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Short Form
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)

OMB No 1545-1150

2009

Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WEST VIRGINIA TROOPERS ASSOCIATION, INC.	D Employer identification number 31-1072327
	Number and street (or P.O. box, if mail is not delivered to street address) 210 CHESAPEAKE AVENUE	Room/suite (304) 345-9882
	City or town, state or country, and ZIP + 4 CHARLESTON, WV 25311	F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► WWW.WVTROOPERS.ORG

J Tax-exempt status (check only one) — 501(c)(5) (insert no.) 4947(a)(1) or 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 389,145.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 182,337.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 151,571.
	4 Investment income	4 34,460.
	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
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less: direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a Gross sales of inventory, less returns and allowances	7a 20,777.
	b Less: cost of goods sold	7b 19,944.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 833.
	8 Other revenue (describe ►)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 369,201.
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11 75,763.
	12 Salaries, other compensation, and employee benefits	12 48,026.
	13 Professional fees and other payments to independent contractors	13 12,847.
	14 Occupancy, rent, utilities, and maintenance	14 25,793.
	15 Printing, publications, postage, and shipping	15 2,000.
	16 Other expenses (describe ►)	16 232,720.
	17 Total expenses. Add lines 10 through 16	17 397,149.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <27,948. >
	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)	19 672,573.
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 644,625.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	398,353.	22 365,716.
23	Land and buildings	39,207.	23 35,625.
24	Other assets (describe ►)	253,447.	24 267,317.
25	Total assets	691,007.	25 668,658.
26	Total liabilities (describe ►)	18,434.	26 24,033.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	672,573.	27 644,625.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

Expenses

What is the organization's primary exempt purpose? **FRATERNAL/BENEVOLENT**

(Required for section 501(c)(3)
and 501(c)(4) organizations and
section 4947(a)(1) trusts, optional
for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 BEARS AGAINST DRUGS - PROVIDES THE PUBLIC, ESPECIALLY CHILDREN, WITH INFORMATION ABOUT THE HARMFUL EFFECTS OF DRUGS

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

28a

29 LOBBYING - PROMOTE THE WELFARE, SAFETY AND HEALTH OF ALL
MEMBERS OF THE WEST VIRGINIA DEPARTMENT OF PUBLIC SAFETY

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

29a

30 GRANT & ALLOCATIONS - MEMORIALS FOR DEATHS OF OFFICERS AND
DISASTER AND HARDSHIP RELIEF FUNDS

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

30a

31 Other program services (attach schedule)

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

313

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

32

Part IV. List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

► 37a 20,611.

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 period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A; section 4955 ► N/A

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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

41 List the states with which a copy of this return is filed ► WV

42a The organization's books are in care of ► TERRY CAMPBELL Telephone no. ► (304) 345-9882
 Located at ► 210 CHESAPEAKE AVENUE CHARLESTON, WV ZIP + 4 ► 25311

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
33	X	
34	X	
35a	X	
35b	X	
36	X	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40b	N/A	
40e		X

	Yes	No
42b	X	
42c		X

	Yes	No
44		X
45		X

Form 990-EZ (2009)

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46	46	
47	47	
48	48	
49a	49a	
49b	49b	

46 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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

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 address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

1 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"

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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	
▶ <i>John W. Smith Jr.</i> ▶ <i>9/23/2010</i>			
▶ Type or print name and title			

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instr)
	▶ <i>John W. Smith Jr.</i>	9/20/10	▶ <input type="checkbox"/>	EIN ►
Firm's name (or yours if self-employed), address, and ZIP + 4		Phone no (304) 345-9400		
▶ GRAY, GRIFFITH & MAYS, A.C. 707 VIRGINIA STREET, EAST, SUITE 400 CHARLESTON, WV 25301-2711		▶ <input type="checkbox"/> Yes <input type="checkbox"/> No		

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
TRAVEL	10,775.
DEPRECIATION	4,100.
ANNUAL CONFERENCE	21,940.
EDUCATIONAL PROGRAMS	6,242.
UNION DUES	23,667.
POLITICAL ACTION EXPENSE	13,500.
ADVERTISING	18,327.
PUBLIC RELATIONS	4,297.
INTEREST	35.
OTHER EXPENSES	2,059.
FUNDRAISING	127,778.
TOTAL TO FORM 990-EZ, LINE 16	232,720.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	41.	0.
INVENTORY	69,594.	54,566.
INVESTMENTS	182,767.	212,224.
OTHER DEPRECIABLE ASSETS	1,045.	527.
TOTAL TO FORM 990-EZ, LINE 24	253,447.	267,317.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	10,514.	18,808.
ACCRUED EXPENSES	7,920.	5,225.
TOTAL TO FORM 990-EZ, LINE 26	18,434.	24,033.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 4

INCOME

1. GROSS RECEIPTS	20,777
2. RETURNS AND ALLOWANCES	
3. LINE 1 LESS LINE 2	20,777
4. COST OF GOODS SOLD (LINE 13)	19,944
5. GROSS PROFIT (LINE 3 LESS LINE 4)	833

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	69,594
7. MERCHANDISE PURCHASED	4,916
8. COST OF LABOR	
9. MATERIALS AND SUPPLIES	
10. OTHER COSTS	
11. ADD LINES 6 THROUGH 10	74,510
12. INVENTORY AT END OF YEAR	54,566
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	19,944

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO
