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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

WASHINGTON STATE MEDICAL ASSOCIATION

Doing Business As

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

Room/suite

2033 SIXTH AVENUE No 1100

City or town, state or country, and ZIP + 4

SEATTLE, WA 98121

D Employer identification number

91-0462170

E Telephone number

(206) 441-9762

G Gross receipts \$ 5,608,840

F Name and address of principal officer

THOMAS J CURRY

2033 SIXTH AVENUE No 1100

SEATTLE, WA 98121

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) (6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.wsma.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1889

M State of legal domicile

WA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities WASHINGTON STATE MEDICAL ASSOCIATION SERVES PHYSICIAN MEMBERS, OTHER HEALTH PROFESSIONALS & THE PUBLIC BY PROVIDING LEADERSHIP & SERVICES AIMED TOWARDS PROTECTING & IMPROVING THE HEALTH OF THE PUBLIC		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	39
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39
	5	Total number of employees (Part V, line 2a)	5	30
	6	Total number of volunteers (estimate if necessary)	6	151
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	423,994
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	214,746
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	66,515	75,962
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,449,670	3,575,870
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,550	56,010
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,307,521	1,244,996
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,899,256	4,952,838
	14	Benefits paid to or for members (Part IX, column (A), line 4)	91,005	97,325
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,281,543	2,296,067
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,480,546	2,459,995
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	4,853,094	4,853,387
	20	Total assets (Part X, line 16)	46,162	99,451
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances Subtract line 21 from line 20	3,197,503	3,430,759
			3,246,658	2,606,976
			-49,155	823,783

Part II Signature Block

Sign Here

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

Signature of officer

Date

2010-07-15

Type or print name and title

DOUG MYERS MD SECRETARY/TREASURER

Paid Preparer's Use Only

Preparer's signature

Sara Elizabeth J Hyre

Date

Check if self-employed

☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

Clark Nuber PS

10900 NE 4th Street Suite 1700

Bellevue, WA 98004

EIN

Phone no

(425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

WASHINGTON STATE MEDICAL ASSOCIATION SERVES PHYSICIAN MEMBERS, OTHER HEALTH PROFESSIONALS & THE PUBLIC BY PROVIDING LEADERSHIP & SERVICES AIMED TOWARDS PROTECTING & IMPROVING THE HEALTH OF THE PUBLIC

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

MEDICAL PRACTICE ISSUES THE WSMA OFFERED MONTHLY EDUCATIONAL PROGRAMS ON BUILDING ESSENTIAL PRACTICE OPERATIONAL SKILLS FOR OVER 700 PHYSICIANS WSMA ALSO ASSISTED MEMBERS IN ADDRESSING UNRESOLVED CLAIMS WITH HEALTH PLANS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

ADVOCACY WSMA REPRESENTS ITS 9,000 PHYSICIAN MEMBERS BEFORE THE LEGISLATURE AND STATE AGENCIES, HEALTH PLANS, THE MEDIA AND GENERAL PUBLIC THE WSMA IS ACTIVELY INVOLVED IN WORKING TO IMPROVE ACCESS TO CARE IN COMMUNITIES THROUGHOUT WASHINGTON STATE

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

COMMUNICATIONS WSMA'S QUARTERLY PUBLICATIONS INFORM PHYSICIANS ABOUT THE EMERGING PERFORMANCE, COST AND QUALITY MEASUREMENTS THAT ARE BECOMING INTEGRAL TO HEALTH CARE THE WSMA ALSO PROVIDES BROCHURES ON A VARIETY OF PUBLIC HEALTH ISSUES TO ALL MEMBERS

4d

Other program services (Describe in Schedule O)












