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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.

2011
Open to Public Inspection

and ending A For the 2011 calendar year, or tax year beginning D Employer identification number Check If applicable C Name of organization Address change LOUISIANA STATE TROOPERS ASSN. 72-0841049 ]Name ]change Doing Business As ]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/surte E Telephone number 225-928-2000 Termin 8120 JEFFERSON HWY 1,408,322. Amended return G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica BATON ROUGE, LA H(a) Is this a group return F Name and address of principal officer: DAVID YOUNG Yes X No for affiliates? Yes L SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status: 501(c)(3) X 501(c) ( 05 ) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.LATROOPERS.ORG H(c) Group exemption number ▶ L Year of formation 1969 M State of legal domicile  ${
m LA}$ Corporation Trust K Form of organization. Part I Summary Briefly describe the organization's mission or most significant activities: <u>IMPROVE WORKING</u> CONDITIONS OF Activities & Governance LOUISIANA STATE POLICE Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 4 Number of independent voting members of the governing body (Part VI, line 1b) . 6 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 10 Total number of volunteers (estimate if necessary) . .. .. 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 399,055. 348,121. Contributions and grants (Part VIII, line 1h) 506,259. 514,852. Program service revenue (Part VIII, line 2g) 71,949. 54,206 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ... 133,380. 119,310. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 092,900. ,054,232. Total revenue - add lines 8 through 11 (must equal Part-VIII, column-(A), line 12) 12 44,816. Grants and similar amounts paid (Part IX, column (A), lines 1-3), 192,363. Benefits paid to or for members (Part X), column (A), line 4) Salaries, other compensation, employee benefits (Part 18, column (A), Ilnes 5-10) 209,326. 206,827. 92,354. 74,501. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column)(D): line,25) 693,180. 458,619. 17 Other expenses (Part IX, column (A), lines-11a-1td, 9-11-24e) 992,361. 979,625. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A); line-25) 100,539. 74,607. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 1,722,100. 1,642,496. 20 Total assets (Part X, line 16) 13,050. 13,823. Total liabilities (Part X, line 26) ,708,277. 1,629,446. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury of declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is af preparer (other than officer) is based on all information of which preparer has any knowledge true; correct, and complete peplaration Sign Signature of officer DAVID YOUNG, **EXECUTIVE DIRECTOR** Type or print name and title Preparer's signatur Print/Type preparer's name Said AUG 13 2012 P00226905 LOUIS C. MCKNIGHT Firm's name | HAWTHORN, WAYMOUTH & CARROL Firm's EIN 72-0464428 Préparer Firm's address 8555 UNITED PLAZA BLVD. Use Only Phone no 225-923-3000 BATON ROUGE, LA 70809-9982 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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Form 990 (2011)

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Pai	<b>★麒</b> Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	DEDICATED TO IMPROVING THE WORKING CONDITIONS OF ITS MEMBERS, THE
	CLASSIFIED COMMISSIONED OFFICERS AND TROOPERS OF THE LOUISIANA STATE
	POLICE.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$
-	NUMEROUS PROJECTS, PROGRAMS & MEETINGS WHICH IMPROVE THE WORKING
	CONDITIONS OF EMPLOYEES OF THE STATE POLICE OF LOUISIANA
	COMPILIONS OF BIHLDOIDES OF THE BIHLD TOPICS OF POSITION
	(Code) (Expenses \$
4b	(Code) (Expenses \$) (Hevenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses
<del></del>	Total program deliver any market

132002 02-09-12

	1990 (2011) LOUISIANA STATE TROOPERS ASSN. 72-0041	042	Pi	age 3
Pa	rt Ⅳ Checklist of Required Schedules			
	to the experimentary described to exertise 501/a/(2) or 4047/a/(1) (ather these a private foundation)?		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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		}	
а		110	х	
	Part VI	11a		
D		11b	X	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110	<del>                                     </del>	-
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
А	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a		14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	١	Ì	v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<del> </del>	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4=		Х
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	├	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		X
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	<del> </del>	<del>  ^`</del>
17		17	X	1
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>—</b>		1
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G. Part III	19	1	Х

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20a

20b

complete Schedule G, Part III .. . .

20a  $\,$  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule  $\,H\,$ 

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		,	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
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? If "Yes," answer lines 24b through 24d and complete			ļ
	Schedule K. If "No", go to line 25	24a		X
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? If "Yes," complete Schedule L, Part I	25a		ļ
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? If "Yes," complete			ĺ
	Schedule L, Part I	25b		ļ
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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	İ		
	Instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M	30		1
J 1	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>ان</del> ا		<del></del>
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			T
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	l
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		] <u>.</u> .	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
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Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V		,	ب
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	<u>13</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	÷		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			,
	filed for the calendar year ending with or within the year covered by this return	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	f		.,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь	-	
4a	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)?	4a	<del> </del>	X
b	If "Yes," enter the name of the foreign country:	_		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	F -		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	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?	<u>6a</u>	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			]
	were not tax deductible?	6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).			.,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	- 1	1.	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del> </del>	ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		,	.,
	to file Form 8282?	<u>7c</u>	<del> </del>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┥_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	<del> </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	<del>                                     </del>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	- 1	<del> </del>	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	C? 7h	<del> </del>	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	, 8	<del> </del>	ļ <del></del>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	<del> </del>	<del> </del>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	. <u>9b</u>	<del> </del>	ļ
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against	i		
40-	amounts due or received from them.)			1
12a		120	1-	-
b		$\dashv$		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	+	<del>                                     </del>
а		138		<del>                                     </del>
	Note. See the instructions for additional information the organization must report on Schedule O.	- 1		
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
-	The state of the s			
1/a	Enter the amount of reserves on hand	14a		X
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	† <del></del>
	II Tes, III is it lieu a Form 720 to report triese payments : II 110, promos ar explanation in occisous o		n <b>990</b>	(2011)

