



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

**2016****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](http://www.irs.gov/form990).**A** For the 2016 calendar year, or tax year beginning July 1, 2016, and ending June 30, 2017**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 Exemption

Number ▶ 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. ▶ \$

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 ☐

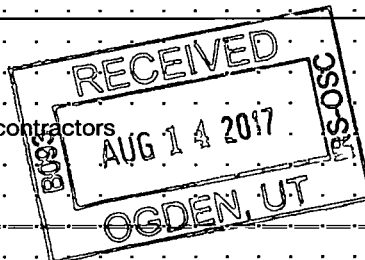
|            |                                                                                                                                                                                                                  |                                                                                                                                                  |        |         |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|
| Revenue    | 1                                                                                                                                                                                                                | Contributions, gifts, grants, and similar amounts received                                                                                       | 1      | 17,722  |
|            | 2                                                                                                                                                                                                                | Program service revenue including government fees and contracts                                                                                  | 2      |         |
|            | 3                                                                                                                                                                                                                | Membership dues and assessments                                                                                                                  | 3      | 1,169   |
|            | 4                                                                                                                                                                                                                | Investment income                                                                                                                                | 4      | 8,308   |
|            | 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     | 1,777   |
| b          | Gross income from fundraising events (not including \$17,722 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                                                                                                                                               | 24,300 |         |
| c          | Less: direct expenses from gaming and fundraising events                                                                                                                                                         | 6c                                                                                                                                               | 15,979 |         |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                               | 6d                                                                                                                                               | 10,098 |         |
| 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          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                    | 9                                                                                                                                                | 37,297 |         |
| Expenses   | 10                                                                                                                                                                                                               | Grants and similar amounts paid (list in Schedule O)                                                                                             | 10     | 22,979  |
|            | 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     | 1,349   |
|            | 16                                                                                                                                                                                                               | Other expenses (describe in Schedule O)                                                                                                          | 16     | 5,531   |
|            | 17                                                                                                                                                                                                               | <b>Total expenses.</b> Add lines 10 through 16                                                                                                   | 17     | 29,859  |
| Net Assets | 18                                                                                                                                                                                                               | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | 18     | 7,438   |
|            | 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     | 404,406 |
|            | 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     | 411,844 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2016)

SCANNED AUG 18 2017



17

f



**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           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------|
| <b>33</b> 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 . . . . .                                                                                                                                                                                                                                                                     | <b>33</b>             | ✓            |
| <b>34</b> 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) . . . . .                                                                                                                                                                              | <b>34</b>             | ✓            |
| <b>35a</b> 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)? . . . . .                                                                                                                                                                                                                                                   | <b>35a</b>            | ✓            |
| <b>b</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 . . . . .                                                                                                                                                                                                                                                                                                               | <b>35b</b>            |              |
| <b>c</b> 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 . . . . .                                                                                                                                                                                                                         | <b>35c</b>            | ✓            |
| <b>36</b> 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 . . . . .                                                                                                                                                                                                                                                       | <b>36</b>             | ✓            |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> . . . . .                                                                                                                                                                                                                                                                                                                              |                       |              |
| <b>b</b> Did the organization file Form 1120-POL for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                   | <b>37b</b>            | ✓            |
| <b>38a</b> 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? . . . . .                                                                                                                                                                                                           | <b>38a</b>            | ✓            |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                                                                                                                               | <b>38b</b>            |              |
| <b>39</b> Section 501(c)(7) organizations. Enter: . . . . .                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                             | <b>39a</b>            |              |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                                    | <b>39b</b>            |              |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► . . . . . ; section 4912 ► . . . . . ; section 4955 ► . . . . .                                                                                                                                                                                                                                                           |                       |              |
| <b>b</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 . . . . .                                                                                                      | <b>40b</b>            |              |
| <b>c</b> 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 . . . . . ► . . . . .                                                                                                                                                                                                                                 |                       |              |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► . . . . .                                                                                                                                                                                                                                                                                                   |                       |              |
| <b>e</b> 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 . . . . .                                                                                                                                                                                                                                                                                 | <b>40e</b>            |              |
| <b>41</b> List the states with which a copy of this return is filed ► . . . . .                                                                                                                                                                                                                                                                                                                                                                             |                       |              |
| <b>42a</b> The organization's books are in care of ► <u>Huntington Services - Darlene Huntington</u> Telephone no. ► <u>425-822-3015</u><br>Located at ► <u>7039 124th Ave NE, Kirkland, WA</u> ZIP + 4 ► <u>98033-8322</u>                                                                                                                                                                                                                                 |                       |              |
| <b>b</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)?<br>If "Yes," enter the name of the foreign country: ► . . . . .<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | <b>42b</b>            | ✓            |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States?<br>If "Yes," enter the name of the foreign country: ► . . . . .                                                                                                                                                                                                                                                                           | <b>42c</b>            | ✓            |
| <b>43</b> 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 . . . . . ► <b>43</b> . . . . .                                                                                                                                                                                                                   |                       |              |
| <del><b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .</del>                                                                                                                                                                                                                                                                                          | <del><b>44a</b></del> | <del>✓</del> |
| <del><b>b</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 . . . . .</del>                                                                                                                                                                                                                                                                                     | <del><b>44b</b></del> | <del>✓</del> |
| <del><b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .</del>                                                                                                                                                                                                                                                                                                                                        | <del><b>44c</b></del> | <del>✓</del> |
| <del><b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</del>                                                                                                                                                                                                                                                                                           | <del><b>44d</b></del> | <del></del>  |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                                                                | <b>45a</b>            | ✓            |
| <b>b</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) . . . . .                                                                                                                                                                                       | <b>45b</b>            | ✓            |