(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 	5	Yes
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	• Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a44	1cYes	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c				
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a30	2bYes	
	b			
If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				
3a			3aYes	
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?				
b			3bYes	
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				
4a			4a	No
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)?				
b				
If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a			5a	No
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				
b			5b	No
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				
c			5c	
If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?				
6a			6aYes	
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?				
b			6bYes	
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7 Organizations that may receive deductible contributions under section 170(c).			7a	
a			7b	
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				
b			7c	
If "Yes," did the organization notify the donor of the value of the goods or services provided?				
c			7d	
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				
d			7e	
If "Yes," indicate the number of Forms 8282 filed during the year				
e			7f	
Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
f			7g	
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g			7h	
For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				
h			8	
For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?				
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
9 Sponsoring organizations maintaining donor advised funds.			9a	
a			9b	
Did the organization make any taxable distributions under section 4966?				
b				
Did the organization make a distribution to a donor, donor advisor, or related person?				
10 Section 501(c)(7) organizations. Enter				
a			10a	
Initiation fees and capital contributions included on Part VIII, line 12				
b			10b	
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11 Section 501(c)(12) organizations. Enter				
a			11a	
Gross income from members or shareholders				
b			11b	
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b			12b	
If "Yes," enter the amount of tax-exempt interest received or accrued during the year				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	39	
b	Enter the number of voting members that are independent	1b	39	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ AMY FREDERICKS 2033 SIXTH AVE SUITE 1100 SEATTLE, WA 98121 (206) 441-9762	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year Use Schedule J-2 if additional space is needed

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors , institutional trustees , officers , key employees , highest compensated employees , and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARKUS CYNTHIA MD PAST PRESIDENT	3 00	X		X				30,462	0	0
HARPER DEBORAH MD PRESIDENT	3 00	X		X				22,815	0	0
MARTZ DEAN MD PRESIDENT-ELECT	3 00	X		X				14,235	0	0
MORRIS RONALD MD SECRETARY-TREASURER	1 00	X		X				13,734	0	0
MYERS DOUGLAS MD SECRETARY-TREASURER/AMA	3 00	X		X				12,892	0	0
WICKS BRIAN MD PAST PRESIDENT	1 00	X		X				9,657	0	0
RAJACICH NICHOLAS MD 1ST VICE PRESIDENT	3 00	X		X				8,583	0	0
ANDISON BRUCE MD AMA ALTERNATE	2 00	X						2,950	0	0
KOMAROW JULIE MD AMA DELEGATE	2 00	X						2,950	0	0
PETERSON L ELIZABETH AMA ALTERNATE	2 00	X						2,950	0	0
REGE SHEILA MD AMA ALTERNATE	2 00	X						2,950	0	0
TRYTKO RODNEY MD AMA DELEGATE	2 00	X						2,950	0	0
VASSALL JOHN MD AMA DELEGATE	2 00	X						2,950	0	0
WHITTEN RICHARD MD AMA DELEGATE	2 00	X						2,950	0	0
REISNER DALE MD ASST SEC-TREASURER	3 00	X		X				1,788	0	0
WEINSTEIN MICHAEL MD 2ND VICE PRESIDENT	3 00	X		X				1,788	0	0
BENZ DONALD MD FINANCE COMMITTEE CHAIR	2 00	X						0	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CALLAGHAN MAUREEN MD VICE SPEAKER	2 00	X						0	0	0
ALENICK LEONARD MD TRUSTEE	1 00	X						0	0	0
BECKNER F JAMES MD TRUSTEE	1 00	X						0	0	0
BROWN D MARK MD TRUSTEE	1 00	X						0	0	0
FAIRCHILD THOMAS MD TRUSTEE	1 00	X						0	0	0
FLANERY MARK MD TRUSTEE	1 00	X						0	0	0
FREED STUART MD TRUSTEE	1 00	X						0	0	0
HARVEY SUSAN MD TRUSTEE	1 00	X						0	0	0
HAWKINS RICHARD MD TRUSTEE	1 00	X						0	0	0
HECHT AVRAM TRUSTEE	1 00	X						0	0	0
HOFFMAN REBECCA MD TRUSTEE	1 00	X						0	0	0
JECHA LARRY MD TRUSTEE	1 00	X						0	0	0
KELLY MICHAEL MD TRUSTEE	1 00	X						0	0	0
KIMELMAN JUDITH MD TRUSTEE	1 00	X						0	0	0
LICHT J HAMILTON MD TRUSTEE	1 00	X						0	0	0
LUX GLENN MD TRUSTEE	1 00	X						0	0	0
MACAULAY SHANE MD TRUSTEE	1 00	X						0	0	0
PARIKH JAY MD TRUSTEE	1 00	X						0	0	0
RUSSELL DON DO TRUSTEE	1 00	X						0	0	0
SAKAHARA APRIL MD TRUSTEE	1 00	X						0	0	0
SEPPI BRIAN MD TRUSTEE	1 00	X						0	0	0
SHEPHERD AMANDA MD TRUSTEE	1 00	X						0	0	0
THORBURN KIM MD TRUSTEE	1 00	X						0	0	0
ZEMPLENYI JAN MD TRUSTEE	1 00	X						0	0	0
CURRY THOMAS J EXECUTIVE DIRECTOR/CEO	35 00			X				210,102	0	63,710
FREDERICKS AMY DIR OF FINANCE	35 00			X				85,656	0	25,714
HANSCOM JENNIFER SENIOR DIRECTOR/COO	35 00					X		126,015	0	34,352
EDDINGER LEONARD SR DIR LEGISLATIVE & REG	35 00					X		115,467	0	32,183
LAYTON TIMOTHY DIR OF LEGAL AFFAIRS	35 00					X		127,615	0	34,681
PERNA ROBERT DIR OF HEALTH CARE	35 00					X		108,050	0	30,657
1b Total								909,509	0	221,297

