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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.

Open to Public Inspection

OMB No 1545-0047

A	For the	2011 calendar year, or tax year beginning JUL 1, 2011 and endin	g J	<u>UN 30, 2012</u>	
В	Check if	C Name of organization		D Employer identific	ation number
	applicable	WASHINGTON STATE PATROL			
	Addres	TROOPERS ASSOCIATION			
-E	Name change	Doing Business As		91-1:	L-25594
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telephone number	
	Termin			•	704-7530
一	Ameno			G Gross receipts \$	1,747,957.
	Applic		ŀ	H(a) Is this a group re	
L	ltiön pendir			_ · · · _ · ·	Yes X No
			E / 1	for affiliates?	
	-				
		empt status:501(c)(3)X501(c) (5) ◀ (insert no.) 4947(a)(1) or	527		list (see instructions)
		e: http://www.wspta.org		H(c) Group exemption	
		·_ ·· -· · · · · · · · · · · · · · · · ·	Year o	of formation: 1984 M	State of legal domicile: WA
P	art I	Summary			
ě	1	Briefly describe the organization's mission or most significant activities. Collect	<u>ive</u>	bargaining	for
Governance		members		45.7	
Ę	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	<u></u> more	thận 25% of its net as	sets
8	3	Number of voting members of the governing body (Part VI, line 1a)		() 3	0
<u>ص</u>	4	Number of independent voting members of the governing body (Part VI, line b)	A 64 T	() 4	0
Se	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a) 🕍 🗸	AN J	t 7 2013 $\frac{3}{6}$ $\frac{1}{5}$	20
2 ₹	6	Total number of volunteers (estimate if necessary)		6	0
2013 Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		-\\ 7a	406,879.
⊲		Net unrelated business taxable income from Form 990-T, line 34	. <u> </u>	7b	96,003.
- <u>-</u> ∋	T -			Prior Year	Current Year
\sim	8	Contributions and grants (Part VIII, line 1h)		1,322,538.	1,333,120.
FTE Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Ę T	10		\vdash	<28,229.	
ð e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-		
į		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	371,570.	406,879.
5 —	Ti T	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,665,879.	1,747,957.
3		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	51,319.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		52,058.	73,308.
	15	Calaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ļ	324,459.	362,044.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	· b	Total fundraising expenses (Part IX, column (D), line 25) 640,835.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,341,158.	1,346,810.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,717,675.	1,833,481.
	19	Revenue less expenses. Subtract line 18 from line 12		<51,796.	<85,524·>
Net Assets or	ß		Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,270,516.	1,162,399.
Ass	21	Total liabilities (Part X, line 26)		22,593.	0.
E SE	22	Net assets or fund balances Subtract line 21 from line 20		1,247,923.	1,162,399.
	art II	Signature Block		1,221,323	1,102,333.
_		lities of perjury, I declare that I have examined this return, including accompanying schedules and	ctatem	ente and to the heet of m	v knowledge and helief it is
	•				y knowledge and belief, it is
tru	e, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	nas any knowledge.	
		Signature of officer		Date	
Sig	gn	,		Date	
He	re	Major Bambino, Treasurer			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	id	Paul M. Fruci The The Fruce Cl	A	Z-3/-12 self-employe	
Pre	parer	Firm's name Fruci & Associates		Firm's EIN	20-8571624
Use	e Only	Firm's address P.O. Box 2163			
	-	Spokane, WA 99210-2163		Phone no. (509)624-9223
M:	av the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
	2001 01-2				Form 990 (2011)
1.52		,, ,,			· -···· (··)

WASHINGTON STATE PATROL

Form 990 (2011)

WASHINGTON STATE PATROL TROOPERS ASSOCIATION

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-4		
5	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			
Ŭ	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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable		ļ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	 	X
a	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		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1,0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
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		Х
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		_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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-		v
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u>^</u>
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>	<u> </u>	 -
.•	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u>L</u>	X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2011)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		٠,	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		v	
	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	~		X
	Schedule J	23		
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			x
	Schedule K. If "No", go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
258	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		
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	х	
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			
	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			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	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		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		l
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations]		177
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	X	 ▼
	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	254	1	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		
	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	27		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	├ ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O			(2011)
		. 5.11		,/

