

Form **990-EZ****Short Form**

OMB No 1545-1150

Return of Organization Exempt From Income Tax**2018**

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

Open to Public InspectionDepartment 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. **1905****A** For the 2018 calendar year, or tax year beginning **June 1**, 2018, and ending **May 31**, 2019**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Washington State Aerie F.O.E.**

Number and street (or P.O. box, if mail is not delivered to street address)

336 36th St.

Room/suite

787

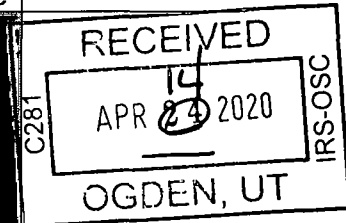
City or town, state or province, country, and ZIP or foreign postal code

Bellingham, Wa. 98225**08****D** Employer identification number**91-0226548****E** Telephone number**(360) 739-4095****F** Group ExemptionNumber ▶ **0201****G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **www.waeagles.org****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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **199,727****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	74,004
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	90,726
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	2,277
	b	Gross income from fundraising events (not including \$ 74,004 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	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,277	
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	32,720	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	199,727	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	27,377
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	19,194
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,667
	16	Other expenses (describe in Schedule O)	16	79,178
	17	Total expenses. Add lines 10 through 16	17	127,416
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	72,311
	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	343,772
	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	416,083



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2018)SCANNED
APR 23 2021

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	342,972	415,283
23 Land and buildings		
24 Other assets (describe in Schedule O)	800	800
25 Total assets	343,772	416,083
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	343,772	416,083

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? **See Schedule "O"**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

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
Mike O'Conner				
Junior Past President	3	0	0	0
Mark Crouchet				
Worthy President	30	0	0	0
Jim Holmes				
Worthy Vice President	3	0	0	0
Bobby Stritzel				
Worthy Chaplain	3	0	0	0
Mike Simonds				
Worthy State Secretary	40	12,000	0	0
Ken Schnorr				
Worthy Treasurer	10	0	0	0
Rich Kennedy				
Worthy Conductor	3	0	0	0
Rick McBee				
Worthy Inside Guard	3	0	0	0
Dave Andrew				
Worthy Outside Guard	3	0	0	0
Fred Brattain				
Trustee	3	0	0	0
Kyle Strong				
Trustee	3	0	0	0
Dale Burgerne				
Trustee	3	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ Mike Simonds Telephone no. ▶ (360) 739-4095 Located at ▶ 804 Old Samish Rd, Bellingham Wa. ZIP + 4 ▶ 98229		
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☒

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer Jim Holmes, Worthy President Type or print name and title Date 4/6/20
------------------	---

Paid Preparer Use Only	Print/Type 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

2018

**Open to Public
Inspection**

Name of the organization

Employer identification number

Washington State Aerie F.O.E.

91-0226548

Part 1, line 8

Misc Income \$1,125

Fall Conference Registration \$440

Wa State Aerie Convention Meals/Booklets/Registration \$30,860

Interest Income, Bank Accounts \$295

Part 1, Line 10

Diabetes Fund \$627

Diabetes Research Center \$420

Fisher House \$411

Heart Fund \$2,939

Jimmy Durante Fund \$645

Lew Reed Spinal Cord Fund \$590

Muscular Dystrophy Fund \$200

Popes Kids Place \$8,551

Wolf Haven \$223

Art Ehrmann Cancer Fund \$574

Wellness Place \$1,138

Medhivor Charity \$6,867

Misc Others \$4,186

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(Form 990 or 990-EZ)

Department of the Treasury
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**Open to Public
Inspection**

Name of the organization

Washington State Aerie F.O.E.

Employer identification number

91-0226548

Part 111, Line 28

Provide a membership program with our local Aeries in our state, Incentive awards for those members that bring in new members which
provide our ability to provide charity programs for research into cures for Diabetes, Cancer, Heart disease, Alzheimer's, Spinal Cord Injury,
Crippled Children, ect. These grants come back to non-profit research organizations in out state and throughout the US, from donations
made by our local Aeries through the Grand Aerie F.O.E. International Charity department. The State Aerie F.O.E. administers reviews and
approves the charity grant applications submitted to the State Aerie and forwards them to the Grand Aerie F.O.E.

Name of the organization

Washington State Aerie F.O.E.

Employer identification number

91-0226548**Part 1, Line 16**

Membership Awards \$447

Name Badges/Plaques \$1,820

Washington State Aerie Convention Expenses \$31,906

Fee's \$476

Insurance \$5,164

Aerie Office Supplies/Equipment Maintenance \$5,687

Aerie Officers Mileage/Perdiem \$25,816

Aerie Training \$91

State Aerie Web Page Expense \$268

Membership Team Mileage/Expense \$1,783

Membership Newspaper \$1,200

Compliance Officer Expenses \$661

Grand Aerie Convention Expenses \$3,722

License \$1,325

Part 11, line 24

Office Furnishings \$800

Part 111

Secure an efficient organization and strengthening of the bond of Fraternalism between our 82 local Aeries and their membership in the State of Washington with the State Aerie and the Grand Aerie F.O.E. indirectly we administer the applications of the CHArity Grants for local non-profit organizations between the local Aerie and the Grand Aerie F.O.E. We provide an annual State Convention with it's various activities, provide a Fall Leadership Conference for training and membership promotion, motivation, 4 Zone Conferences annually for the officers of the local Aeries. We also provide a state newspaper and a Web site for promoting communication and information between the local Aeries and the Washington State Aerie F.O.E.