



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 Tax**

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

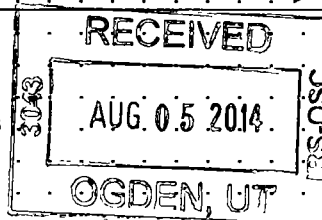
▶ Do not enter Social Security numbers on this form as it may be made public.

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

A For the 2013 calendar year, or tax year beginning July 1 , 2013, and ending June 30 , 20 14													
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Supreme Emblem Club of the United States - Washington State Association</td> <td>D Employer identification number 91-1171874</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number</td> </tr> <tr> <td colspan="2">% Ardenna Hart P O Box 151</td> <td>F Group Exemption Number ▶ 1065</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Wooster, OH 44691-0151</td> <td></td> </tr> </table>	C Name of organization Supreme Emblem Club of the United States - Washington State Association		D Employer identification number 91-1171874	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number	% Ardenna Hart P O Box 151		F Group Exemption Number ▶ 1065	City or town, state or province, country, and ZIP or foreign postal code Wooster, OH 44691-0151		
C Name of organization Supreme Emblem Club of the United States - Washington State Association		D Employer identification number 91-1171874											
Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number											
% Ardenna Hart P O Box 151		F Group Exemption Number ▶ 1065											
City or town, state or province, country, and ZIP or foreign postal code Wooster, OH 44691-0151													
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													
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 ▶ \$ 62729													

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	21952
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	1400
	4	Investment income	4	6262
	5a	Gross amount from sale of assets other than inventory 5a		
	5b	Less: cost or other basis and sales expenses 5b		
	5c	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		1743
b	Gross income from fundraising events (not including \$ 21952 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		31372	
c	Less: direct expenses from gaming and fundraising events 6c		18995	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		14120	
Expenses	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		0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		43734
	10	Grants and similar amounts paid (list in Schedule O) 10		46667
	11	Benefits paid to or for members 11		0
	12	Salaries, other compensation, and employee benefits 12		0
	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		4497	
16	Other expenses (describe in Schedule O) 16		3743	
17	Total expenses. Add lines 10 through 16 ▶ 17		54907	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		-11173
	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		396096
	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		384923



For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form **990-EZ** (2013)

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	396096	384923
23	Land and buildings		
24	Other assets (describe in Schedule O)		
25	Total assets		
26	Total liabilities (describe in Schedule O)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	396096	384923

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? Per attached 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	Per attached Schedule O		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a	46667
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	46667

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	✓
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 ▶ Washington		
42a The organization's books are in care of ▶ Huntington Services - 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 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 ☐

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 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."

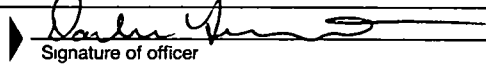
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

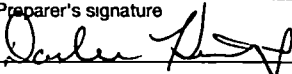
d Total number of other independent contractors each receiving over \$100,000 ▶

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		Date
	Darlene Huntington - State Past President	7/30/14

Paid Preparer Use Only	Print/Type preparer's name Darlene Huntington	Preparer's signature 	Date 7/30/14	Check ☒ if self-employed	PTIN P00697462
	Firm's name ▶ Huntington Services	Firm's EIN ▶ 04-3834192			
	Firm's address ▶ 7039 124th Ave NE Kirkland, WA 98033-8322	Phone no 425-822-3015			

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (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

Supreme Emblem Club of the United States - Washington State Association

Employer identification number

91-1171874

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 Golf/Bowling etc (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	26707	4665	0	31372
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	26707	4665	0	31372
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	11883	1724		13607
	8 Entertainment				
	9 Other direct expenses	5256			5256
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				18863
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				12509

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			1743	1743
Direct Expenses	2 Cash prizes			132	132
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				132
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				1611

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: Not required 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.** 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

Name of the organization

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**

Supreme Emblem Club of the United States - Washington State Association

Employer identification number

91-1171874

Part 1 Expenses Line 10 Grants and similar amounts paid \$ 46,667

Scholarships: \$9,000.00

Pacific Lutheran University- Regina Ann Ongoco -9311 64th Ave Ct E - Puyallup, WA 98371 \$1000

University of Washington -Bryan Beard -124 N Bogart Ave - Granite Falls, WA 98252 \$1000

Whatcom Community College- Alisa Chaput- 4389 Sleet Rd - Blaine, WA 98230 \$1000

Seattle Pacific University -Bethany Putney -9110 SE Butte Ave - Vancouver, WA 98664 \$1000

Central Washington University -Sydney Johnson- 2128 Seaview Ave W - University Place, WA 98466-4828 \$2000

Western Washington University- Cassondra Kilpatrick -8576 Pinkerton RD - Anacortes, WA 98221 \$1000

Gonzaga University- Madeleine Reed -4309 Olympia Blvd - Everett, WA 98203 \$1000

George Fox University -Tristan Howell -283 SW Seminole Dr - Beaverton, OR 97006 \$1000

Other Donations \$9,603.50

Supreme Scholarship Fund \$200.00, Pediatric Interim Care Center - 328 4th Ave South - Kent, WA 98032 \$7,178.50

OSAEC Major Project - Pot of Gold \$25.00 , CNHSAEC Major Project - Scholarship \$25.00 , ASAEC Major Project - Special Olympics \$25.00

