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OMB No 1545-0047

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)

▶ 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. 2006**2019****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning July 1, 2019, and ending June 30, 20

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 Hurt P O Box 151
 City or town, state or province, country, and ZIP or foreign postal code 10
Wooster, Ohio 44691-0151

D Employer identification number
91-1171874

E Telephone number

F Group Exemption Number ▶ 1065

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

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 ☐

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	13,351
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	944
4	Investment income	14,082
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	
6	Gaming and fundraising events:	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	1,069
6b	Gross income from fundraising events (not including \$13,351 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	22,523
6c	Less: direct expenses from gaming and fundraising events	13,205
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	10,387
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	38,764
10	Grants and similar amounts paid (list in Schedule O)	13,766
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	817
16	Other expenses (describe in Schedule O)	6,550
17	Total expenses. Add lines 10 through 16	21,133
18	Excess or (deficit) for the year (subtract line 17 from line 9)	17,631
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)	439,512
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	457,143

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	439,512	457,143
23	Land and buildings		
24	Other assets (describe in Schedule O)		
25	Total assets	439,512	457,143
26	Total liabilities (describe in Schedule O)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	439,512	457,143

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	See Schedule O		
	(Grants \$) If this amount includes foreign grants, check here	☐	28a 13,766
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	13,766

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 ☐

[illegible]

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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	37b	☒
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	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a	39a	
b Gross receipts, included on line 9, for public use of club facilities 39b	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Huntington Services</u> Telephone no. ▶ <u>425-822-3015</u>		
Located at ▶ <u>7039 124th Ave NE Kirkland, WA</u> ZIP + 4 ▶ <u>98033-8322</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	☒
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).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐	43	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	☒
c Did the organization receive any payments for indoor tanning services during the year?	44c	☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	☒
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	☒
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	☒

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		☒

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

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

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

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

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

Sign Here	Signature of officer 	Date <u>8/15/2020</u>
	Darlene Huntington SPP, WSAEC Tax Preparer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Darlene Huntington	Preparer's signature 	Date <u>8/15/2020</u>	Check ☒ if self-employed	PTIN P00697462
	Firm's name ▶ Huntington Services	Firm's EIN ▶ 04-3834192		Phone no 425-822-3015	
	Firm's address ▶ 7039 124th Ave NE Kirkland, WA 98033-8322				
	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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

Employer identification number

Supreme Emblem Club of th 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.

- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Meetings/Sales</u> (event type)	(b) Event #2 <u>Ways n Means</u> (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	18579	3944		22523
	2 Less. Contributions				
	3 Gross income (line 1 minus line 2)	18579	3944		22523
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	11573			11573
	8 Entertainment				
	9 Other direct expenses	1300	332		1632
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				13205
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				9318

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			1069	1069
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				0
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				1069

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 Meetings and not sold to a non member

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE 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.

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2019

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Employer identification number

Supreme Emblem Club of the United States - Washington State Association

91-1177184

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.

Part 1 Expenses Line 10 Grants and Similar amounts \$13,766

Scholarships \$5000

Whatcom Community College Floyd Sharp 4000 Flynn St Spc #63 Bellingham, WA 98228

San Diego State University Colbin Leitch 121 Buckingham, Folsom, CA

Evergreen Beauty College Alexis Katsandres 4121 Shelby Rd, Lynnwood, WA 98087

California Polytechnic State University Allison Reed 4309 Olympic Blvd, Everett, WA 98203

Pierce College Moneque Russell 1402 Natalie Ct, Steilacoom, WA 98388

Other Donations \$6639

Pediatric Interim Care Center - 328 4th Ave South - Kent, WA 98032 \$3127

Veterans Hospital Veterans Affairs Substance Abuse Program S-135-Vol 1660 S Columbian Way Seattle, WA 98108-1597 \$2007

American Gold Star Mothers of Washington % Monica McNeal 51 Pine St #304 Edmonds, WA 98020 \$200

American Legion Post #66 - Hero's Café 117 6th Ave S Edmonds, WA 98020 \$200

Fred Hutchinson Cancer Research - P O Box 19024- Seattle, WA 98109-1024 \$1105

Major Project I Care -Recipient Providers \$2127

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

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

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

Part 1 Line 16 Other Expense \$6550

Club Expenses Other \$4202 Supplies \$81 President's Expense \$2000 Surety Bond \$100 Bank Service Charges \$120 Tax Preparation \$47

PART IV - Officers, Directors, Trustees

OFFICERS

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

Jr. Past President Sharon Harbin 201 Union Ave SE #190 Renton, WA 98059-5182

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Employer identification number

