

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2020**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. **2106**

A For the 2020 calendar year, or tax year beginning July 1, 2020, and ending June 30, 20 21

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, OH 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

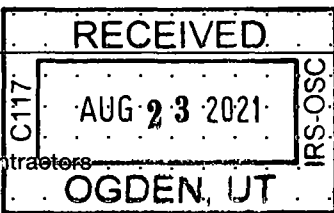
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **21,778**

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	7,424
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	842
	4	Investment income	4	10,776
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	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	1,522
	b	Gross income from fundraising events (not including \$ 7,424 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	1,214
	c	Less: direct expenses from gaming and fundraising events	6c	2,500
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	236
	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	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	19,278
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	18,467
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	448
	16	Other expenses (describe in Schedule O)	16	8,674
	17	Total expenses. Add lines 10 through 16	17	27,589
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-8,311
	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	457,143
	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	448,832

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2020)

SCANNED JUL 04 2022 Revenue

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	457,143	448,832
23	Land and buildings		
24	Other assets (describe in Schedule O)		
25	Total assets	457,143	448,832
26	Total liabilities (describe in Schedule O)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	457,143	448,832

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	18,467
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29

(Grants \$) If this amount includes foreign grants, check here ☐

29a	
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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	
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32 Total program service expenses (add lines 28a through 31a)

32	18,467
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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]

06

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		✓
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		✓
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)?		✓
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		
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		✓
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		✓
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	Washington	
42a The organization's books are in care of	Huntington Services	
Located at	7039 124th Ave NE	
Telephone no.	425-822-3015	
ZIP + 4	98033-8322	
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	42b	✓
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? 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 <i>Darlene Huntington</i>	Date
	Darlene Huntington SPP WSAEC Treasurer	8/18/21
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Darlene Huntington</i>	Date	Check ☒ if self-employed	PTIN
	Darlene Huntington		8/18/21		P00697462
	Firm's name ▶ Huntington Services	Firm's EIN ▶	04-3834192		
	Firm's address ▶ 7039 124th Ave NE Kirkland, WA 98033-8322	Phone no	425-822-3015		

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

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	(b) Event #2	(c) Other events	(d) Total events
		<u>Ways N Means</u> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	1214			1214
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	1214			1214
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2500			2500
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				2500
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1286	

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))
1 Gross revenue			1522	1522
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			0
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes _____ % ☐ 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) ▶				1522

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/auctions are done during State Meetings and not sold to non members

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.

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

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2020

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Employer identification number

Supreme Emblem Club of the United States - Washington State Association

91-1171874

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 18,467

Scholarships 4,000

Gonzaga University Madelyn Archibald P O Box 1264, Forks, WA 98331

Santa Rosa Junior College Sophia Marie Cierick 4957 Sheleab Ct, Santa Rosa, CA 94709

Pacific Lutheran University Emily Shelton 2720 90th Ave E, Edgewood, WA 98371

Berklee College of Music Carlree Green 22722 San Baba Bluff, San Antonio, TX 78258

Other Donations 1,820

Oak Harbor Elks Lodge Donation 155 NE Ernst St Oak Harbor, WA 98277 1,000

American Gold Star Mothers of Washington % Monica McNeal 51 Pine St #304 - Edmonds, WA 98020 520

Supreme Scholarship Fund 200

NJTOTC Oak Harbor High School - 1 Wild Cat Way - Oak Harbor, WA 98277 100

Major Project I Care -Grant

Veterans Hospital Puget Sound Health Care System - Low Vision 1600 S Columbian Way Seattle, WA 98108-1597 10,000

Major Project I Care Recipient Providers 2,647

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

America's Best 3333 184th St SW Suite P Lynnwood, WA 98037

Target, 18305 Alderwood Mall Pkwy, Lynnwood, WA 98037

Dr June Wang OD 302 NE Northqat Way Seattle, WA 98125-6047

Part 1 Line 16 Other Expenses 8,674

Club Expenses Other 1746, Supplies 75, President's Expense 2,112, Insurance 100, Tax Preparation 48, Bank Service Charges 150 Investment

Management Fees 4,443

Name of the organization

Employer identification number

Supreme Emblem Club of the United States - Washington State Association

91-1171874

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

1st Vice President Diana Tiegs 891 Ocean Bluff Lane Coupeville, WA 98239-3109

2nd Vice President Helen Russell 11544 17th NE Seattle, WA 98125-5112

3rd Vice President Ana Harlos 1117 132nd St South Tacoma, WA 98444

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 2300 Cedar St E Port Orchard, WA 98366-7135

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

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.

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

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Supreme Emblem Club of the United States - Washington State Association

91-1171874

Part IV - Officers, Directors, Trustees - Continued

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

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

Judy Reiber SPP 1200 Lincoln St # 287 Bellingham, WA 98229-5736

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 13440 E 34th Yuma, AZ 85367-6803

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Employer identification number

Supreme Emblem Club of the United States - Washington State Association

91-1171874

EXECUTIVE COMMITTEE- Continued

Sandi Manion SPP 8802 50th Ave Ct E Tacoma, WA 98446-5600Ann Thompson SPP 17724 Woodcrest Dr NE Bothell, WA 98011-5424Ruth Herren SPP 14727 43rd Ave NE #100 Marysville, WA 98271-8936Mary Grennan SPP 1021 SW 116th St Burien, WA 98146-3578Toni Schwichtenberg SPP 21908 83rd Ave W Edmonds, WA 98206-7817Janice Flournoy SPP 7726 203rd St SW Edmonds, WA 98026-6851Darlene Huntington SPP 7039 124th Ave NE Kirkland, WA 98033-8322Judith Hohn SPP 14170 W Desert Glen Dr Sun City West, AZ 85375-5585Kathie Robinson SPP 11436 SE 208th St Sp 4 Kent, WA 98031-1683Bobbie Nielsen SPP 551 Birch Street Oak Harbor, WA 98277-9444Janet Johnson SPP 4216 NE 128th Ave Vancouver, WA 98682Mitzi Gimberg, SPP 24024 137th Ave SE Kent, WA 98042Sharon Harbin Jr. SPP 201 Union Ave SE # 190 Renton, WA 98059-5182