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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

201305

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

C Name of organization Fraternal Order of Eagle
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 province, country, and ZIP or foreign postal code
Everett, WA 98213-8461

D Employer identification number
91-0226548

E Telephone number
360 653-7549

F Group Exemption Number ► 0201

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

I Website: ► 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 Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 115,778

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	154
	2	Program service revenue including government fees and contracts		2	5,719
	3	Membership dues and assessments		3	87,657
	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 1,740		
	b	Gross income from fundraising events (not including $ 154 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 1,740		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	1,740
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	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	20,508
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9	115,778
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	7,225
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	19,375
	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	8,311
	16	Other expenses (describe in Schedule O)		16	67,780
	17	**Total expenses.** Add lines 10 through 16 ►		17	102,691
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	13,087
	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	338,716
	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	351,803

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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	336,216	22	349,503
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	2,500	24	2,300
25	**Total assets**	338,716	25	351,803
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)	338,716	27	351,803

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? See Schedule O

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 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 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
Mike Simonds, Junior Past State Aerie President 804 Old Samish Rd., Bellingham, WA 98328	5 Hrs./Wk	0	0	0
Ken Schnorr, State Aerie President 201 Union S.E., Renton, WA 98059	20 Hrs./Wk.	0	0	0
Karma Krogh, State Aerie Vice Pres./President Elect. P.O B. 408, Grapeview, WA 98546	5 Hrs./Wk.	0	0	0
Jack Anderson, State Aerie Chaplain 1701 N. Tower Ave., Centralia, WA 98531	5 Hrs./Wk.	0	0	0
William K. Smith, State Aerie Secretary P O Box 3461, Everett, WA 98213-8461	40 Hrs./Wk.	12,000	0	0
Doug Ashmore, State Aerie Treasurer P.O. Box 21, Chehalis, WA 98532	6 Hrs./Wk.	0	0	0
Bill Walton, State Aerie Conductor 1828 Methow, Wenatchee, WA 98801	5 Hrs./Wk.	0	0	0
Sean McGrath, State Aerie Inside Guard P.O. Box 586, North Bend, WA 98045	5 Hrs./Wk.	0	0	0
Frank Santa Cruz, State Aerie Outside Guard P.O Box 904, Castle Rock, WA 98611	5 Hrs./Wk.	0	0	0
Jim Holmes, State Aerie Trustee 310 Seattle Blvd. So., Pacific, WA 98047	5 Hrs./Wk.	0	0	0
Ken Davies, State Aerie Trustee 217 E. Rio Vista, Burlington, WA 98233	5 Hrs./Wk.	0	0	0
Bob Stritzel, State Aerie Trustee 925 Monitor Ave., Wenatchee, WA 98801	5 Hrs./Wk.	0	0	0

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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			
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 ▶			
42a	The organization's books are in care of ▶ **William K. Smith, State Aerie Secretary** Telephone no ▶ **360 653-7549**			
	Located at ▶ **8223 47th Ave N.E #2, Marysville, WA (No mail delivery to this address)** ZIP + 4 ▶ **98270**			
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 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		✓
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		✓

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			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

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

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 — Date: 1-1-2015

William K. Smith, Washington 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

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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

2013

Open to Public Inspection

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

Employer identification number: 91-0226548

Part I #8

Interest Savings Fund	6
State Convention (Meals, Ads, Etc)	19,464
Directory Sales	190
WEb Site Ads	200
Miscellaneous	648

Part I #10

Membership Awards	6,000
Districts 25 Cents per new Member Award	1,225

Part II #24

Equipment, Office Supplies, Furniture, Regalia.

Part III

Secure an efficient organization 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 it's various activities, provide a Fall Leadership Conference for training and membership promotion motivation, several Zone Conferences annually, and training for the 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 program with our local Aeries in our State, incentive awards for those members that bring in new membership which improves our ability to provide charity programs for research into cures for Diabetes, Cancer, Heart disease, Alzheimer's, Spinal injuries, Crippled Children, etc.. These grants come back to non profit research organizations in our State from donations made by our local Aeries through the Grand Aerie, F.O E. International Memorial 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 .

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

Employer identification number: 91-0226548

Part I #18

Bond and Liability Insurance	4,658
Membership Board Mileage and Per diem	1,653
Non Identified Funds	38
Secretary, Treasurer, Auditor Workshop	390
Trustee Workshop	1,750
Local Aerie advisor	920
State Aerie Badges	850
State Aerie Plaques	1,052
State Aerie Pins	1,189
Patriotism Program	895
State President's Pin and Plaque	701
Ritual Judges	257
State Convention Expense	26,209
Ritual Team Awards	917
State Officer Registration	255
State Aerie Telephone	940
Memorial and Funeral	121
Grand Aerie Program	1,050
State President's Assignments	10,496
State Aerie Officer Meetings	10,564
State Aerie President's Telephone	295
District Deputy Expense	610
Zone President's Expense	578
Political Action	378
Prayer Breakfast Expense	154
Credential Committee Expense	864

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Name of the organization	Employer identification number
Washington State Aerie, F.O.E.	91-0226548

Part IV (continuation)

Jeremy Werdall, State Aerie Trustee P.O. Box 3442, Belfair, WA 98528

Clarence Hall, State Aerie Trustee 211 McDonald Road, Toppenish, WA 98948

Mike Matthiasn State Aerie Trustee at Large 15980latty Ave., Monroe, WA 98272