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization5

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address		(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	25,000				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	50,962				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			75,962			
Program Service Revenue			Business Code					
	2a	MEMBERSHIP DUES	900,099	3,360,554	3,360,554			
	b	PHYSICIAN SEMINARS	611,600	97,877	97,877			
	c	CME ACCREDITATION FEES	611,600	62,947	62,947			
	d	ANNUAL MTG & CONF	900,099	54,492	35,742		18,750	
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			3,575,870			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			47,470		47,470	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties			27,995		27,995	
	6a	(i) Real		(ii) Personal				
		Gross Rents	7,000					
		b Less rental expenses	13,952					
		c Rental income or (loss)	-6,952					
	d	Net rental income or (loss)			-6,952		-6,952	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	650,590					
		b Less cost or other basis and sales expenses	640,411	1,639				
		c Gain or (loss)	10,179	-1,639				
	d	Net gain or (loss)			8,540		8,540	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances		a				
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	SPECIALTY SOCIETY		900,099	747,625	747,625			
b	PHYSICIAN INSUR FEES		541,900	358,000		358,000		
c	ADVERTISING		541,800	65,994		65,994		
d	All other revenue			52,334	39,060		13,274	
e	Total. Add lines 11a-11d			1,223,953				
12	Total revenue. See Instructions			4,952,838	4,343,805	423,994	109,077	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	97,325			
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	521,786			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,226,852			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	269,677			
9	Other employee benefits	155,327			
10	Payroll taxes	122,425			
11	Fees for services (non-employees)				
a	Management				
b	Legal	64,820			
c	Accounting	35,935			
d	Lobbying	55,753			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	117,325			
g	Other	66,102			
12	Advertising and promotion	43,934			
13	Office expenses	178,097			
14	Information technology	6,173			
15	Royalties				
16	Occupancy	162,771			
17	Travel	36,722			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	542,236			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,125			
23	Insurance	18,460			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	SPECIAL SOCIETY SERVICE	624,372			
b	MEMBERSHIP DEVELOPMENT	213,400			
c	INCOME TAX EXPENSE	74,525			
d	PUBLIC EDUCATION	53,126			
e					
f	All other expenses	127,119			
25	Total functional expenses. Add lines 1 through 24f	4,853,387			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			4,012	1	4,077
	2	Savings and temporary cash investments			1,433,828	2	1,369,111
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			200,101	4	226,638
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			70,814	9	49,743
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	824,458	413,437	10c	390,294
	b	Less accumulated depreciation	10b	434,164			
	11	Investments—publicly traded securities			1,075,311	11	1,390,896
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,197,503	16	3,430,759
Liabilities	17	Accounts payable and accrued expenses			128,067	17	187,519
	18	Grants payable				18	
	19	Deferred revenue			956,821	19	885,012
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			131,358	21	68,103
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,030,412	25	1,466,342
	26	Total liabilities. Add lines 17 through 25			3,246,658	26	2,606,976
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-58,369	27	823,783
	28	Temporarily restricted net assets			9,214	28	0
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-49,155	33	823,783
	34	Total liabilities and net assets/fund balances			3,197,503	34	3,430,759

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization WASHINGTON STATE MEDICAL ASSOCIATION	Employer identification number 91-0462170
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Yes

No
- 4a

Was a correction made?

