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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning MAR 1, 2010 and ending FEB 28, 2011

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

Thurston County Deputy Sheriff's Association

D Employer identification number

23-7439416

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

Room/suite

2000 Lakeridge Dr SW, Bldg 3

E Telephone number

(360) 786-5522

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

F Group Exemption

Olympia, WA 98502

Number ►

G Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527H Check ► if the organization is not 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 104,369.

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

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

1	Contributions, gifts, grants, and similar amounts received	1	954.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	102,747.
4	Investment income	4	668.
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)		
6	Gaming and fundraising events	6a	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	of contributions
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory less returnstandallowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,369.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	24,270.
14	Occupancy, rent, utilities, and maintenance	14	382.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	74,555.
17	Total expenses Add lines 10 through 16	17	99,207.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,162.
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	105,615.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	110,777.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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02-02-1105
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SCANNED JUN 29 2011

14330524 758743 FCOT0520

2010.03050 Thurston County Deputy She FCOT0521

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes No

33	X
34	X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No

34	X
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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, explain in Schedule O why the organization did not report the income on Form 990-T Yes No

35a	X
35b	N/A

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes No

35a	X
35b	N/A

b If "Yes," has it filed a tax return on Form 990-T for this year? Yes No

36	X
37b	X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a | 0.

► 37a | 0.

b Did the organization file Form 1120-POL for this year? Yes No

37b	X
38a	X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No

38a	X
38b	N/A

39 Section 501(c)(7) organizations Enter 39a | N/A

39a	N/A
39b	N/A

a Initiation fees and capital contributions included on line 9 39b | N/A

b Gross receipts, included on line 9, for public use of club facilities 39b | N/A

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 40b | X

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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b | X

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 40c | 0.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d | 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e | X

41 List the states with which a copy of this return is filed None

42a The organization's books are in care of Julie Wright Telephone no (360) 786-5522 Located at 2000 Lakeridge DR SW Building 3, Olympia, WA ZIP + 4 98502

42a	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
42a	X	

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b | X

If "Yes," enter the name of the foreign country 42b | X

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.? 42c | X

If "Yes," enter the name of the foreign country 42c | X

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

43	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
43		

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b | X

c Did the organization receive any payments for indoor tanning services during the year? 44c | X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d | X

44d	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
44d		

Form 990-EZ (2010)

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

 Yes No

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

 45 X

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

 45a X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

 46 X

If "Yes," complete Schedule C, Part I

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 47-49b and 52, and complete the tables for lines 50 and 51

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

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

 Yes No

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

 47 X

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

 48 X

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

 49a X

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"

 49b X

(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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here	► Signature of officer <i>Dave Odegaard</i>	Date <i>6/2/2011</i>
Type or print name and title <i>Dave Odegaard, President</i>		

Paid Preparer Use Only	Print/Type preparer's name David A. Coates, CPA	Preparer's signature <i>D. A. Coates CPA</i>	Date 05/24/11	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► Frost & Company, P.S.			Firm's EIN ►	
	Firm's address ► P O Box 7609 Olympia, WA 98507-7609			Phone no	(360) 786-8080

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

032174
03-04-11► Yes No

Form 990-EZ (2010)

Form 1096

Department of the Treasury
Internal Revenue ServiceAnnual Summary and Transmittal of
U.S. Information Returns

OMB No 1545-0108

2010

VI 237439416 1 THUR 17 PP
 THURSTON CO DEPUTY SHERIFFS ASSOCIATI
 2000 LAKERIDGE DR SW
 OLYMPIA, WA 98502-6001

Name of person to contact <i>Wright, Julie M</i>		Telephone number <i>360 786-5500</i>	For Official Use Only												
Email address <i>wrightj@co.thurston.wa.us</i>		Fax number <i>360 786-5275</i>													
1 Employer identification number <i>23-7439416</i>	2 Social security number	3 Total number of forms <i>ONE</i>	4 Federal income tax withheld <i>\$</i>				5 Total amount reported with this Form 1096 <i>\$24,323.28</i>								
6 Enter an "X" in only one box below to indicate the type of form being filed												7 If this is your final return, enter an "X" here . . . ▶ <input type="checkbox"/>			
W-2G 32 <input type="checkbox"/>	1098 81 <input type="checkbox"/>	1098-C 78 <input type="checkbox"/>	1098-E 84 <input type="checkbox"/>	1098-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>	1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>	1099-DIV 91 <input type="checkbox"/>	1099-G 86 <input type="checkbox"/>	1099-H 71 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>	1099-LTC 93 <input type="checkbox"/>		
1099-MISC 95 <input checked="" type="checkbox"/>	1099-OID 96 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>	1099-Q 31 <input type="checkbox"/>	1099-R 98 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	1099-SA 94 <input type="checkbox"/>	3921 25 <input type="checkbox"/>	3922 26 <input type="checkbox"/>	5498 28 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>	5498-SA 27 <input type="checkbox"/>				