- 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                                  |
|-----------|-----|-------------------------------------|
| <b>46</b> |     | <input checked="" type="checkbox"/> |

**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 |
|-----------|-----|----|
| <b>47</b> |     |    |

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>48</b> |     |    |

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

|            | Yes | No |
|------------|-----|----|
| <b>49a</b> |     |    |

- b** If "Yes," was the related organization a section 527 organization? . . . . .

|            | Yes | No |
|------------|-----|----|
| <b>49b</b> |     |    |

- 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 . . . . .

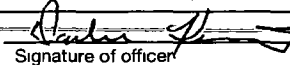
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

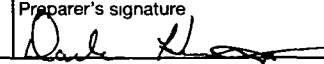
- d** Total number of other independent contractors each receiving over \$100,000 . . . . .

- 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 **8/7/17**

**Darlene Huntington - WSAEC Tax Preparer**  
Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name **Darlene Huntington** Preparer's signature  Date **8/7/17** 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** 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, line 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

Employer identification number

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

**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.

- |                                                                    |                                                                         |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> 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 10 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 |                                   |                                                                  |                                                   |
| <b>1</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>2</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>3</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>4</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>5</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>6</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>7</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>8</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>9</b>                                                  |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>10</b>                                                 |               |                                                                |    |                                   |                                                                  |                                                   |

**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                   | (b) Event #2                 | (c) Other events | (d) Total events                   |
|-----------------|------------------------------------------------------------------------------------|--------------------------------|------------------------------|------------------|------------------------------------|
|                 |                                                                                    | Meetings/Sales<br>(event type) | Ways N Means<br>(event type) | (total number)   | (add col. (a) through<br>col. (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .                                                  | 21605                          | 2695                         |                  | 24300                              |
|                 | <b>2</b> Less: Contributions . . . . .                                             |                                |                              |                  |                                    |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                           | 21605                          | 2695                         |                  | 24300                              |
| Direct Expenses | <b>4</b> Cash prizes . . . . .                                                     |                                |                              |                  |                                    |
|                 | <b>5</b> Noncash prizes . . . . .                                                  |                                |                              |                  |                                    |
|                 | <b>6</b> Rent/facility costs . . . . .                                             |                                | 354                          |                  | 354                                |
|                 | <b>7</b> Food and beverages . . . . .                                              | 15184                          |                              |                  | 15184                              |
|                 | <b>8</b> Entertainment . . . . .                                                   |                                |                              |                  |                                    |
|                 | <b>9</b> Other direct expenses . . . . .                                           | 441                            |                              |                  | 441                                |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                                |                              |                  | 15979                              |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                                |                              |                  | 8321                               |

**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<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| Revenue         | <b>1</b> Gross revenue . . . . .                                                        |                                                                     |                                                                     | 1777                                                                | 1777                                                |
| Direct Expenses | <b>2</b> Cash prizes . . . . .                                                          |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>3</b> Noncash prizes . . . . .                                                       |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>4</b> Rent/facility costs . . . . .                                                  |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>5</b> Other direct expenses                                                          |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>6</b> Volunteer labor . . . . .                                                      | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                     |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                     |                                                                     |                                                                     | 1777                                                |

**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 if raffles are done during State Meeting 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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

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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