Yes

No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

Yes

No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	3,360,554
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	647,225
b	Carryover from last year	2b	-379,532
c	Total	2c	267,693
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,008,166
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	-740,473
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization WASHINGTON STATE MEDICAL ASSOCIATION	Employer identification number 91-0462170
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		162,608		162,608
b Buildings		260,318	113,871	146,447
c Leasehold improvements		21,866	18,318	3,548
d Equipment		218,281	162,965	55,316
e Other		161,385	139,010	22,375
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				390,294

Schedule D (Form 990) 2009

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,952,838
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,853,387
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	99,451
4	Net unrealized gains (losses) on investments	4	773,487
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	773,487
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	872,938

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	5,741,916
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	209,417
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	564,070
e	Add lines 2a through 2d	2e	773,487
3	Subtract line 2e from line 1	3	4,968,429
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-15,591
c	Add lines 4a and 4b	4c	-15,591
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,952,838

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	4,868,978
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	15,591
e	Add lines 2a through 2d	2e	15,591
3	Subtract line 2e from line 1	3	4,853,387
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,853,387

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part IV, Line 2b		DURING THE YEAR, MEMBERS OF WASHINGTON STATE MEDICAL ASSOCIATION PAY ANNUAL FEES TO WSMA AS WELL FEES TO COVER OTHER DUES ON BEHALF OF COUNTIES AND WAMPAC. THIS ALLOWS THE WSMA MEMBERS TO MAKE ONE PAYMENT AND WSMA SUBSEQUENTLY DISBURSES THOSE DUES ON BEHALF OF THE PAYING MEMBERS. WSMA CARRIES DUES COLLECTED AS A PAYABLE UNTIL THEY ARE REMITTED TO THE ABOVE ENTITIES. THESE FUNDS REPRESENT AGENCY TRANSACTIONS.
Part XII, Line 2d - Other Adjustments		CHANGE IN VALUE OF PENSION LIABILITY 564070
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSE REPORTED AS AN EXPENSE ON FINANCIAL STATEMENTS -13952. LOSS ON ASSET DISPOSAL REPORTED AS AN EXPENSE ON FINANCIAL STATEMENTS -1639.
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSE REPORTED AS AN EXPENSE ON FINANCIAL STATEMENTS 13952. LOSS ON ASSET DISPOSAL REPORTED AS AN EXPENSE ON FINANCIAL STATEMENTS 1639.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
WASHINGTON STATE MEDICAL ASSOCIATION

Employer identification number
91-0462170

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON POLICY CENTERPO BOX 3643 SEATTLE, WA 98124	911752769	501(C)(3)	10,000				GENERAL ASSISTANCE
LIABILITY REFORM COALITION2033 6TH AVENUE SUITE 1100 SEATTLE, WA 98121	911504205	501(C)(6)	7,500				GENERAL ASSISTANCE
WASHINGTON HEALTHCARE FORUM SERVICES2033 6TH AVENUE SUITE 1100 SEATTLE, WA 98121	912131783	501(C)(6)	37,275				GENERAL ASSISTANCE

2

Enter total number of section 501(c)(3) and government organizations

1

3

Enter total number of other organizations

2

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization WASHINGTON STATE MEDICAL ASSOCIATION	Employer identification number 91-0462170
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input checked="" type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><input type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div> <div><input checked="" type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	5a	
a	The organization?		
b	Any related organization?	5b	
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	
b	Any related organization?	6b	
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CURRY THOMAS J	(i)	166,000	35,000	9,102	43,215	20,495	273,812	0
	(ii)	0	0	0	0	0	0	0
HANSCOM JENNIFER	(i)	126,015	0	0	25,919	8,433	160,367	0
	(ii)	0	0	0	0	0	0	0
LAYTON TIMOTHY	(i)	127,615	0	0	26,248	8,433	162,296	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE WSMA PAYS TRAVEL EXPENSES FOR THE SPOUSE OF THE PRESIDENT TO ATTEND TWO OUT OF STATE MEETINGS