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

	Check if Schedule O contains a response to any question in this Part VI	· · · ·			X
<u>Sec</u>	tion A. Governing Body and Management			,	
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	} }	Į .		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		Х
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint one or			İ
	more members of the governing body?		7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following			
а	The governing body?		. 8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		. 10a	X	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form	? 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
	in Schedule O how this was done		. 12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		. 14		Х
15	Did the process for determining compensation of the following persons include a review and approve	al by independent		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization		. 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s on	ly) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	,	=		
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest policy	and fina	ncial	
- 🕶	statements available to the public during the tax year.			•	
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the organ	nization:	<b>-</b>	
	THE ASSOCIATION - (225)928-2000				
	8120 JEFFERSON HWY, BATON ROUGE, LA 70809				
T3200 01-23-	6		Form	990	(2011)

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

Check if Schedule O contains a response to any question in this Part VII

#### 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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. 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, and 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.

Name and Title  Average hours per week (describe hours for related organizations in Schedule O)  1) FRANK BESSON  RESIDENT  8.00 X X X 1 12,000.  (2) STEPHEN LAFARGUE  TREASURER  (3) PAUL TOUPS  BOARD MEMBER  1.00 X 1 100	Check this box if neither the organization	1	orga I	aniza			npe	nsat		i l	
Compensation   Comp	(A)	(B)					1		(D)	(E)	(F)
Comparison	Name and Title		(do	not c	heck	more	than	one	-		
Clescribe hours for related corganizations in Schedule O)		,	offi	cer ar	nd a d	irecto	or/trus	tee)			
Comparizations   Comp			ફ								
Comparizations   Comp			£				B	İ	organization	(W-2/1099-MISC)	
TRANK BESSON			8	agg A		_	ES LES		(W-2/1099-MISC)		-
TRANK BESSON				malt		Se Se	8 8	1			
TRANK BESSON   RESIDENT   R.00 X X   12,000.			ndMdu	Instituti	Officer Technology	(ey em	Highest	оше			organizations
C(2) STEPHEN LAFARGUE   C	(1) FRANK BESSON					_		-		_	
TREASURER	PRESIDENT	8.00	X		X		<u> </u>	L	12,000.	0.	0.
Color   Colo	(2) STEPHEN LAFARGUE					ŀ				_	_
BOARD MEMBER   1.00 X   0.0.0.0   0   0   0   0   0   0   0	TREASURER	2.00	X		X		_		4,800.	0.	0.
(4) CHRIS BROWN BOARD MEMBER 1.00 X 0.0.0.0 (5) TIMOTHY NAQUIN BOARD MEMBER 1.00 X 0.0.0.0 (6) CHANCE THOMAS BOARD MEMBER 1.00 X 0.0.0.0 (7) STEVE PEZANT BOARD MEMBER 1.00 X 0.0.0.0 (8) E. KIRK KNOWLES BOARD MEMBER 1.00 X 0.0.0.0 (9) SHANE SEARS BOARD MEMBER 1.00 X 0.0.0.0 (10) DAVID ANDERSON BOARD MEMBER 1.00 X 0.0.0.0 (11) ROBERT POWELL BOARD MEMBER 1.00 X 0.0.0.0 0 (12) JASON STARNES BOARD MEMBER 1.00 X 0.0.0.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(3) PAUL TOUPS							1			
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(12) JASON STARNES  BOARD MEMBER		1 00	,,			ĺ					_
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Form **990** (2011)

Part VII Section A. Officers, Directors, Tr	(B)	T	-,		) ()		-31	1				<u></u>	
(A)	Average			Posi	•	1		(D)	(E)		<b>-</b> .	(F)	
Name and title	hours per			heck	more	than		Reportable compensation	Reportable compensation	,		timate nount	
	week			ss pe id a d				from	from related			other	
	(describe	director						the	organizations			pensa	
	hours for	g dia	_		İ	B		organization	(W-2/1099-MIS			om th	
	related	) gg	ustee			eusa	ĺ	(W-2/1099-MISC)			org	anızat	ion
	organizations	Ĕ	Institutional trustee		Key employee	Highest compensated employee					and	d relat	ted
	in Schedule O)	134 db	幕	Officer	E S	Plest Solo	Ē				orga	anızatı	ons
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	-	$\vdash$							<u> </u>	$\rightarrow$			
1b Sub-total	.!	<u> </u>			<u> </u>	<b></b>		124,331.		0.		<u> </u>	0 .
c Total from continuation sheets to Part V			•	• ••	•			0.		0.			0.
						•		124,331.		0.			0.
Total number of individuals (including but i					OOVE	=) wh	no re	·	.000 of reportable				
compensation from the organization						,		• • • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
												Yes	No
3 Did the organization list any former officer	, director, or tri	uste	e, ke	y en	nplo	yee.	or i	highest compensated er	mplovee on	[			
line 1a? If "Yes," complete Schedule J for	such individual			٠	٠.						3		X
4 For any individual listed on line 1a, is the s									the organization				-
and related organizations greater than \$15	0,000? If "Yes,	," со	mple	ete S	Sche	edule	e J f	for such individual	-	ŀ	4		X
5 Did any person listed on line 1a receive or									dual for services				
rendered to the organization? If "Yes," con	nplete Schedul	le J t	or s	ıch j	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith ·	or w	ithir	the organization's tax y	/ear.				
(A)							- 1	(B)			(0		
Name and business	address	N	INC	<u> </u>				Description of s	ervices	C	ompe	nsatio	n
							_	<del> </del>					
							ļ						
							_						
							_	<del> </del>					
			-										
2 Total number of independent contractors		not li	mite	d to		~	stec	d above) who received m	ore than				
\$100,000 of compensation from the organ	ization >					<u>)                                    </u>							
											E	$\alpha \alpha \alpha$	

