

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information. 2005

A For the 2019 calendar year, or tax year beginning JUNE 1, 2019, and ending MAY 31, 2020

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)

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

23-716374 6

E Telephone number

360-482-2486

F Group Exemption

Number ▶ 0102

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

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 337,936.00

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

☒

1	Contributions, gifts, grants, and similar amounts received	1	48,465
2	Program service revenue including government fees and contracts	2	6,462
3	Membership dues and assessments	3	24,945
4	Investment income	4	4,435
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events:		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	11,503
b	Gross income from fundraising events (not including \$0 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
c	Less: direct expenses from gaming and fundraising events	6c	802
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	10,701
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less: cost of goods sold	7b	0
c	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	95,008
10	Grants and similar amounts paid (list in Schedule O)	10	58,325
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	4,607
13	Professional fees and other payments to independent contractors	13	0
14	Occupancy, rent, utilities, and maintenance	14	504
15	Printing, publications, postage, and shipping	15	1,350
16	Other expenses (describe in Schedule O)	16	24,819
17	Total expenses. Add lines 10 through 16	17	89,605
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	5,403
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	335,613
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-2,645
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	337,936

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2019)

SCANNED MAY 20 2021

Revenue

Expenses

Net Assets

2

3

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	335,163	22 337,936
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	335,163	25 337,936
26 Total liabilities (describe in Schedule O)		26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	335,163	27 337,936

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 2018-19 State Madam President: SPECIAL OLYMPICS Donated to every Special Olympic Division in the State of Washington		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	39,215
29 Money raised to support other charities in the State of Washington: Patriotism; Pope's Place; Mary Bridge Tree House; F.O.E. Eagle Youth Drill Teams; F.O.E. Museum; Fisher House; and Youth Scholarship		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	10,182
30 Money raised to support Grand Aerie recognized charities: Alzheimer's; Lupus; Muscular Dystrophy; Heart; D.R.C.; Cancer. Money sent to F.O.E.CHARITY FOUNDATION		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	8,928
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	58,325

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
Karen Hildebrand JR. PAST STATE MADAM PRESIDENT	1	0	0	0
JoAnn Schultz STATE MADAM PRESIDENT	30	0	0	0
Cheryl Postlethwaite STATE MAD AM VICE PRESIDENT/PRESIDENT-ELECT	5	0	0	0
JoAnna Anderson STATE MADAM CHAPLAIN	2	0	0	0
Charlene Butterfield STATE MADAM SECRETARY	20	3,929	0	0
Ellen Blakely STATE MADAM TREASURER	2	0	0	0
Carol Schnorr STATE MADAM CONDUCTOR	1	0	0	0
Christy Ray STATE MADAM INSIDE GUARD	1	0	0	0
Mylae Smith STATE MADAM OUTSIDE GUARD	1	0	0	0
STATE TRUSTEES: [ALL 1 HOUR]				
Loni Andrews	1	0	0	0
Cynthia Washington-Mattson	1	0	0	0
Ruth Kidd				
Suzanne Slncock	1	0	0	0
Ella Vogelpohl				

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 ► ; 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 ► CHARLENE BUTTERFIELD, SECRETARY Telephone no. ► 360-482-2486 Located at ► 602 W EATON STREET/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."

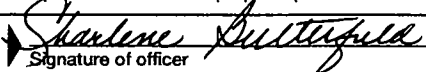
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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** Date 7/20/2020
CHARLENE BUTTERFIELD, STATE MADAM SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no. ▶	
Firm's address ▶				

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

2019

**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.

1. 2018-19 STATE MADAM PRESIDENT'S CHARITY: SPECIAL OLYMPICS: Money raised was divided equally among the 12 Districts

in the State of Washington

\$39,215.00

2 OTHER WASHINGTON STATE PROGRAMS.

FISHER HOUSE \$50.00

YOUTH SCHOLARSHIPS \$100.00

PATRIOTISM \$337.00

F.O.E MUSEUM \$1,295.00

F O.E YOUTH DRILL TEAMS \$1,636.00

MARY BRIDGE MULTICARE /TREE HOUSE PROGRAM \$1,767.00

POPES PLACE \$5,000.00

TOTAL:

\$10,185.00

3 GRAND AERIE CHARITIES:

LUPUS \$69.00

CANCER \$796.00

ALZHEIMER'S \$800.00

MUSCULAR DYSTROPHY \$1,000.00

DIABETIC RESEARCH CENTER \$1,036.00

HEART \$5,224.00

TOTAL:

\$8,925.00

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 monies raised for these charities are thru a bazaar, raffles and donations from our members

SEE NEXT PAGE

Name of the organization

FRATERNAL ORDER OF EAGLES / WASHINGTON STATE AUXILIARY

Employer identification number

23-7163746

PART 1 LINE 16: OTHER EXPENSE:

CORPORATION RENEWAL \$75.00

OFFICER TRAINING \$144.00

OFFICE SUPPLIES \$305.00

INSURANCE \$340.00

AUDITS \$484

GIFTS AND FLOWERS \$704.00

AWARDS AND BADGES \$1,187.00

OFFICER AND CHAIRMEN EXPENSES \$2,056.00

MEMBERSHIP PROMOTION \$2746.00

CONVENTION EXPENSES \$2,824.00

STATE MADAM PRESIDENT EXPENSES \$5,712.00

STATE OFFICERS PER DIEM AND MILEAGE \$8,242.00

TOTAL: \$24,819.00

PART 1 LINE 20 OTHER CHANGES IN ASSETS

We invested \$50,000.00 in stocks and at the end of the year the stocks were worth \$47,355.00 for a loss of \$2,645