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493223012360	
SCHEDULE O (Form 990)		Supplemental Information to Form 990			OMB No 1545-0047
					2009
Department of the Treasury Internal Revenue Service		Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.			Open to Public Inspection
Name of the organization WASHINGTON STATE MEDICAL ASSOCIATION				Employer identification number 91-0462170	

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		WASHINGTON STATE MEDICAL ASSOCIATION HAS A VARIETY OF MEMBERSHIP CLASSES THEY INCLUDE THE FOLLOWING - ACTIVE MEMBERS ACTIVE MEMBERS ARE GRANTED ALL RIGHTS AND PRIVILEGES OF MEMBERSHIP, INCLUDING BUT NOT LIMITED TO THE RIGHT TO REGISTER AT SESSIONS OF THIS ASSOCIATION, TO ATTEND AND PARTICIPATE IN GENERAL MEETINGS HELD THEREIN, TO VOTE, TO HOLD OFFICE, AND TO RECEIVE A SUBSCRIPTION TO THE ASSOCIATION'S OFFICIAL PUBLICATION AN ACTIVE MEMBER SHALL BE SUBJECT TO THE PAYMENT OF FULL DUES AND ASSESSMENTS - ACTIVE-LIMITED MEMBERS AN ACTIVE-LIMITED MEMBER SHALL BE ONE WHO IS OTHERWISE QUALIFIED FOR ACTIVE MEMBERSHIP AND WHO LIMITS THE PRACTICE OF MEDICINE TO LESS THAN 20 HOURS PER WEEK AN ACTIVE-LIMITED MEMBER SHALL HAVE ALL THE RIGHTS AND PRIVILEGES OF AN ACTIVE MEMBER AN ACTIVE-LIMITED MEMBER SHALL BE SUBJECT TO PAYMENT OF 55 PERCENT OF THE DUES AND ASSESSMENTS - HONORARY MEMBERS AN HONORARY MEMBER SHALL BE ONE WHO IS NOT OTHERWISE QUALIFIED FOR ACTIVE MEMBERSHIP, WHO IS DISTINGUISHED BY OUTSTANDING SERVICE OR ACHIEVEMENT IN THE PROFESSION OR THE COMMUNITY, WHO IS RECOMMENDED FOR HONORARY MEMBERSHIP BY A COMPONENT COUNTY SOCIETY, AND WHO IS ELECTED TO HONORARY MEMBERSHIP BY THE BOARD OF TRUSTEES OF THIS ASSOCIATION AN HONORARY MEMBER SHALL HAVE ALL THE RIGHTS AND PRIVILEGES OF AN ACTIVE MEMBER EXCEPT THE RIGHT TO VOTE AND HOLD OFFICE AN HONORARY MEMBER SHALL NOT BE SUBJECT TO PAYMENT OF DUES OR ASSESSMENTS - RETIRED MEMBERS A RETIRED MEMBER SHALL BE ONE WHO HAS BEEN QUALIFIED FOR ACTIVE MEMBERSHIP, WHO HAS RETIRED FROM ACTIVE PRACTICE, AND WHO HAS BEEN A MEMBER IN GOOD STANDING IN ONE OR MORE CONSTITUENT OR COMPONENT ASSOCIATIONS OF THE AMERICAN MEDICAL ASSOCIATION FOR TWENTY-FIVE YEARS A RETIRED MEMBER SHALL HAVE ALL THE RIGHTS AND PRIVILEGES OF AN ACTIVE MEMBER A RETIRED MEMBER SHALL NOT BE SUBJECT TO PAYMENT OF DUES AND ASSESSMENTS - RESIDENT MEMBERS A RESIDENT MEMBER SHALL BE ONE, WHO IS OTHERWISE QUALIFIED FOR ACTIVE MEMBERSHIP, AND WHO IS A RESIDENT, FELLOW OR OTHER PHYSICIAN ENGAGED IN FORMAL POSTGRADUATE MEDICAL TRAINING IN AN INSTITUTION APPROVED BY THE COUNCIL ON MEDICAL EDUCATION OF THE AMERICAN MEDICAL ASSOCIATION, EXCEPT THAT A LICENSE TO PRACTICE MEDICINE IS NOT REQUIRED A RESIDENT MEMBER SHALL HAVE ALL THE RIGHTS AND PRIVILEGES OF AN ACTIVE MEMBER RESIDENT DUES SHALL BE ESTABLISHED BY THE BOARD OF TRUSTEES - MEDICAL STUDENT MEMBERS A MEDICAL STUDENT MEMBER SHALL BE ONE WHO IS A FULL-TIME STUDENT OF THE UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE, AND WHO IS MAKING SATISFACTORY PROGRESS TOWARD THE ATTAINMENT OF THE DEGREE OF DOCTOR OF MEDICINE A MEDICAL STUDENT MEMBER SHALL HAVE ALL THE RIGHTS AND PRIVILEGES OF AN ACTIVE MEMBER, EXCEPT THE RIGHT TO VOTE, OR TO HOLD OFFICE OTHER THAN AS A STUDENT TRUSTEE AND STUDENT SECTION DELEGATE OR ALTERNATE TO THE HOUSE OF DELEGATES MEDICAL STUDENT MEMBER DUES SHALL BE ESTABLISHED BY THE BOARD OF TRUSTEES - PHYSICIAN ASSISTANT MEMBERS A PHYSICIAN ASSISTANT MEMBER SHALL BE ONE WHO IS LICENSED BY THE MEDICAL QUALITY ASSURANCE COMMISSION A PHYSICIAN ASSISTANT MEMBER SHALL HAVE ALL THE RIGHTS AND PRIVILEGES OF AN ACTIVE MEMBER, EXCEPT THE RIGHT TO VOTE OR TO BE AN OFFICER, HOWEVER, THE PHYSICIAN ASSISTANT SECTION DELEGATE TO THE HOUSE OF DELEGATES MAY VOTE WHILE CARRYING OUT THE FUNCTION OF THE POSITION PHYSICIAN ASSISTANT DUES SHALL BE DETERMINED BY THE BOARD OF TRUSTEES