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 219,059 1c c Fundraising events 12,868 d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and 116,194 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 348,121 Total. Add lines 1a:1f Business Code 427,020. 541900 427,020. 2 a MEMBERSHIP DUES Program Service 511120 87,832. LOUISIANA TROOPER MAGA 87,832. All other program service revenue 514,852. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 32,721. 32,721 other similar amounts) .. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) .. ▶ d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 306,306. assets other than inventory b Less: cost or other basis 267,078. and sales expenses 39,228. c Gain or (loss) 39,228. 39,228. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 219,059. of Including \$ contributions reported on line 1c). See <u>36,</u>690 Part IV, line 18 8,000 **b** Less: direct expenses 28,690. 28,690. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 97,249 and allowances .. . . . . 79,012 b Less: cost of goods sold 18,237 18,237. Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 72,383 72,383. OPTIONAL LIFE INSURANC 524298 d All other revenue . . 72,383. e - Total. Add lines 11a-11d 054,232. 605,472 100,639. Total revenue. See instructions

Form 990 (2011)

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).

	Check if Schedule O contains a respon-	se to any question in this	s Part IX	<del></del>	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				<del></del>
	organizations in the United States. See Part IV, line 21	32,625.			
2	Grants and other assistance to individuals in		·		
	the United States. See Part IV, line 22	12,191.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	192,363.			
5	Compensation of current officers, directors,			1	
	trustees, and key employees	127,931.			
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 .	58,790.			
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	5,934.			<del>-</del>
9	Other employee benefits	2,400.		ļ <u> </u>	
10	Payroll taxes	14,271.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	14,088.			
C	Accounting	13,995.			- ä
d	Lobbying	4,066.			
е	Professional fundraising services See Part IV, line 17	74,501.	<u></u>		
f	Investment management fees	7,459.			<u>.</u>
g	Other	., .			
12	Advertising and promotion .	0.501			
13	Office expenses	8,591.			
14	Information technology		· · · · · · · · · · · · · · · · · · ·		
15	Royalties	24,102.			
16	Occupancy	53,396.			·
17	Travel	33,390.			
18	Payments of travel or entertainment expenses				
4.0	for any federal, state, or local public officials	145,693.			· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	143,093.			
20	Interest				
21	Payments to affiliates	26,861.			<del></del>
22 23	Depreciation, depletion, and amortization Insurance	6,399.	<del> </del>		
		0,333.			***************************************
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line	· ·			
	24e amount exceeds 10% of line 25, column (A)	1			
а	amount, list line 24e expenses on Schedule 0) MISCELLANEOUS OTHER EXP	38,335.		<u> </u>	
a b	TOURNAMENTS	32,147.			
C	TELEPHONE/COMMUNICATION	15,226.			
d	CONTRIBUTIONS	11,750.			
e		56,511.			
25	Total functional expenses. Add lines 1 through 24e	979,625.			
26	Joint costs. Complete this line only if the organization				
-0	reported in column (B) joint costs from a combined				
-	educational campaign and fundraising solicitation	ľ			
	Check here if following SOP 98-2 (ASC 958-720)	ľ			
1320	0 01-23-12			· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (201

		441		
		<b>(A)</b> Beginning of year		(B) End of year
1	Cash · non-interest-bearing	529,351.	1	368,595.
2	Savings and temporary cash investments		2	
3	•		3	
4	Accounts as simple and		4	5,000.
5				
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
		·	6	
7			7	<del></del>
8	Inventories for sale or use	37,822.	8	32,408.
9	Prepaid expenses and deferred charges		9	
10a		-		
	basis. Complete Part VI of Schedule D 10a 797, 123.			
ь	Less: accumulated depreciation 10b 370,284.	411,568.	10c	426,839.
11	•	· · · · · · · · · · · · · · · · · · ·	11	
12	· · ·	663,500.	12	889,002.
13	Tr.		13	
14	· · · · · · · · · · · · · · · · · · ·		14	
15	• · · · · · · · · · · · · · · · · · · ·	255.	15	256.
16		1,642,496.	16	1,722,100.
17		7,500.	17	7,500.
18		· · · · · · · · · · · · · · · · · · ·	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	·		21	
22	The state of the s			
	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			24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	<del> </del>	25	6,323.
26	Total liabilities. Add lines 17 through 25	13,050.	26	13,823.
	Organizations that follow SFAS 117, check here ▶ ☐ and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	·····
	Organizations that do not follow SFAS 117, check here   X and			
	complete lines 30 through 34.	_		
30	Capital stock or trust principal, or current funds		30	0.
31	Paid-in or capital surplus, or land, building, or equipment fund		31	0.
32	Retained earnings, endowment, accumulated income, or other funds	1,629,446.		1,708,277.
		1 620 446	1 00 1	1 7/10 277
33	Total net assets or fund balances	1,629,446. 1,642,496.		1,708,277. 1,722,100.
	2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 22 23 4 25 26 27 28 29 30 31	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 797,123. 10b 370,284 1 Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Intangible assets 1 Cher assets. See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 Accounts payable and accrued expenses 1 Tax-exempt bond liabilities 2 Escrow or custodial account liability. Complete Part IV of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 2 Secured mortgages and notes payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unrestricted net assets 2 Organizations that follow SFAS 117, check here  under complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets 2 Temporanly restricted net assets 2 Permanently restricted net assets 3 Permanently restricted net assets 4 Permanently restricted net assets 5 Organizations that do not follow SFAS 117, check here	2 Savings and temporary cash investments 3 Piledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net Inventories for sale or use 1 Inventories for sale or use 2 Inventories for sale or use 2 Inventories for sale or use 3 10a 1797,123. 1 Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 Intrangible assets 1 Investments - program-related. See Part IV, line 11 Intrangible assets 1 Total assets. Sed lines 1 through 15 (must equal line 34) 1 Accounts payable and accrued expenses 1 Tax-exempt bond liabilities 1 Escrow or custocial account liability. Complete Part IV of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 2 Secured mortgages and notes payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 3 Temporanty restricted ent assets 3 Temporanty restricted ent assets 4 Temporanty restricted net assets 5 Organizations that do not follow SFAS 117, check here	2 Savings and temporary cash investments

