust				

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	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			
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 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 ▶			
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)? 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			
			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		
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		✓

			Yes	No
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 only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? 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 title of each employee	(b) 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 business address of each independent contractor	(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 Levandowski — Signature of officer — Date: OCTOBER 12, 2014

▶ Carol 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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES - WASHINGTON STATE AUXILIARY

Employer identification number

23-7163746

Part 1 - Line 10 - Grants and similar amounts paid:

Grand Aerie Charities	$ 406.00
Mary Bridge Hospital-Child Advocacy	35,418.53
Youth Activities	213.00
Patriotism Program	1,180.76
Fisher House Program	65.00
Total Line 10	$ 37,283.29

Part 1 - Line 16 - Other Expenses:

State Chairmen Program Expense	$ 7,029.65
Convention Expense - Ballots, Credentials	1,285.94
State Officer, State Chairmen - Mileage and Per Diem	18,938.50
Gifts, Flowers, Baskets	1,891.23
Awards, Plaques, Badges, Pins	2,656.90
Corporation Renewal	10.00
State Audit - Mileage and Per diem	802.40
State Madam President Visitations	5,763.50
Secretary, Treasurer, Auditor School	477.16
Insurance	300.00
Office Supplies	726.23
Purchase of Copy Machine	4,106.25
State Officer Telephone Expense	500.00
Bank Fees	76.90
Total Line 16	$44,564.66

Name of the organization	Employer identification number
Fraternal Order of Eagles - Washington State Auxiliary	23-7163746

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

The Purpose of this Fraternal Organization is to help others. This year we have chosen as our special Charity "Terry Home" and as our special project Eagle Valley Campground as well as supporting our Youth activities programs, our Patriotism program and our National Fraternal charities.

PART III - LINE 31 - OTHER EXPENSES

Grand Aerie Charities	$ 827.97
Patriotism Program	1,383.51
Zipper Club	54.00
Youth Program	113.00
Total Line 31	$2,378.48