	990 (2011) TROOPERS ASSOCIATION 91-1125	<u> 594</u>	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 33			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	ŀ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	İ	i	
	(gambling) winnings to prize winners?	1c		
22	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 20			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
	If "Yes," enter the name of the foreign country.	70		
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
F-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	·	5c		
C-	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		
6a		6a		x
	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Oa		
b		6b		
-	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	Ų.		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
С		7c		х
_	to file Form 8282? If "Yes." Indicate the number of Forms 8282 filed during the year 7d			
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ŀ
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	├ ``		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	- <u>-</u>		1
9	Did the organization make any taxable distributions under section 4966?	9a	ŀ	
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
40				
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
. b		1	!	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a	Gross income from other sources (Do not net amounts due or paid to other sources against	Í		
Ь				
10-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		†
a	Note. See the instructions for additional information the organization must report on Schedule O			1
L.	Enter the amount of reserves the organization is required to maintain by the states in which the		ŀ	
D	organization is licensed to issue qualified health plans	1	1	
_	Enter the amount of reserves on hand	1		
		14a	<u> </u>	X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		†
บ	in 100, had a mod a contribute to topola alloco paymonto in the profite an explanation in concede o			

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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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
Sec	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		0		
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	ne direc	ct 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	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		_X_
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	ppoint	one or			
	more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	1		
	persons other than the governing body?			7b		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne 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 re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,	İ		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form?	11a		X
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 ris	e to cor	ıflıcts?	12b	ļ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	'escnbe		1	
	ın Schedule O how this was done .			12c		<u> </u>
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approximately a second control of the process for determining compensation of the following persons include a review and approximately a second control of the following persons include a review and approximately a second control of the following persons include a review and approximately a second control of the following persons include a review and approximately a second control of the following persons include a review and approximately a second control of the following persons include a review and approximately a second control of the following persons include a review and approximately a second control of the following persons include a review and approximately a second control of the following persons include a second control of the following persons include a second control of the following persons include a second control of the following persons include a second control of the following persons include a second control of the following persons include a second control of the following persons include a second control of the secon	val by ı	ndependent	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	
b	Other officers or key employees of the organization			15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement '	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	ate its	participation	1		-
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatı	on's		1	
_	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 (Sec	tion 501(c)(3)s onl	y) avaılal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy,	and fina	ncıal	
	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	and re	cords of the organ	zation:	-	
	Major Bambino - 5098690088					
13200	9603 E North Rim Lane, Spokane, WA 99217					

01-23-12

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.

Check this box if neither the organi	(B)	_ (C)						(D)	(E)	(F)
Name and Title	Average	(40		Posi			one	Reportable	Reportable	Estimated
	hours per	box,	(do not check more to box, unless person is officer and a director			n is both an		compensation	compensation	amount of
	week	· ·	er an	dad	irecto	or/trus	itee)	from	from related	other
	(describe	Individual trustee or director						the	organizations	compensation
	hours for related	p to a	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	Institutional trustee		8	E E		(44-2/1099-141130)		and related
	in Schedule	dual	tuona	_	1 of the	st col	h			organizations
	O)	indiv	Instit	Officer	Keye	Highest compensated employee	Former			J
(1) Anderson, Derek										
Director	10.00	X						4,510.	0.	0
(2) Bambino, Major										
Secretary/Treasurer	15.00	X			ļ		L	17,867.	0.	0
(3) Berends, John										
Director	10.00	X						11,435.	0.	0
(4) Bohart, Don					ŀ				_	_
Director	10.00	X						6,925.	0.	0
(5) Cheek, Mike	10.00							44 405		
Director	10.00	X				1	<u> </u>	11,435.	0.	0
(6) Pete Cozzitorto	10.00	, ,						11 425	_	_
Director	10.00	X				-	1	11,435.	0.	0
(7) Mark Crandall	10.00	.						10 260	_	_
Director (1)	10.00	^				-	├-	10,269.	0.	0
(8) Patrick Ditter	10.00	v						11,435.	0.	0
<u>Director</u> (9) Charles Gardiner	10.00	^		\vdash	├─	+-	├	11,433.		
Director	10.00	x						10,176.	0.	0
(10) Rodney Green	10.00	-	-		-	1-	\vdash	10,170.		
Director	10.00	x			ł	1		11,435.	0.	0
(11) Dale Lathan						†	Ι		•	
Director (Former)	0.00	X						153.	0.	0
(12) Steven Penry										
Director (Former)	10.00	X						2,910.	0.	0
(13) Tom Pillow										
President	40.00	X						21,441.	0.	0
(14) Jeffrey Sevigney										İ
Director	10.00	X		<u> </u>	<u> </u>	<u> </u>	<u> </u>	11,435.	0.	0
(15) Herbert Slemp										
Director	10.00	X			<u> </u>	 _	<u> </u>	11,435.	0.	0
(16) Mark Soper								4	_	_
Vice President	10.00	X		<u> </u>	ļ	-	₩	17,867.	0.	0
(17) Spike Unruh	10.00							10 225		
<u>Director</u> 132007 01-23-12	10.00	X		L	L	L		12,337.	0.	Form 990 (201