30A10119196

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete

Signature ►

Julie M Wright

Title ►

Treasurer

Date ►

Instructions

Reminder. The only acceptable method of filing information returns with Enterprise Computing Center—Martinsburg (ECC—MTB) is electronically through the FIRE system. See Pub. 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically

Purpose of form. Use this form to transmit paper Forms 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically.

Caution: If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2010 General Instructions for Certain Information Returns.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1098, 1099, 3921, 3922, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1096, use it to transmit paper Forms 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 as follows.

- With Forms 1098, 1099, 3921, 3922, or W-2G, file by February 28, 2011
- With Forms 5498, 5498-ESA, or 5498-SA, file by May 31, 2011.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business,
office or agency, or legal
residence in the case of an
individual, is located in

Use the following
three-line address

Alabama, Arizona, Arkansas, Connecticut, Delaware,
Florida, Georgia, Kentucky, Louisiana, Maine,
Massachusetts, Mississippi, New Hampshire,
New Jersey, New Mexico, New York, North Carolina,
Ohio, Pennsylvania, Rhode Island, Texas, Vermont,
Virginia, West Virginia

Department of the Treasury
Internal Revenue Service Center
Austin, TX 73301

9595

VOID

CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no <i>Thurston Co Deputy Sheriffs Assoc 2000 LAKERidge Dr SW OLYMPIA WA 98502 360-786-5500</i>		1 Rents \$	OMB No 1545-0115 2010	Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1099.
		2 Royalties \$	Form 1099-MISC	
		3 Other income \$	4 Federal income tax withheld \$	
		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
PAYER'S federal identification number <i>23-7439416</i>		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns.
RECIPIENT'S name <i>GARRETTSON GALLAGHER FENRICH MAKLER PC</i>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input checked="" type="checkbox"/> \$	10 Crop insurance proceeds \$	
Street address (including apt. no) <i>5530 SW Kelly Av</i>		11 12		
City, state, and ZIP code <i>Portland OR 97239</i>				
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney <i>\$24,323.28</i>	
15a Section 409A deferrals \$		15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no 18 State income \$

Form 1099-MISC

41-0852411

Department of the Treasury - Internal Revenue Service

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VOID

CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no		1 Rents \$	OMB No 1545-0115 2010 Form 1099-MISC	Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1099.
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
Street address (including apt. no)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (except for resale) <input type="checkbox"/> \$	10 Crop insurance proceeds \$	
City, state, and ZIP code		11	12	
Account number (see instructions)		2nd TIN not <input type="checkbox"/> \$	13 Excess golden parachute payments \$	
15a Section 409A deferrals		15b Section 409A Income \$	14 Gross proceeds paid to an attorney \$	
		16 State tax withheld \$	17 State/Payer's state no \$	
		18 State income \$		

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization	Thurston County Deputy Sheriff's Association	Employer identification number 23-7439416
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Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
<u>Interest Income</u>	<u>668.</u>

Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:

<u>Description of Expenses:</u>	<u>Amount:</u>
<u>Depreciation</u>	<u>382.</u>

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
<u>Awards</u>	<u>298.</u>
<u>Bank Fees</u>	<u>25.</u>
<u>Donations and Gifts</u>	<u>4,848.</u>
<u>Disability Dues</u>	<u>51,817.</u>
<u>Office Supplies</u>	<u>841.</u>
<u>Telephone</u>	<u>2,584.</u>
<u>Accounting</u>	<u>900.</u>
<u>WACops and WSLEA Dues</u>	<u>9,923.</u>
<u>Recreational Expenses</u>	<u>3,319.</u>
<u>Total to Form 990-EZ, line 16</u>	<u>74,555.</u>

Form 990-EZ, Part III Line 31, Other Program Service Accomplishments:

Charitable donations given to exempt organizations and car seats for
selected individuals.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► **Attach to Form 990 or 990-EZ.**

Name of the organization

Thurston County Deputy Sheriff's Association

Employer identification number
23-7439416

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.