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

**91-1171874**

**Part 1 Expenses Line 10 Grants and Similar amounts \$6000**

**New York University Nomuntuya J Luehr 1286 Bellevue Way NE Apt 2, Bellevue, WA 98004-3677 1000**

**Skagit Valley College Keira G Foster 30401 76th Ave NW, Stanwood, WA 98292 1000**

**Gonzaga University Madeleine B Reed 4309 Olympic Blvd, Everett, WA 98203 1000**

**University of Central Florida Jacqueline Godier 9444 Onion Patch Dr, Burke, VA 22015 1000**

**Central Washington University Avery Garrett 2418 E Quartz Mt Dr, Ellensburg, WA 98926 1000**

**Claremont McKenna College Nicholas De Gallier 2911-131st Pl NE, Bellevue, WA 98005 1000**

**Other Donations \$3700**

**OSAEC Major Project - Pot of Gold 25.00**

**CNHSAC Major Project - Scholarship 25.00**

**ASAEC Major Project - Special Olympics 25.00**

**Supreme Scholarship Fund - 200.00**

**Pediatric Interim Care Center - 328 4th Ave South - Kent, WA 98032 3425.00**

**Major Project I Care -Recipient Providers \$13279**

**American Family Vision, 406 Lilly Rd NE Ste A, Olympia, WA 98506**

**Pearl Eye, 407 Baker Blvd, Tukwila, WA 98188**

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

**Sears - 15711 Aurora Ave N - Shoreline, WA 98133**

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

**Thomas Reis OD, 811 Georgiana St, Port Angeles, WA 98362**

**Dr Dolzal 1125 Mellen Street, Centralia, WA 98531**

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

**Highland Vision, 721 N 182nd St Ste 302, Shoreline, WA 98133-4400**

**Vision Works, 175 E Houston St, San Antonio, TX 78205**

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

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

**Part 1 Line 16 Other Expense \$5531**

**Web Site 80 Supplies 433 President's Expense 4000 Surety Bond 100 Bank Service Charges 120 Other Club Expenses 701**

**Tax Prep 47 Trade Mark Fee 50**

**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 |
| <b>Supreme Emblem Club of the United States - Washington State Association</b> | <b>91-1171874</b>              |

**PART IV - Officers, Directors, Trustees****Officers****President Janet Johnson 4216 NE 128th Ave Vancouver, WA 98682****Jr. Past President Bobbie Nielsen 9235 Dibble Ave NW Seattle, WA 98188-3670****1st Vice President Mitzi Gimberg 24024 137th Ave SE Kent, WA 98042****2nd Vice President Sharon Harbin 201 Union Ave SE # 190 Renton, WA 98059-5182****3rd Vice President Debra Austin 7029 191st Pl SW Lynnwood, WA 98036****4th Vice President Diana Tiegs 891 Ocean Bluff Lane Coupeville, WA 98239-3109****Financial Secretary Deb Williams P O Box 12893 Everett, WA 98206****Treasuer Darlene Huntington SPP 7039 124th Ave NE Kirkland, WA 98033-8322****Recording Secretary Helen Russell 11544 17th NE Seattle, WA 98125-5112****Corresponding Secretary Barbara Teall 201 Union Ave SE # 172 Renton, WA 98059-5167****Press Correspondent Ana Harlos 1117 132nd St South Tacoma, WA 98444****Historian Vicki Miller 1641 Jefferson Ct SE Renton, WA 98058-3817****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 Lorraine Koch P O Box 2979 Arlington, WA 98223-2901****4th Trustee Violet Simonson 12529 3rd Ave NE Seattle, WA 98125-5112****5th Trustee Kem Baesman 4801 180th St SW # B-207 Lynnwood, WA 98037-3624****Marshal Nancy Nicholson 8017 NE 102nd Circle Vancouver, WA 98662****1st Assistant Marshal Kymberli Nelson 17104 SE 138th St Renton, WA 98059-7007****2nd Assistant Marshal Carol Whalen 16114 NE 15th St Vancouver, WA 98684-8794****Chaplain Lois Frantz 617 Fulton St Centralia, WA 98531-5301****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 Marilyn Carlson 1375 Northview Rd Oak Harbor, WA 98277****2nd Guard Doris Ruppel 11304 SE 10th St T5 Vancouver, WA 98664**

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****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 - Officers, Directors, Trustees - 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 Toni Schwichtenberg SPP 21908 83rd Ave W Edmonds, WA 98206-7817****Co-Chairman Marie Crockett SPP 8409 W Canyon Ave Kennewick, WA 99336-7934****Trustee District 1 Jean Bigelow 2018 N 148th Shoreline, WA 98133-6631****Trustee District 2 Dale Sandri 1320 N Oak Harbor St # 144 Oak Harbor, WA 98277-3521****Trustee District 3 Eileen Stromme 8820 82nd Ave SW Lakewood, WA 98498-5804****Trustee at Large 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**

Name of the organization

Employer identification number

**Supreme Emblem Club of the United States - Washington State Association****91-1171874****PART IV - Officers, Directors, Trustees - Continued****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****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****Janet Johnson 4216 NE 128th Ave Vancouver, WA 98682**