Supreme Emblem Club of the United States - Washington State Association**91-1177184****OFFICERS - CONTINUED****1st Vice President Diana Tiegs 891 Ocean Bluff Lane Coupeville, WA 98239-3109****2nd Vice President Ana Harlos 1117 132nd St South Tacoma, WA 98444****3rd Vice President Helen Russell 11544 17th NE Seattle, WA 98125-5112****4th Vice President Deb Williams P O Box 12893 Everett, WA 98206****Financial Secretary Kymberli Nelson 17104 SE 138th St Renton, WA 98059-7007****Treasurer Darlene Huntington SPP 7039 124th Ave NE Kirkland, WA 98033-8322****Recording Secretary Kitty Castillo 818 Gabrielson Rd Oak Harbor, WA 98277-7616****Corresponding Secretary Kerry Allen P O Bix 1301 Coupeville, WA 98239-1301****Press Correspondent Alexandra Johnson 6712 27th St W University Place, WA 98466-4828****Historian Marilyn Carlson 1700 SE Miles Hill Rd 114-50 Port Orchard, WA 98366-3554****Chairman of Trustees Dale Sandri 1320 N Oak Harbor St # 144 Oak Harbor, WA 98277-3521****2nd Trustee Adria Hedahl 529 169th Ave NE Snohomish, WA 98290-9685****3rd Trustee Neva Nelson 8300 Phillips Rd SW Apt 89 Lakewood, WA 98498****4th Trustee NaDeane Jensen 2481 Moss Lane Oak Harbor, WA 98277-8858****5th Trustee Betty Leitch 861 Silverlake Rd Oak Harbor, WA 98277-7808****Marshal Erin Meissner 5204 Kingsway Anacortes, WA 98221-3020****1st Assistant Marshal Donna Hawkins 2015 24th St #89 Bellingham, WA 98229-5052****2nd Assistant Marshal Susan Allen 2122 N 135th St Seattle, WA 98133-7816****Chaplain Carol Guffey 18901 84th Ave W Edmonds, WA 98026-5901****Organist Margie Borgert SPP 751 Laurel St Edmonds, WA 98020-4027****1st Guard Marlene Klingel 5713 178th St SW Lynnwood, WA 98037****2nd Guard Thelma Smart 201 Union Ave SE #190 Renton, WA 98059-5182****INVESTMENT COMMITTEE****Chairman Joan Parker 909 30th St NW #2A Gig Harbor, WA 98335-1507****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**

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.

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Supreme Emblem Club of the United States - Washington State Association

91-1177184

INVESTMENT COMMITTEE - CONTINUED

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

MAJOR PROJECT COMMITTEE - I CARE

Chairman Marie Crockett SPP 8409 W Canyon Ave Kennewick, WA 99336-7934

Co-Chairman Janet Johnson SPP 4216 NE 128th Ave Vancouver, WA 98682

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 Nancy Nicholson 8017 NE 102nd Circle Vancouver, WA 98682

Trustee at Large Ann Thompson SPP 17724 Woodcrest Dr. NE Bothell, WA 98011-5424

Treasurer Judy Lyon SPP 2515 Mt. Vista Centralia, WA 98531-1431

EXECUTIVE COMMITTEE

JoAnn Smith SPP 11501 15th Ave NE #318 Seattle, WA 98125-6323

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

Donna Del Monico PSP, SPP 1400 SE Nancy Rd Vancouver, WA 98664-5420

Janice Dimick SPP 84-136 Ave 44 Spc 758 Indio, CA 92203-6158

Margie Borgert SPP 751 Laurel Street Edmonds, WA 98020-4027

Anne Servello PSP, SPP 1608 Harrington Ave SE Renton, WA 98058-3826

Marie Crockett SPP 8409 W Canyon Ave Kennewick, WA 99336-7934

Agnes Hansen SPP P. O. Box 518 Forks, WA 98331-0518

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

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 14727 43rd Ave NE #100 Marysville, WA 98271-8936

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Employer identification number

Supreme Emblem Club of the United States - Washington State Association**91-1177184****EXECUTIVE COMMITTEE - CONTINUED****Mary Grennan SPP 1021 SW 116th St Seattle, WA 98146-3578****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 14170 W Desert Glen Dr Sun City West, AZ 85375-5585****Kathie Robinson SPP 11436 SE 208th St Sp 4 Kent, WA 98031-1683****Bobbie Nielsen SPP 551 Birch Street Oak Harbor, WA 98277-9444****Janet Johnson SPP 4216 NE 128th Ave Vancouver, WA 98682****Mitzl Gimberg, SPP 24024 137th Ave SE Kent, WA 98042****Sharon Harbin Jr. SPP 201 Union Ave SE # 190 Renton, WA 98059-5182**