Form **990** (2011)

Form 990 (2011)

## **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Em	oloyer identification number
		NA STATE TROOPER			72-0841049
Pa	rt I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 527	organization.
3	Provide a description of the organic Political expenditures Volunteer hours			. <b>&gt;</b>	\$
		ganization is exempt und			
	Enter the amount of any excise tax	•		_	· — — — — — — — — — — — — — — — — — — —
	Enter the amount of any excise tax	• •			\$
	If the organization incurred a section		-		Yes No
-					Yes Mo
D <sub>2</sub>	If 'Yes,' describe in Part IV.  If I-C Complete if the org	nanization is exempt une	der section 501/c	except section 501	(0)(3)
	<del>!!!</del>	······································			\$
	Enter the amount directly expende Enter the amount of the filing organ		•	• •	<b>.</b>
2	exempt function activities		_		œ
2	Total exempt function expenditures				Ψ
3					e
4	line 17b				Yes No
5	Enter the names, addresses and ermade payments. For each organization contributions received that were propolitical action committee (PAC). If	mployer identification number (E ation listed, enter the amount pa romptly and directly delivered to	EIN) of all section 527 p aid from the filing organ a separate political org	ızatıon's funds. Also enter ganızation, such as a sepa	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

Schedule C (Form 990 or 990-EZ) 2011	LOUISIANA S	TATE TROOPE	RS ASSN.		)841049 Page 2
Part II-A Complete if the org	anization is exer	mpt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under sec	tion 501(h)).				
A Check  filing organiza	tion belongs to an affi	liated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and shar	e of excess lobbying	expenditures).			
B Check 🕨 🔲 if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.		<del></del>
	ts on Lobbying Expe ditures" means amou	nditures unts paid or incurred.)	1	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influ	Jence public opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ					
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure	-		[		
e Total exempt purpose expenditure	s (add lines 1c and 1c	d)			<u> </u>
f Lobbying nontaxable amount. Enter	er the amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	•				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero	•	•••			
j If there is an amount other than ze		line 1i, did the organiz	ation file Form 4720		<b>—.</b> —
reporting section 4911 tax for this		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	Yes No
	ations that made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
		nditures During 4-Yea		<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
(150 % Of line 20, COM/IIII (e))				£	

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990 EZ) 2011 LOUISIANA STATE TROOPERS ASSN. 72-084104 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	<u>'</u>	(b	"
f the lobbying activity.	Yes	No	Amo	ount
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?				
j Total. Add lines 1c through 1:				
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	n 501(c)(	5), or se	ction	
501(c)(6).			<del></del>	N1.
		<u> </u>	Yes	No
				X
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	-	Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	n 501(c)(	2 3 (5), or se		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n 501(c)(	2 3 (5), or se (b) Part	III-A, lin	X X e 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	n 501(c)( "No" OR	2 3 (5), or se	III-A, lin	X
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	LOUISIANA STATE TROOPERS ASSN.	72-0841049
Par	★ Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. 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 fun	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	Impermissible private benefit?	Yes No
Par		line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ly important land area
	Protection of natural habitat Preservation of a certified hi	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	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	<u></u>
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	he year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear 🕨 \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l)	3)(1)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	ganization's accounting for
-	conservation easements.	<del></del>
Pai	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 (ASC 958), not to report in its revenue statement a	
	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.	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and to	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1	<b>\$</b>
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
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 (ASC 958) relating to these items:	<b>.</b> .
а	Revenues included in Form 990, Part VIII, line 1	<b>5</b>
þ	Assets included in Form 990, Part X	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		138,305.		138,305
<b>b</b> Buildings		500,421.	230,036.	270,385
c Leasehold improvements				
d Equipment		158,397.	140,248.	18,149
e Other .	.			
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, colui	mn (B), line 10(c).)	<b>&gt;</b>	426,839