132007 01-23-12

Form **990** (2011

WASHINGTO TROOPERS				91-1125	5594	Page 8
ers, Directors, Tru	ıstees, Key Eı	mployees, and Highest	Compensated Employ	yees (continued)		
	(B)	(C)	(D)	(E)	(F	•)
le	Average	Position	Reportable	Reportable	Estim	ated

Part VII Section A. Officers, Directors, Tru	stees, Key Er	<u>nplo</u>	yee	s, a	nd l	<u>ligh</u>	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) (C) Average hours per						one h an	(D) Reportable compensation	(E) Reportable compensation		am	(F) imate ount o	_
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer		Highest compensated an employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	comp fro orga and	other pensation the anizati relate nization	on ed
(18) Candy Warren Director (Former)	0.00	x						306.		0.			0.
(19) Washington State Patrol-reimbur Reimbursement	1.00							106,035.		0.			0.
									<u> </u>				
 	,								-		_		
						-							
						ļ			i	\dashv			
1b Sub-total			<u> </u>					290,841.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A					^		290,841.		0.			0.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed a	bov	e) wl	no re	eceived more than \$100	,000 of reportable	е			1
compensation non-the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		e, ke	у ег	mplo	oyee	, or	highest compensated e	mployee on		3		х
4 For any individual listed on line 1a, is the su	ım of reportab	le c	-					•	the organization	Ī			
and related organizations greater than \$15Did any person listed on line 1a receive or a									idual for convices	ł	4		X
rendered to the organization? If "Yes," com							olai	ed organization of indiv	idual for services		5		Х
Section B. Independent Contractors				-									
 Complete this table for your five highest co the organization. Report compensation for 										pensa	ation f	rom	
(A)	the calendar y	Cai	GIIGI	iig v	VICIT	<u> </u>		(B)	year.		(C	;)	
Name and business	address	N	ON	E			-	Description of s	services		ompei		n
						- "		<u> </u>					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Par	rt VIII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at st	1 a	Federated campaigns	1a					
o a	b	Membership dues	1b	969,717.				
A, C	С	Fundraising events	. 1c					
뜵삘	d	Related organizations .	1d					
S,E	е	Government grants (contribut	ions) 1e					
įξ	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abor	ve 1 f	363,403.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u> </u>	h	Total. Add lines 1a-1f		•	1,333,120.			
				Business Code				
8	2 a							
ه څ	b							
요림	С							
e a	d							
Program Service Revenue	е							
<u>. </u>	f	All other program service reve	nue					
\perp	g	Total. Add lines 2a-2f			_			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	7,958.			7,958.
	4	Income from investment of ta	x-exempt bond p	roceeds >				
	5	Royalties	<u></u>	.				
			(ı) Real	(ii) Personal				
	6 a	Gross rents .						
	b	Less [·] rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis	,					
ľ		and sales expenses						
	C	Gain or (loss)	L	<u> </u>				
	d	Net gain or (loss)						
ē	8 a	Gross income from fundraisin	g events (not					
ē		including \$						
ا ڇ		contributions reported on line	1c). See					
ᡖ		Part IV, line 18	а					
Other Revenue		Less: direct expenses	b					
-		Net income or (loss) from fund	·-	_				
	9 a	Gross income from gaming ac	ctivities. See					
- 1	_	Part IV, line 19	a					
		Less direct expenses	b					!
		Net income or (loss) from gam	_			-		
	10 a	Gross sales of inventory, less						!
		and allowances	a					
		Less cost of goods sold	b					