Wreaths Across America - P O Box 249 - Columbia Falls, ME 04623 150.00 ,

My Blind Spot - 90 Broad Street - 18th Fl - New York, NY 10004 \$2,000.00

Major Project Recipient Providers \$28,062.62

America's Best 3333 184th St SW - Lynnwood, WA 98037

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

Brian Duvall OD - 408 Main Ave S - North Bend, WA 98045

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

Dr June Wang OD - 302 NE Northgate Way - Seattle, WA 98125

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

Eye Doctors LTD - 1083 Cedar Ave - Marysville, WA 98270

Eyes on James Optical Shop - Box 359764 -325 9th Ave - Seattle, WA 98104

Innovations in Eyecare Inc. 1125 Mellen Street - Centralia, WA 98531 Island Optometry Clinic - 1610 Commercial Ave - Anacortes, WA 98221

Jay Huddleston OD 110 12th Street - Anacortes, WA 98221-2104

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

Maple Valley Vision Clinic - 27010 B SE Maple Valley Black Diamond Rd - Maple Valley, WA 98038

Monroe Vision Clinic - 14841 179th Ave SE, Monroe, WA, 98272

Pearle Vision - 3923 Factoria Mall SE - Bellevue, WA 98006

Sears - 15711 Aurora Ave N - Shoreline, WA 98133

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

2

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

Supreme Emblem Club of the United States - Washington State Association

Employer identification number

91-1171874

Part 1 Expenses Line 10 Grants and similar amounts paid \$ 46,667 Major Project Recipient Providers \$28,062.62 - Continued

Silver Lake Eye Care - 10217 19th Ave SE Ste 102 - Everett, WA 98208 Steven Davis OD - 16708 Bothell-Everett Hwy - Mill Creek, WA 98012

Target - 11400 51st Ave - Gig Harbor, WA Thomas Reis OD - 811 Georgiana St - Port Angeles, WA 98362

Vista Optical - 20901 State Highway 410E - Bonnie Lake, WA 98390

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

Wilson Family Eyecare 617 Market Street - Prosser, WA 99350

Part 1 Expenses Line 16 Other Expenses \$ 3,743

Web Site - Advertising \$80 President's Travel \$3,500 Surety Bond \$100 Tax Preparation \$48 Bank Service Charges \$15

Part III What is the organization's primary exempt purpose? The Washington State Association of Emblem Clubs is a Community Service

Organization. Major Service Areas include Veterans Affairs, Annual Scholarship, and Assistance to the Visually handicapped.

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

Officers President Judith Hohn 103 S Davies Rd Lake Stevens, WA 98258

Jr. Past President Darlene Huntington 7039 124th Ave NE Kirkland, WA 98033-8322

1st Vice President Kathie Robinson 11436 SE 208th St Sp 4 Kent, WA 98031-1683

2nd Vice President Bobbie Nielsen 9235 Dibble Ave NW Seattle, WA 98188-3670

3rd Vice President Janet Johnson 4216 NE 128th Ave Vancouver, WA 98682

4th Vice President Mitzi Gimberg 24024 137th Ave SE Kent, WA 98042

Financial Secretary Violet Simonson 12529 3rd Ave NE Seattle, WA 98125-5112

Treasurer Jean Bigelow 2018 N 148th Shoreline, WA 98133-6631

Recording Secretary Barbara Teall 17322 38th PL S Sea-Tac, WA 98188-3670

Corresponding Secretary Debra Austin 7029 191st Place SW Lynnwood, WA 98037

Press Correspondent Helen Russell 11544 17th NE Seattle, WA 98125-5112

Historian Sydney Johnson 2138 Seaview Ave W University Place, WA 98466-4628

Chairman of Trustees Nancy Nicholson 8017 NE 102nd Circle Vancouver, WA 98662

2nd Trustee Marilyn Carlson 1375 Northview Rd Oak Harbor, WA 98277

Name of the organization

Employer identification number

Supreme Emblem Club of the United States - Washington State Association

91-1171874

3rd Trustee Pat Brittan 636 NW Quincy Pl Chehalis, WA 98532

4th Trustee Kern Baesman 4801 180th St SW #B-207 Lynnwood, WA 98037

5th Trustee Vicki Miller 1641 Jefferson Ct SE Renton, WA 98058-3819

Marshal Corky Lyman 13509 Cascadian Way Everett, WA 98208

1st Assistant Marshal Lois Morgensen 9600 9th Ave NW # 404 Seattle, WA 98117-2265

2nd Assistant Marshal Karen Sargent 1212 Georgiana St Port Angeles, WA 98362

Chaplain Cathy Weygandt 2207 G Avenue Anacortes, WA 98221

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 Margie Wentz 8006 52nd Dr NE Marysville, WA 98270

2nd Guard Kathleen O'Callaghan P O Box 9053 Seattle, WA 98109

INVESTMENT COMMITTEE

Chairman Joan Parker 4930 N. Scenic View Lane Tacoma, WA 98407-1365

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

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

Committee Toni Schwichtenberg SPP 21908 83rd Ave W Edmonds, WA 98206-7817

Committee Kymberli Nelson 17104 SE 138th St Renton, WA 98059-7007

MAJOR PROJECT COMMITTEE - I CARE

Chairman Sharon Delaney SPP 3072 Hunt St NW Sp 42 Gig Harbor, WA 98335-8258

Co-Chairman Mary Grennan SPP 126 SW 148th St Suite C100 PMB 136 Seattle, WA 98166-1984

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

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

EXECUTIVE COMMITTEE

JoAnn Smith SPP 27007 37th Ave S Kent, WA 98032

44

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

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

EXECUTIVE COMMITTEE Continued

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

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

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

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

Margie Borget SPP 751 Laurel Street 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 148th St Suite C100 PMB 136 Seattle, WA 98166-1984

Toni Schwichtenberg SPP 21908 83rd Ave W Edmonds, WA 98206-7817

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

Darlene Huntington SPP 7039 124th Ave NE Kirkland, WA 98033-8322

Judith Hohn 103 S Davies Rd Lake Stevens, WA 98258