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. Se	ee Form 990, Part X, lin		<del></del>	
(a) Description of security or category	(b) Book value		) Method of valua	
(including name of security)	1-, 255.1 74.60	Cost	or end-of-year mar	ket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) REAL ESTATE INVESTMENT				
(B) TRUSTS	147,86		AR MARKET	VALUE
(C) EQUITIES AND OPTIONS	137,35		AR MARKET	VALUE
(D) MUTUAL FUNDS	466,31		AR MARKET	VALUE
(E) JPMORGAN TRUST II - 4,469				
(F) SHARES	45,24	3. END-OF-YE	AR MARKET	VALUE
(G) OPPENHEIMER DEVELOPING				
(H) MARKETS FUNDS - 4,974	<u> </u>			·····
(I) SHARES	75,61	9. END-OF-YE	AR MARKET	VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )	889,00			
Part VIII Investments - Program Related. S	<del></del>			
Fair will investments - Frogram Related. S			) Method of valua	tion:
(a) Description of investment type	(b) Book value	1	or end-of-year mar	
(4)			,	
(1)	<del> </del>			
(2)	<del> </del>			
(3)	<u> </u>			
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)	<u> </u>			
(7)				
(8)	<u> </u>		<u> </u>	
(9)			<del></del>	
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description	<u></u>		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		<del></del>		
(8)	·			
(9)	<del> </del>			
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	no 15 )		<b></b>	
Part X Other Liabilities. See Form 990, Part X.				
(a) Departure of liability	, 20.	(b) Book value	· · · · · · · · · · · · · · · · · · ·	<del></del>
		(b) DOOK TAIRE		
(1) Federal income taxes (2) PAYROLL TAXES WITHHELD		6,323.		
		0,323.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 25.) .	6,323.		
Total. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote Pin 48 (ASC 740)	to the organization's financial	statements that reports the organiza	tion's liability for uncerta	ain tax positions under

	dule D (Form 990) 2011 LOUISIANA STATE TROOPERS ASSN.	1.00.0		1049 Page <b>4</b>
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial State		054 000
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		,054,232.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	<u> </u>	979,625.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		74,607.
4	Net unrealized gains (losses) on investments	4	<del></del>	
5	Donated services and use of facilities	5		
6	Investment expenses	6	<del>_</del>	4 224
7	Prior period adjustments	7		4,224.
8	Other (Describe in Part XIV.)	8	<del></del>	4,224.
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	7 - t	78,831.
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	nue per i		,133,244.
1	Total revenue, gains, and other support per audited financial statements		1 1	,133,244.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 1	
а	Net unrealized gains on investments		-	
b	Donated services and use of facilities		-  ]	
C	Recoveries of prior year grants		- 1	
d	Other (Describe in Part XIV.)		-	0
е	Add lines 2a through 2d		2e	122 244
3	Subtract line 2e from line 1		3 1	,133,244.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		_	
ь	Other (Describe in Part XIV.)	9,012	<u>.</u> ▶	
С	Add lines <b>4a</b> and <b>4b</b>		4c	<79,012.
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>		,054,232.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	enses pe	r Return	
1	Total expenses and losses per audited financial statements		1 1	,058,637.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities		_	
b	Prior year adjustments		_	
С	Other losses		_	
d	Other (Describe in Part XIV.)	9,012	<u>.</u>	
е			2e	79,012.
3	Subtract line 2e from line 1		3	979,625.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	investment expenses not included on Form 990, Part VIII, line 7b 4a			
			] 1	
	•		4c	0.
d Other (Describe in Part XIV.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  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  b Other (Describe in Part XIV.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  2e 79,01  3 979,62	979,625.			
	t XIV Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, l	art IV, lines	1b and 2b; Pa	art V, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro			
	T X, LINE 2: THE ASSOCIATION HAS BEEN RECOGNIZED BY			
REV	VENUE SERVICE AS DESCRIBED IN SECTION 501(C)(5) OF T	THE IN	TERNAL	REVENUE
COI	DE AND IS EXEMPT FROM FEDERAL INCOME TAXES. THE ASSO	CIATI	ON IS N	OT
CL	ASSIFIED AS A PRIVATE FOUNDATION. ACCORDINGLY, NO PR	ROVISI	ON FOR	INCOME
TA	KES ON RELATED INCOME HAS BEEN INCLUDED IN THE FINAN	NCIAL	STATEME	NTS.
TH	E ASSOCIATION FOLLOWS THE ACCOUNTING GUIDANCE RELATE	ED TO	ACCOUNT	ING FOR
UN	CERTAINTY IN INCOME TAXES, WHICH SETS OUT A CONSISTI	ENT FR		
13205	4		Schedule D	) (Form 990) 2011

Part VII	Investments - Other Securities. See Form 990, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
MONEY	MARKET FUNDS	16,600.	FMV
<del></del>			
<del></del>			
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## **SCHEDULE G** (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization							ntification number
	NA STATE TROOPERS					72-0841	
Part I Fundraising Activities required to complete this part	Complete if the organization answar	wered "Y	'es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rail</li> <li>X Mail solicitations</li> <li>Internet and email solicitations</li> <li>X Phone solicitations</li> </ul>	e Solicit s f Solicit	ation of	non-g gover	overnment grants nment grants	•		
d X In-person solicitations  2 a Did the organization have a written	-		-		stees	or	
key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the	Part VII) or entity in connection with Iniduals or entities (fundraisers) pur	profess	ional f	undraising services?	1	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contrib	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vii) Amount paid to (or retained by) organization
LEAD - 7388 HIGHLAND #18,		Yes	No				
BATON ROUGE, LA 70808	DIRECT MAIL CAMPAIGN		x	219,059.		74,501.	144,558.
	,						
Total  3 List all states in which the organizati	on is registered or licensed to solic	ıt contrib	<b>▶</b>	219,059.		74,501.	
or licensing.							
LHA Paperwork Reduction Act Notice	see the Instructions for Form 99	0 or 990	)-EZ.		;	Schedule G (For	m 990 or 990-EZ) 2011