Form 990, Part VI, Section A, line 7a		THE GOVERNING BODY IS ELECTED BY THE HOUSE OF DELEGATES THE HOUSE OF DELEGATES IS COMPOSED OF MEMBERS IN GOOD STANDING WHO ARE DELEGATES REPRESENTING THE COMPONENT COUNTY SOCIETIES, DELEGATES REPRESENTING SPECIALTY SOCIETY SECTIONS, DELEGATES REPRESENTING THE SPECIAL SECTIONS DEFINED IN THE BYLAWS, AND THE MEMBERS OF THE BOARD OF TRUSTEES OF THE ASSOCIATION, AND DELEGATES REPRESENTING AFFILIATE MEMBERS
Form 990, Part VI, Section B, line 11		A COPY OF FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING THE TAX RETURN WITH THE IRS THE BOARD HAS DESIGNATED THAT THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE PERFORM THE DETAIL REVIEW OF THE TAX RETURN TO ENSURE AN ACCURATE TAX RETURN IS FILED
Form 990, Part VI, Section B, line 12c		ALL OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY AT THE OCTOBER BOARD MEETING LEGAL COUNCIL ATTENDS THE MEETING TO EXPLAIN THE IMPORTANCE OF A CONFLICT OF INTEREST POLICY, GIVE EXAMPLES OF CONFLICTS AND ANSWER QUESTIONS POTENTIAL CONFLICT OF INTEREST ITEMS ARE DISCUSSED OPENLY AT THE MEETING IF AN OFFICER HAS A CONFLICT OF INTEREST, THE OFFICER IS REQUIRED TO EITHER RECUSE THEMSELVES FROM THE VOTE OR STEP OUT OF THE ROOM DURING THE DISCUSSION AND NOT VOTE ON THAT PARTICULAR ISSUE
Form 990, Part VI, Section B, line 15a		HONORARIUMS FOR THE EXECUTIVE COMMITTEE ARE REVIEWED ANNUALLY IN 2007, THE WSMA CONDUCTED A SALARY SURVEY OF LIKE-SIZED STATE MEDICAL ASSOCIATIONS TO DETERMINE APPROPRIATE HONORARIUM LEVELS THE LEVEL IS ESTABLISHED IN THE CONTEXT OF THE DEGREE OF RESPONSIBILITY, TIME COMMITMENT AND WHAT IS PROVIDED BY OTHER LIKE-SIZED STATE MEDICAL ASSOCIATIONS THE EXECUTIVE DIRECTOR/CEO'S COMPENSATION IS REVIEWED ANNUALLY AS PART OF AN OVERALL PERFORMANCE EVALUATION PROCESS AT THE BEGINNING OF THE FISCAL YEAR THE LEVEL IS ESTABLISHED IN CONTEXT OF DEGREE OF RESPONSIBILITY, PERFORMANCE RELATIVE TO AGREED UPON OBJECTIVES, AND WHAT IS PROVIDED BY THE OTHER LIKE-SIZED STATE MEDICAL ASSOCIATIONS
Form 990, Part VI, Section C, line 19		WASHINGTON STATE MEDICAL ASSOCIATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS OPEN TO THE PUBLIC IT IS NOT REQUIRED TO DO SO BY LAW IT DOES COMPLY WITH ALL PUBLIC DISCLOSURE REQUIREMENTS FOR ITS FEDERAL TAX FILINGS
PART I, LINE 6 VOLUNTEERS		WASHINGTON STATE MEDICAL ASSOCIATION HAS 14 STANDING COMMITTEES BY WHICH VOLUNTEERS CAN SERVE VOLUNTEERS ARE EITHER ELECTED OR APPOINTED TO A COMMITTEE BASED ON THE VOLUNTEER'S EXPERTISE VOLUNTEERS WITHIN THE COMMITTEE ARE DIRECTED TO IDENTIFY AND ANALYZE ONGOING OR EMERGING ISSUES OF DIRECT CONCERN TO PHYSICIANS AND MAKE APPROPRIATE RECOMMENDATIONS FOR POLICY OR ACTION AS APPROPRIATE TO THE BOARD OF TRUSTEES THE BOARD OF TRUSTEES HAS FULL AND COMPLETE POWER AND AUTHORITY TO PERFORM ALL ACTS AND TO TRANSACT ALL BUSINESS FOR OR ON BEHALF OF THE ASSOCIATION, AND TO MANAGE AND CONDUCT ALL THE PROPERTY, AFFAIRS, AND ACTIVITIES OF WSMA THE BOARD OF TRUSTEES ALSO SUPERVISES AND DIRECTS THE EXECUTIVE DIRECTOR/CEO AND OTHER EMPLOYEES IN THE EXECUTION OF THEIR DUTIES

