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23-7163746

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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
2017
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.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUNE 1**, 2017, and ending **MAY 31**, 2018

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
FRATERNAL ORDER OF EAGLES / WASHINGTON STATE AUXILIARY
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P O BOX 519
 City or town, state or province, country, and ZIP or foreign postal code
ELMA, WASHINGTON 98541-0519

D Employer identification number
23-716746

E Telephone number
360-482-2486

F Group Exemption Number
0102

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____

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

I Website: _____

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (8) ◀ (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. **\$ 312,195**

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 ☒ **2**

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	50,734
	2	Program service revenue including government fees and contracts	2	6,485
	3	Membership dues and assessments	3	24,132
	4	Investment income	4	707
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	8,664
	6b	Gross income from fundraising events (not including \$ 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	0
	6c	Less: direct expenses from gaming and fundraising events	6c	830
Net Assets	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,834
	7a	Gross sales of inventory, less returns and allowances	7a	0
	7b	Less: cost of goods sold	7b	0
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	89,892
	10	Grants and similar amounts paid (list in Schedule O)	10	42,501
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	3,409
	13	Professional fees and other payments to independent contractors	13	0
Expenses	14	Occupancy, rent, utilities, and maintenance	14	1,367
	15	Printing, publications, postage, and shipping	15	2,775
	16	Other expenses (describe in Schedule O)	16	32,709
	17	Total expenses. Add lines 10 through 16	17	82,761
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,131
	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	305,064
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	312,195

For Paperwork Reduction Act Notice, see the separate instructions.

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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	305,064	22 312,195.
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	305,064.	25 312,195.
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	305,064.	27 312,195

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? FRATERNAL, CHARITABLE

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 Money raised to support the charity chosen by our State Madam President <u>HONOR FLIGHT</u> <u>Donated to Inland Northwest Honor Flight and Puget Sound Honor Flight</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	25,708.
29 Money raised for State Madam President's choice of Grand Aene Charities. <u>ALZHEIMER'S RESEARCH</u> <u>Money sent to Grand Aene, F O E , for the Alzheimer Research Program</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	13,527.
30 Money raised to support the Grand Madam President's Chanty: <u>KANSAS EYE INSTITUTE</u> <u>Money was sent to Grand Aene, F O E , to be dispersed with money from other States</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	1,759.
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	1,507.
32 Total program service expenses (add lines 28a through 31a)	32	42,501.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CAROL WRIGHT, JR PAST STATE MADAM PRESIDENT	1	0	0	0
KATHLEEN NOLDAN, STATE MADAM PRESIDENT	40	0	0	0
KAREN HILDEBRAND, STATE MADAM VICE-PRESIDENT / PRESIDENT-ELECT	5	0	0	0
JOANN SCHULTZ, STATE MADAM CHAPLAIN	2	0	0	0
CHARLENE BUTTERFIELD, STATE MADAM SECRETARY	10	2,968	0	0
ELLEN BLAKELY, STATE MADAM TREASURER	2	0	0	0
CHERYL POSTLETHWAITE, STATE MADAM CONDUCTOR	1	0	0	0
JOANNA ANDERSON, STATE MADAM INSIDE GUARD	1	0	0	0
CAROL SCHNORR, STATE MADAM OUTSIDE GUARD	1	0	0	0
STATE MADAM TRUSTEE: CHRISTY RAY 1-HOUR				
STATE MADAM TRUSTEE: JOYCE CARSON 1 HOUR				
STATE MADAM TRUSTEE: PAM LINDSEY 1 HOUR				
STATE MADAM TRUSTEE: RUTH KIDD 1 HOUR				
STATE MADAM TRUSTEE: MYLOE SMITH 1 HOUR				

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 0	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 0	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a 0	
b Gross receipts, included on line 9, for public use of club facilities	39b 0	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0		
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 ► CHARLENE BUTTERFIELD, SECRETARY Telephone no. ► 360-482-2486 Located at ► 602 W EATON ST/PO BOX 519, ELMA, WASHINGTON ZIP + 4 ► 98541-0519		
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 United States? 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 0	
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: Charlene Butterfield Date: 7/23/2018
Type or print name and title: CHARLENE BUTTERFIELD, WASHINGTON STATE AUXILIARY SECRETARY

Paid Preparer Use Only Preparer's name: Preparer's signature: Date: Check ☐ if self-employed PTIN:
Firm's name: Firm's EIN:
Firm's address: Phone no:

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

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

FRATERNAL ORDER OF EAGLES / WASHINGTON STATE AUXILIARY

Employer identification number

23-7163746

PART 1-LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

GRAND AERIE CHARITIES \$15,486 [INCLUDES \$13,527 FOR AZHEIMER'S RESEARCH]

STATE PATRIOTISM PROGRAM \$782

HONOR FLIGHT \$25,708

LOCAL STATE CHARITIES \$525

TOTAL \$42,501

PART 1 -LINE 16 OTHER EXPENSE

MEMBERSHIP PROGRAM AND AWARDS \$3,205

GIFTS AND FLOWERS \$726

CHAIRMEN AND OFFICER EXPENSE \$2,675

CONVENTION EXPENSES \$4,250

STATE OFFICERS PER DIEM AND MILEAGE \$12,209

AWARDS AND BADGES \$998

STATE AUDIT \$381

STATE MADAM PRESIDENT'S ALLOWANCE [PER DIEM, MILEAGE, POSTAGE AND PRINTING] \$6,045

BANK FEE \$10

INCORPORATION RENEWAL FEE \$10

SECRETARY, TREASURER, AUDITOR ACHOOOLS \$264

OFFICE SUPPLIES \$1,597

INSURANCE \$340

PART III Every year we strive to raise money for charity. Some charities are the same every year and some change, depending on what is the desire of the State Madam President. All money is raised thru a Bazaar and donations from our members.

PLEASE SEE EXPLANATION FOR PART III -LINE 31 ON THE NEXT PAGE

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

Cat. No 51056K

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

FRATERNAL ORDER OF EAGLES / WASHINGTON STATE AUXILIARY

Employer identification number

23-7163746

PART III-LINE 31

GRAND AERIE CHARITIES \$200

LOCAL STATE CHARITIES \$1,307

TOTAL \$1,507