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (c) Other events (b) Event #2 (d) Total events GOLF & NONE (add col. (a) through SOFTBALL TOU col. (c)) (event type) (event type) (total number) 36,690. 36,690. Gross receipts 2 Less: Charitable contributions 36,690. 36,690. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 3,119. 3,119. 6 Rent/facility costs Food and beverages 8 Entertainment ... 4,881. 4,881. Other direct expenses 8,000; 10 Direct expense summary. Add lines 4 through 9 in column (d) 28,690. Net income summary. Combine line 3, column (d), and line 10 Part # Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: Yes No a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

Sch	edule G (Form 990 or 990-EZ) 2011 LOUISIANA STATE TROOPERS ASSN. 7	2-08	341	<u>049</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?	/	Щ	Yes	☐ No
	Indicate the percentage of gaming activity operated in:	İ			
	The organization's facility	- 1			%
	An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<b>;</b> :			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	nt			
	of gaming revenue retained by the third party > \$				
С	If "Yes," enter name and address of the third party:				
	Name >				
	Address >				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided			-	
				-	
					•
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
_	retain the state gaming license?			Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	ıns (iii) a	and (v	/), and	Part III,
-	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional infor	mation	(see I	nstruc	tions).
				_	
			_		

Complete if the organization answered "Ves" to Form 1900, Part IV, line 21 or 22.    Complete if the organization answered "Ves" to Form 1900, Part IV, line 21 or 22.   Pattach to Form 1900, Part IV, line 21 or 22.   Pattach to Form 1900, Part IV, line 21 or 22.   Pattach to Form 1900, Part IV, line 21 or 22.   Pattach to Form 1900, Part IV, line 21 or 22.   Pattach to Form 1900, Part IV, line 21 or 22.   Pattach to Form 1900, Part IV, line 21 or 22.   Pattach to Form 1900, Part IV, line 21 or 22.   Pattach to Form 1900, Part IV, line 21, for my part of many that organization is not no contropering the part of session of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part of many part of the part	ASSN.  ASSN.  ASSIN.  ASSIN.  ASSIN.  ASSIN.  ASSIN.  ASSIN.  ASSIN.  ASSIN.  ASSIN.  The grants or assistance, the grantees' eligibility for the grants or assistance, and the select content of grant funds in the United States.  For grant funds in the United States.  For grant funds in the United States.  For grant funds in the United States.  For grant funds in the United States.  For grant funds in the United States.  For grant funds in the United States.  For grant funds in the United States.  For grant funds in the United States.  For grant funds in the States complete if the organization answered "Yes" to Form 990. Part in the Grant funds of the grant for grant f	SCHEDULE			Grants and	Other Assistance	Grants and Other Assistance to Organizations,			OMB	OMB No 1545-0047
Table LOUISTANA STARE TROOPERS ASSN.  LOUISTANA STARE TROOPERS ASSN.  LOUISTANA STARE TROOPERS ASSN.  LOUISTANA STARE TROOPERS ASSN.  LOUISTANA STARE TROOPERS ASSN.  LOUISTANA STARE TROOPERS ASSN.  Lat Virtual coords to substatence to execute the grants or assistance.  Louistance to conscient and Assistance of Committee the amount of the grants or assistance. The grants are deliberated in additional space of committee the second and the selection of the grants of the selection of the grants of an of the resistance to Committee the selection of	Complete if the organization answered "Yes" to Form 980, Part IV, line 21 or 22.    Early LOUISTANA STATE TROOPERS ASSN.				Governments	s, and Individuals	in the United Sta	ies			
TOUISIANA STATE TROOPERS ASSN.  mattion on Genths and Assistance on maintain records to substantiate the amount of the grants or assistance, and the select and the grants or assistance?  The Assistance to covernments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part received more than \$5,000. Check this boal for cash grant   and Pulmount of Information of Section SOI()(3) and government organizations listed in the line 1 table	TOUISIANA STRATE TROOPERS ASSN.  matter or deaths and Assistance on maintain records to substantiate the amount of the grants or assistance, the grantees eligibility for the grants or assistance, and the selection and the select	e Treasury Service		Сотр	ete if the organizatior	n answered "Yes' ▶ Attach to For	" to Form 990, Par m 990.	t IV, line 21 or 22.		Oper Int	t to Public spection
if the organization answered "Yes" to Form 990, Part IV, line 21, for any 10. Part il can be duplicated if additional space is needed ount of ount of valuation (book, tance tance)  If the organization answered "Yes" to Form 990, Part IV, line 21, for any 10. Part il can be duplicated if additional space is needed ount of ount of valuation (book, appraisal, and tance)  If the organization answered "Yes" to Form 990, Part IV, line 21, for any 10. Part il can be defined of a distribution of ount of valuation (book, appraisal, and the selection of the property of the prop	if the organization answered "Yes" to Form 990, Part IV, if the organization answered "Yes" to Form 990, Part IV, if Method of cash (f) Method of valuation (book, FMV, appraisal, tance other)	e organizatic	LOUISIANA	I	1			!		Employer identific $72-($	ation number 841049
if the organization answered "Yes" to Form 990. Part IV, line 21, for any it. Part II can be duplicated if additional space is needed ount of valuation (book, rancesh assistance tance duplicated if additional space).	if the organization answered "Yes" to Form 990, Part IV, ii  10. Part II can be duplicated if additional space is needed ount of valuation (book, appraisal, fance other)  11. A spiral spiral sal, and the selection of cash fance other)  12. A spiral sal, and the selection of the spiral sal, and the selection of cash appraisal, and the selection of the selection	General Int	formation on Grants and	Assistance							
if the organization answered "Yes" to Form 990, Part IV, line 21, for any 10. Part II can be duplicated if additional space is needed out of valuation (book, appraisal, and assistance tance other)  If the organization answered "Yes" to Form 990, Part IV, line 21, for any 10. Part II can be duplicated if additional space is needed or assistance or ass	if the organization answered "Yes" to Form 990, Part IV, it it is not a duplicated if additional space is needed ount of valuation (book, appraisal, form-cash assistance other)  Ann-cash assistance other)	the organize	ation maintain records to s	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select		
if the organization answered "Yes" to Form 990, Part IV, line 21, for any  10. Part II can be duplicated if additional space is needed  ount of (if) Method of (g) Description of valuation (book, non-cash assistance assh tance other)  tance other)  and if the organization answered "Yes" to Form 990, Part IV, line 21, for any properties in section (if) Method of grant out of the cash factor of the cash tance other)  and if the organization answered "Yes" to Form 990, Part IV, line 21, for any properties in section (if) Purpose of grant organization of the cash factor of the cash	if the organization answered "Yes" to Form 990, Part IV, if the organization answered "Yes" to Form 990, Part IV, if Method of cash and tance hance hance hance other)  Tance cash fance hance hance hance hance other)  Tance cash appraisal, non-cash assistance other)  Tance cash appraisal, non-cash assistance other)	ia used to av	ward the grants or assistar	nce?	:		:		:	X X	<b>2</b>
if the organization answered "Yes" to Form 990, Part IV, line 21, for any  10. Part II can be duplicated if additional space is needed ount of (#Mathod of valuation foock, not assistance cash (#MV, appraisal, other)  tance other)  An incomplete incomple	if the organization answered "Yes" to Form 990, Part IIV, ii  10. Part II can be duplicated if additional space is needed ount of waluation (book, abulation (book, appraisal, tance other)  11. Cash FMV, appraisal, appraisal, and cash assistance other)  12. Cash FMV, appraisal, and cash assistance other)	nbe in Part I	V the organization's proce	dures for month	oring the use of grant	funds in the United	d States.				
(b) Eliving the box in no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed  (b) Eliving (c) IRC section (d) Amount of (Multipol) (d) Multipol of (d) Purpose of grant and cash grant (assistance) (d) Amount of (d) Amount o	1 Sp.000. Check this box if no one recipient received more than \$5,000. Part if and additional space is needed a practice of the piece	Grants and	Other Assistance to Go	vernments and	l Organizations in the	United States. C	complete if the orga	anization answered "Y	es to Form 990, Part	IV, line 21, for any	[
(b) EIN (c) IRC secton (d) Amount of nor-cash grant assistance ass	(b) EIN (c) IRC section (d) Amount of (a) Amount of (d) Method (a) Method of (d) Description of non-cash assistance assistance (http://doi.org/10.1001	recipient th	at received more than \$5,0	000. Check this	box if no one recipien	t received more th	ian \$5,000. Part II	can be duplicated if a	dditional space is need	ped	×
listed in the line 1 table	listed in the line 1 table	ame and add	dress of organization ernment	(p) EIN	(c) IRC 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		of grant ance
listed in the line 1 table	listed in the line 1 table										
total number of other organizations listed in the line 1 table	m 990.	total numbe	er of section 501(c)(3) and	government or	ganzations listed in th	e line 1 table				<b>A</b>	
	r Form 990.	total numbe	er of other organizations lis	sted in the line 1	l table	;				<b>A</b>	

