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

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

OMB No 1545-1150

2014**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 2014 calendar year, or tax year beginning **July 1**, 2014, and ending **June 30**, 2015**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 Hart P O Box 151

City or town, state or province, country, and ZIP or foreign postal code

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**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.

▶ \$ **69150****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	25859
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1338
	4	Investment income	4	7941
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 25859 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	34012
c	Less: direct expenses from gaming and fundraising events	6c	18065	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15947	
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	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	51085
	10	Grants and similar amounts paid (list in Schedule O)	10	32613
	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	
Net Assets	15	Printing, publications, postage, and shipping	15	3371
	16	Other expenses (describe in Schedule O)	16	4693
	17	Total expenses. Add lines 10 through 16	17	40677
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10408
	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	384923
	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	395331

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2014)

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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	384923	22 395331
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets		25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	384923	27 395331

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?

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; optional for
others)

28	Per attached Schedule O		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a	32613
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	32613

Part IV	List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
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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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ► <u>Huntington Services - Darlene Huntington</u> Telephone no. ► <u>425-822-3015</u> Located at ► <u>7039 124th Ave NE - Kirkland, WA</u> ZIP + 4 ► <u>98033-8322</u>		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	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	✓
b 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

f Total number of other employees paid over \$100,000 ▶

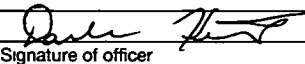
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

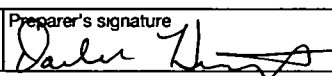
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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 7/29/15
	Darlene Huntington - State Past President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Darlene Huntington	Preparer's signature 	Date 7/29/15	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

2014

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 <u>Meeting/Sales</u> (event type)	(b) Event #2 <u>Ways N Mean</u> (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	28961	2934		31895
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	28961	2934		31895
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	14480			14480
	8 Entertainment				
	9 Other direct expenses	3585			3585
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				18065
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				13830

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			2117	2117
Direct Expenses	2 Cash prizes				
	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) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				2117

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

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

b If "No," explain: Raffles 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 conduct 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 conducted 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 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.

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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 \$ 3,2613

Scholarships \$8,000

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

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

University of Wisconsin Megan McClement 4389 Sleet Rd - Blaine, WA 98230 \$1000

Brigham Young University Hawaii Erin M Weekea 9110 SE Butte Ave - Vancouver, WA 98664 \$1000

Lower Columbia College Seaver Whalen 17407 SE 3rd St, Vancouver, WA 98683 \$1000

University of Phoenix Karen Falen 40926 Schafer Place, Palm Desert, CA 92211 \$1000

Lingfield College Skylor Elegerico 17716 Highland View Dr, Arlington, WA 98223 \$1000

North Seattle Community College Morgan Verlinda 2116 NE 85th St #3, Seattle, WA 98683 \$1000

Other Donations: Supreme Scholarship Fund \$200

Major Project Recipient Providers \$ 24413

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

Belinda Badorak OD - Clearwater Family I Care - 6515 W. Clearwater Suite 340 Kennewick, WA 99336

Contact Lens & Eye 114 E 1st Street - Port Angeles, WA 98263, Costco - 6720 NE 84th Street - Vancouver, WA 98665-2016

Dr Warren Barmore - 714 Sixth ST - Prosser, WA 99350-1439 Eye Doctors LTD - 1083 Cedar Ave - Marysville, WA 98270

Davis Optical - 6830 Bothell Way NE Suite B - Kenmore, WA 98028, Dr. Jennifer S. Kwok, OD. 18805 State Route 2 Ste A Monroe, WA 98272

Franciscan Health 1608 S. J St., 3rd Floor, Tacoma, WA 98405 Greenwood Optical 133 N 85th St - Seattle, WA 98103

Lake Stevens Vision, State Rt 9 NE Ste 104, Lake Stevens, WA 98258

Northwest Vision Center, 12301 NE 10th Pl Ste 200, Bellevue, WA 98005

Island Optometry Clinic - 1610 Commercial Ave - Anacortes, WA 98221

National Vision Optical Optometrist. 2202 Fort Lewis, Tacoma, WA 98433

Jay Huddleston OD 110 12th Street - Anacortes, WA 98221-2104 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 Dr. William S. Church, OD, 3700 Colby Ave Everett, WA 98201

Name of the organization

Employer identification number

Supreme Emblem Club of the United States - Washington State Association**91-1171874****Part I Expenses Line 16 Other Expenses \$4693****Supplies \$900, President's Expense \$3580, Surety Bond \$100, Tax Preparation \$47, Bank Service Charges \$66****Part III What is the organization's primary 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.****and Assistance to the Visually handicapped.****Part V List of Officers, Directors, Trustees, and Key Employees****Officers: President Kathie Robinson 11436 SE 208th St Sp 4 Kent, WA 98031-1683****Jr. Past President Judith Hohn 103 S Davies Rd Lake Stevens, WA 98258****1st Vice President Bobbie Nielsen 9235 Dibble Ave NW Seattle, WA 98188-3670****2nd Vice President Janet Johnson 4216 NE 128th Ave Vancouver, WA 98682****3rd Vice President Mitzi Gimberg 24024 137th Ave SE Kent, WA 98042****4th Vice President Sharon Harbin 201 Union Ave SE # 190 Renton, WA 98059-5182****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 Kymberli Nelson 17104 SE 138th St Renton, WA 98059-7007****Press Correspondent Helen Russell 11544 17th NE Seattle, WA 98125-5112****Historian Karen Sargent 1212 Georgiana St Port Angeles, WA 98362****Chairman of Trustees Nancy Nicholson 8017 NE 102nd Circle Vancouver, WA 98662****2nd Trustee Cathy Weygandt 2207 G Avenue Anacortes, WA 98221****3rd Trustee Kem Baesman 4801 180th St SW #B-207 Lynnwood, WA 98037****4th Trustee Kathleen O'Callaghan P O Box 9053 Seattle, WA 98109****5th Trustee Ana Harlos 1117 132nd St South Tacoma, WA 98444****Marshal Vicki Miller 1641 Jefferson Ct SE Renton, WA 98058-3819****1st Assistant Marshal Marilyn Carlson 1375 Northview Rd Oak Harbor, WA 98277****2nd Assistant Marshal Deb Williams P O Box 12893 Everett, WA 98206****Chaplain Pat Taylor 6814 40th St Ct NW Gig Harbor, WA 98335-6521**

Pg 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
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Supreme Emblem Club of the United States - Washington State Association

Employer identification number

91-1171874

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

Officers Continued

Organist Glenis Pereboom 348 NW 195th St Shoreline, WA 98177-2534

Assistant Organist Joyce Slemp 13210 SE 7th St A2 Vancouver, WA 98683

1st Guard Marlene Klingel 5713 178th St SW Lynnwood, WA 98037

2nd Guard Barbara Lehning 220 196th St SE #41 Bothell, WA 98012-7231

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

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

Trustee District 2 Cathy Weygandt 2207 G Avenue Anacortes, WA 98221

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

Trustee District 4 Doris Ruppel 11304 SE 10th St T5 Vancouver, WA 98664

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

EXECUTIVE COMMITTEE

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

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

Name of the organization

Employer identification number

Supreme Emblem Club of the United States - Washington State Association

91-1171874

EXECUTIVE COMMITTEE - Continued

Donna Del Monico SPP, 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

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