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization WASHINGTON STATE MEDICAL ASSOCIATION	Employer identification number 91-0462170
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Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
WASHINGTON STATE MEDICAL ASSOCIATION FOUNDATION FOR HEALTH CARE IMPROVEMENT 2033 SIXTH AVENUE SUITE 1100 SEATTLE, WA 98121 91-6074463	MEDICAL RESEARCH	WA	501(c)(3)	Line 7	N/A
WASHINGTON STATE MEDICAL POLITICAL ACTION COMMITTEE 2033 SIXTH AVENUE SUITE 1100 SEATTLE, WA 98121 91-0864731	POLITICAL	WA	527	N/A	N/A

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

Yes

No

Yes

Yes

No

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	WASHINGTON STATE MEDICAL POLITICAL ACTION COMMITTEE	K	0
(2)	WASHINGTON STATE MEDICAL POLITICAL ACTION COMMITTEE	M	3,000
(3)	WASHINGTON STATE MEDICAL POLITICAL ACTION COMMITTEE	N	13,022
(4)	WASHINGTON STATE MEDICAL POLITICAL ACTION COMMITTEE	P	9,250
(5)	WASHINGTON STATE MEDICAL ASSOCIATION FOUNDATION FOR HEALTH CARE IMPROVEMENT	C	25,000
(6)			

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
			Yes No		Yes No		Yes No