Page 2

72-0841049

(Form 990) (2011) LOUISIANA STATE TROOPERS ASSN.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)
Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR COLLEGE STUDENTS	11	5,500.	0		
DIRECT CASH ASSISTANCE TO INDIVIDUALS FACING	ın	6,691.	0		
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	n required in Part I,	line 2, and any other	additional Information.	
SCHEDULE I, PART I, LINE 2: ALL SC	ALL SCHOLARSHIP	P APPLICATIONS	ARE	PRESENTED TO	
THE BOARD OF DIRECTORS FOR REVIEW AND		APPROVAL. THE	AMOUNT OF	тне	
SCHOLARSHIP AWARDED IS INDICATED ON THE APPLICATION AND RETAINED	ON THE AP	PLICATION	AND RETAIN	ЕD ВУ ТНЕ	
ORGANIZATION. APPROVAL OF SCHOLARSHIPS	SHIPS IS	IS DOCUMENTED	IN THE OR	IN THE ORGANIZATION'S	
MINUTES.					

THE ORGANIZATION GIVES GRANTS AND ASSISTANCE TO INDIVIDUALS AND

ORGANIZATIONS BASED ON THEIR DETERMINATION AND KNOWLEDGE OF THE CAUSE

AND/OR SPECIFIC NEEDS OF THE GRANTEES

Schedule I (Form 990) (2011)

132102 01-27-12

Schedule ( (Form 990) 2011 LOUISIANA STATE TROOPERS ASSN.  Part IV Supplemental Information	72-0841049 Page 2
FORM 990, SCHEDULE I, PART II:	
NO ONE RECIPIENT RECEIVED MORE THAN \$5,000 FROM THE ORGANIS	ZATION DURING
THE 2011 TAX YEAR.	

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public inspection

Name of the organization

LOUISIANA STATE TROOPERS ASSN.

