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

OMB No 1545-1150

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.**A** For the 2015 calendar year, or tax year beginning **July 1**, 2015, and ending **June 30**, 2016**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

% Ardena 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

▶ \$ **60926****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 ☐

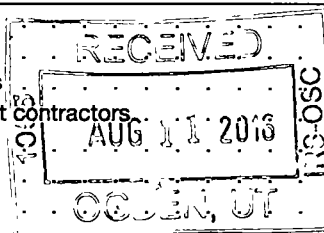
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	19723
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1247
	4	Investment income	4	8054
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other 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	3303
	b	Gross income from fundraising events (not including \$ 19723 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	28599
c	Less: direct expenses from gaming and fundraising events	6c	16792	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15110	
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	44134	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	27672
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2132
	16	Other expenses (describe in Schedule O)	16	5255
	17	Total expenses. Add lines 10 through 16	17	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35059
	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	9075
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	395331
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	404406

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2015)

SCANNED SE Revenue 2016



P 124

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	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	✓

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		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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."

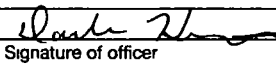
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 <u>8/6/14</u>
	Darlene Huntington - WSAEC Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Darlene Huntington	Preparer's signature 	Date <u>8/6/14</u>	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" on 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

2015

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" on 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" on 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 Ways N Means (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	21604	6995		28599
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	21604	6995		28599
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		825		825
	7 Food and beverages	15368			15368
	8 Entertainment				
	9 Other direct expenses	599			599
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				16792
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				11807	

Part III Gaming. Complete if the organization answered "Yes" on 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			3303	3003
Direct Expenses	2 Cash prizes				
	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) ▶				0	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				3003	

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: Not required in raffles are done during State Meetings and not sold to a none Emblem member

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 Q
(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

2015

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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 \$ 3000

Loyola Marymount University Seaver Whalen 17407 SE 3rd St, Vancouver, WA 98683 1000

Gonzaga University Mady Reed 4309 Olympic Blvd, Everett, WA 98203 1000

Claremont McKenna College Nicholas DeGallier 2911-131st PI NE, Bellevue, WA 98005 1000

Other Donations \$11451

Pediatric Interim Care Center - 328 4th Ave South - Kent, WA 98032 10,056

Northwest School for Deaf & Hard of Hearing Children - P O Box 33666 - Shoreline, WA 98133 760.00

Pets for Vets - Kent, Washington 360

OSAEC Major Project - Pot of Gold 25

CNHSAC Major Project - Scholarship 25

ASAEC Major Project - Special Olympics 25

Supreme Scholarship Fund 200

Major Project Recipients Providers \$13221

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

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

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

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

Sears - 15711 Aurora Ave N - Shoreline, WA 98133

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

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

North Cascade Eye - 1110 12th St - Anacortes, WA 98221

National Vision - 2041 148th Ave NE - Bellevue, WA 98007

Family Vision Care - 2314 SW 336th St - Federal Way, WA 98023

Everett Vision Clinic - 3802 Colby Ave - Everett, WA 98201

Harborview Vision - 390 E Whidbey Ave Suite 101 - Oak Harbor, WA 98277

Vision Plus - 1101 106th Ave NE Suite 10 - Bellevue, WA 98004

Group Health Vision - 9720 4th Ave NE - Seattle, WA 98115

Costco Vision - 8629 120th Ave NE - Kirkland, WA 98033

Linda Brown Kelly OD

Loren Reimers OD

Part 1 Expenses Line 16 Other Expenses \$5255

President's Travel Expense 4083, Surety Bond, Tax Preparation 59, Other Club Expenses 906, Bank Service Charges 107

PART III - What is the organization's purpose? The Washington State Association of Emblem Clubs is a Community Service Organization.

Major Service Areas include Veterans Affairs, Annual Scholarships and Assistance to the Visually handicapped and Assistance to the

Visually Handicapped. Funding to help with rehab for Drug related babies.

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

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

Officers: President Bobbie Nielsen 9235 Dibble Ave NW Seattle, WA 98188-3670

Jr. Past President Kathie Robinson 11436 SE 208th St Sp 4 Kent, WA 98031-1683

1st Vice President Janet Johnson 4216 NE 128th Ave Vancouver, WA 98682

2nd Vice President Mitzi Gimberg 24024 137th Ave SE Kent, WA 98042

3rd Vice President Sharon Harbin 201 Union Ave SE # 190 Renton, WA 98059-5182

4th Vice President Debra Austin 7029 191st Pl SW Lynnwood, WA 98036

Financial Secretary Deb Williams P O Box 12893 Everett, WA 98206

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

Recording Secretary Helen Russell 11544 17th NE Seattle, WA 98125-5112

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

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

Historian Cathy Weygandt 2207 G Avenue Anacortes, WA 98221

Chairman of Trustees Joanne Hartley 250 W Crescent Harbor Rd Oak Harbor, WA 98277

2nd Trustee Marlene Klingel 5713 178th St SW Lynnwood, WA 98037

3rd Trustee Kathleen O'Callaghan P O Box 9053 Seattle, WA 98109

4th Trustee Lorraine Koch P O Box 2979 Arlington, WA 98223-2901

5th Trustee Barbara Lehning 220 196th St SE #41 Bothell, WA 98012-7231

Marshal Marilyn Carlson 1375 Northview Rd Oak Harbor, WA 98277

1st Assistant Marshal Barbara Teall 201 Union Ave SE Unit 172, Renton, WA 98059-5167

2nd Assistant Marshal Nancy Nicholson 8017 NE 102nd Circle Vancouver, WA 98662

Chaplain Ana Harlos 1117 132nd St South Tacoma, WA 98444

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

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

1st Guard Carol Whalen 16114 NE 15th St Vancouver, WA 98684-8794

2nd Guard Betty Anderson 17120 SE 136th St Renton, WA 98059-7007

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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2015

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Inspection**

Name of the organization

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 - Continued

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

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 Eileen Stromme 8820 82nd Ave SW Lakewood, WA 98498-5804

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

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 Borgert 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 518 Forks, WA 98331-0518

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

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

Employer identification number

Supreme Emblem Club of the United States - Washington State Association

91-1171874

Part V List of Officers, Directors, Trustees, and Key Employees - Continued EXECUTIVE COMMITTEE Continued

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 7726 203rd St SW Edmonds, WA 98026-6851

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

Judith Hohn SPP 103 S Davies Rd Lake Stevens, WA 98258

Kathie Robinson SPP 11436 SE 208th St Sp 4 Kent, WA 98031-1683

Bobbie Nielsen 9235 Dibble Ave NW Seattle, WA 98188-3670