29492134058072

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning JUNE 1 , 2020, and ending MAY 31 , 20 21

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
23-7163746

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)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► $ 362,154.00.

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 . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	9,340
	2	Program service revenue including government fees and contracts		2	340
	3	Membership dues and assessments		3	21,033
	4	Investment income		4	4,666
	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 0		
	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 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	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	1,152
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►	9	36,531
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	5,017
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	4,370
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	439
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	7,137
	17	**Total expenses.** Add lines 10 through 16	►	17	16,963
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	19,568
	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	337,936
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	4,650
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	►	21	362,154

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	337,936	22	362,154
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	337,936	25	362,154
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)	337,936	27	362,154

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 . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? _____

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.

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
Karen Hildebrand JO. PAST STATE MADAM PRESIDENT	1	0	0	0
JoAnn Schultz STATE MADAM PRESIDENT	30	0	0	0
Cheryl Postlethwaite STATE MADAM VICE PRESIDENT.PRESIDENT-ELECT	5	0	0	0
JoAnna Anderson STATE MADAM CHAPLAIN	2	0	0	0
Charlene Butterfield STATE MADAM SECRETARY	20	3,692	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
Myloe Smith STATE MADAM OUTSIDE GUARD	1	0	0	0
STATE TRUSTEES: [ALL 1 HOUR] Loni Andrews	1	0	0	0
Cynthia Washington-Mattson Ruth Kidd	1	0	0	0
Suzanne Sincock Ella Vogelpohl	1	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 ▶ 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			
			Yes	No
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

Charlene Butterfield
Signature of officer

7/28/2021
Date

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 ▶

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

2020

Open to Public Inspection

Name of the organization
FRATERNAL ORDER OF EAGLES/WASHINGTON STATE AUXILIARY

Employer identification number
23-7163746

PART 1-LINE 8: Other Revenue $1,152

During the 2019-2020 Eagle year several checks were written in advance to cover expenses expected at the Annual Convention but due to Covid -19 Restrictions the Convention was cancelled and these checks were returned to the funds in the 2020-21 Eagle year

Deducted from funds in 2019-20 $1,152.00 and returned to the funds in 2020-21 $1,152.00:

PART 1-LINE 10· Grants and Similair Amounts Paid $5,018

Due to Covid-19 Washington State Restrictions, the local Auxiliaries were unable to rasie very much money as most of them were shut down for the majority of the year. Most of what they were able to raise [$9,340] was added to what we had already in the hopes that a time will come for us to present these checks in person.

We were able to make the following donations at the State level:

Patriotism	$1,094 00
Stan Murray Kidney Fund	$ 134 00
Mary Bridge Tree House	$ 134.00

The following donations were made to the F.O.E. CHARITY FOUNDATION

Special Olympics	$2,265.00
Alzheimers	$1,341.00
Cancer	$ 50 00

Every year we strive to raise money for charity. Some charities are the same every year and some change, depending on what the desire of the State Madam President. Since all monies raised for charity are thru bazaars, raffles, and donations from our members very little was raised this 2020-21 Eagle year since 99.9% of our memebrs were not even allowed to meet let alone hold a raffle, bazaar or any other fund raiser and as a result our charitable dontionsa re very small this year.

SEE OTHER SIDE

Name of the organization	Employer identification number
FRATERNAL ORDER OF EAGLES/WASHINGTON STATE AUXILIARY	23-7163746

PART 1-LINE 16: Other Expense:

Once again, due to Covid-19 Restrictions not only was our income down but so were our expenses.

INSURANCE	$ 340.00
OFFICE SUPPLIES	$ 622.00
AUDITS	$ 345.00
MEMBERSHIP PROMOTION	$1,014.00
STATE MADAM PRESIDENT EXPENSES	$ 222.00
STATE OFFICER PER DIEM/MILEAGE	$1,839.00
PURCHASE NEW COPIER/DISPOSE OF OLD ONE	$2,190.00
ADVERTISEMENT	$ 500.00
GAMBLING LICENSE	$ 65.00
TOTAL:	$7,137.00

PART 1-LINE 20; Other Changes in Assets

In our 2019-20 year we found an investment firm that offers free financial advice for non profit charitable organizations. We withdrew $50,000 from a savings account that was drawing minimal interest each month and invested it in low risk options. We draw the interest off each month and it has provided a steady income, however on MAY 31, 2020 its value was only $47,355 for a loss of $2,645.

In our 2020-21 Eagle year we had a CD that was only paying $5 to $8 per month so we cashed it in and added it to the investment. On MAY 31, 2021 our investment was valued at $102,005.00 which means that we made up the $2,645 loss and added $2,005 to our investment. [plus our monthly interest payments are running aound $350 to $400 each month]

6