Employer identification number 72-0841049

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS ACTIVE AND

RETIRED MEMBERS. ACTIVE MEMBER DUES ARE COLLECTED THROUGH A BI-WEEKLY

PAYROLL DEDUCTION, AND RETIRED MEMBER DUES ARE COLLECTED THROUGH A MONTHLY

PAYROLL DEDUCTION.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S MEMBERS ELECT MEMBERS OF THE GOVERNING BODY EVERY TWO YEARS.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE
LOUISIANA STATE TROOPERS ASSOCIATION FINANCE COMMITTEE, WHICH CONSISTS OF
FOUR BOARD MEMBERS, PRESIDENT, TREASURER, AND EXECUTIVE DIRECTOR OF THE
ASSOCIATION. THE REVIEW OF FORM 990 OCCURS BEFORE THE DUE DATE SO THAT ANY
CORRECTIONS CAN BE MADE AND QUESTIONS CAN BE RESOLVED. THE YEAR-END AUDITED
FINANCIAL STATEMENTS ARE USED IN REVIEW OF FORM 990. COPIES OF FORM 990 ARE
RETAINED IN THE BATON ROUGE OFFICE OF THE LOUISIANA STATE TROOPERS
ASSOCIATION AND ARE CONSIDERED PUBLIC INFORMATION AND MAY BE DISTRIBUTED OR
COPIED UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE EXECUTIVE

DIRECTOR IS DETERMINED BY THE GOVERNING BODY. ALL MEMBERS OF THE GOVERNING

BODY ARE INDEPENDENT OF THE EXECUTIVE DIRECTOR. ALL DELIBERATIONS AND

DECISIONS OF THE GOVERNING BODY ARE DOCUMENTED AND RECORDED IN THE

ASSOCIATION'S RECORDS.

COMPENSATION OF KEY OFFICERS IS DETERMINED AND APPROVED IN THE BUDGET BY

INDEPENDENT MEMBERS OF THE GOVERNING BODY.

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Schedule O (Form 990 or 990-EZ) (2011)

(g) Section 512(b)(13) controlled entity? **Employer identification number** ٩ Open to Public Inspection OMB No. 1545-0047 × × 2011 Direct controlling Yes 72-0841049 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)  $\boldsymbol{\varepsilon}$ Direct controlling entity End-of-year assets **@** status (if section 501(c)(3)) Public charity ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code € section 501(C)(9) 501(C)(5) ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) BENEFICIARY OF ITS MEMBERS LOUISIANA COUISIANA SINGLE PAY DEATH BENEFIT HOSPITALIZED TROOPERS AND PROVIDES A DEATH BENEFIT ► Attach to Form 990. LOUISIANA STATE TROOPERS ASSN ASSISTANCE TO ELIGIBLE PROVIDES A BENEFIT FOR Primary activity Primary activity PROVIDES FINANCIAL TO A DESIGNATED 58-1739320, 8120 JEFFERSON HWY, BATON 72-1026824, 8120 JEFFERSON HWY., BATON 20-3455646, 8120 JEFFERSON HWY., BATON LOUISIANA STATE POLICE BENEFIT FUND LOUISIANA TROOPERS CHARITIES, INC. LOUISIANA STATE POLICE HONOR FUND Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization ROUGE, LA 70809 70809 Department of the Treasury Internal Revenue Service SCHEDULER ROUGE, LA (Form 990) Part II Part

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Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 LOUISIANA STATE TROOPERS ASSN.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	(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 ellocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership.
											•
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as	s a Corpo g the tax )	oration or Trust (Co	mplete if the or	ganizatior	n answered "Yes"	to Form 990, Pa	rt IV, line 34	because it had	one or mo	re related
(a) Name, address, and EIN of related organization	N. c		(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" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	s with one or more re	ated organizations listed in	n Parts II-IV?			Tes No
				:	1a	X
				:	1p	×
					10	X
				:	19	×
e Loans or loan guarantees by related organization(s)				:	16	×
					·····	<b>&gt;</b>
f Sale of assets to related organization(s)		•			=	<b>4</b>  :
g Purchase of assets from related organization(s)	:	·	:	::	19	×
h Exchange of assets with related organization(s)		: : : :	:	•	=	×
i Lease of facilities, equipment, or other assets to related organization(s)		:			=	×
j Lease of facilities, equipment, or other assets from related organization(s)	:		:		=	×
k Performance of services or membership or fundraising solicitations for related organization(s)	ınızation(s)				¥	×
	nization(s)			:	=	×
m Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)	•		:	£	×
	:		:	:	1n	×
					ļ	***
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>		. :	:	: .	9	×
		:			1 <sub>p</sub>	×
						1
<ul> <li>Qther transfer of cash or property to related organization(s)</li> </ul>		:	:	: .	<b>P</b>	×
r Other transfer of cash or property from related organization(s)					-	×
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	ho must complete th	is line, including covered r	elationships and ti	ansaction thresholds.		
(a) Name of other organization	(b) Transaction	(c) Amount involved		(d) Method of determining amount involved		
	() po (a )					
(1)				:		
(2)						
(2)						
(4)						
IF		-				
(9)				Schedule	Schedule R (Form 990) 2011	90) 2011
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Schedule R (Form 990) 2011 LOUISIANA STATE TROOPERS ASSN.

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

Irlat Was Irot a leigted organization: See Instructions regarding excession for content in year and see an arrangement of the content in year.	prove granding regarding	17	and in the second	3	5	[2]	1	9	6	13
(e)	(g)	<u>0</u>	6	} } }		∌ ;	=	<b>3</b> .	3	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	9 partners sec. 501(c)(3)	Share of total	Share of end-of-year	Disproportionate affocations	the state of the control of the cont	General o managing partner?	Percentage ownership
( )		country)	excluded from tax under section 512-514)	Ves No	_	assets	Yes No	Form 1065)	Yes	
				-						
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