+	с	Net income or (loss) from sale		Duan are Carl				
}	4.4	Macarino Advort		Business Code			106 970	
		Magazine Advert		541800	406,879.		406,879.	
	b					-		
- 1	C	All albar reconst						
	d	All other revenue			105 970			
		Total Add lines 11a-11d			406,879. 1,747,957.		406,879.	7,958.
	<u>12</u>	Total revenue. See instructions.			<u> </u>	<u>U•</u>]	=00,013	Form 990 (2011)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	22,285.	22,285.		
2	Grants and other assistance to individuals in	22,203.	22,205.		
2	the United States. See Part IV, line 22	29,034.	29,034.		
3	Grants and other assistance to governments,	27,034.	25,054.		
3	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	73,308.	73,308.		
5	Compensation of current officers, directors,	73,300.	7373001	·	·
9	trustees, and key employees	290,843.	233,667.	57,176.	
6	Compensation not included above, to disqualified	230/0101	200,00.1	0.72.00	
٠	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	28,489.		15,489.	13,000
8	Pension plan accruals and contributions (include				
•	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	42,712.	31,254.	9,719.	1,739
11	Fees for services (non-employees):	.== 1== -		7	
	Management				
b	Legal	321,174.	321,174.		
c	Accounting	15,425.	<u> </u>	15,425.	
		77,173.	77,173.		
e	Professional fundraising services. See Part IV, line 17	,	· . / = ·		
f	Investment management fees				
g	Other	14,400.			14,400
12	Advertising and promotion				
13	Office expenses	42,790.	27,285.	15,505.	
14	Information technology	6,652.	6,652.	•	
15	Royalties		<u> </u>		
16	Occupancy	6,900.		6,900.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	166,815.	166,815.		
20	Interest	1.	1.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
<u></u>	Insurance	9,984.	9,984.		
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) amount, list line 24e expenses on Schedule 0.)				
а	Federal Income Tax	18,947.			18,947
b	Magazine Expenses	308,159.			308,159
c	Call Center	281,972.	-		281,972
d	Member PAC Contribution	72,264.	72,264.		
e	All other expenses	4,154.	1,536.		2,618
25	Total functional expenses. Add lines 1 through 24e	1,833,481.	1,072,432.	120,214.	640,835
26	Joint costs. Complete this line only if the organization	-	•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011)

Pai	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		928,416.	1	809,619.
	2	Savings and temporary cash investments		134,216.	2	134,388.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	ectors, trustees, key			
		employees, and highest compensated employee				
		of Schedule L		711.	5	60.
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)			i	
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru			6	
ets	7	Notes and loans receivable, net	,	•	7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	· · · · · · · · · · · · · · · · · · ·
	-	Land, buildings, and equipment cost or other	ı ı [
		basis Complete Part VI of Schedule D	10a 88,785.			
	h	Less: accumulated depreciation	10b 0 •	84,917.	10c	88,785.
	11	Investments - publicly traded securities	100	122,256.	11	129,547.
	12	Investments - other securities. See Part IV, line 1	122/2301	12	123/31/	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	·	1,270,516.	16	1,162,399.
	17	Accounts payable and accrued expenses	1,270,310.	17	1,102,333.	
	18	Grants payable	-		18	
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities	H		20	
	21	·	Part IV of Sahadula D		21	
Liabilities	22	Escrow or custodial account liability. Complete leading to current and former officers, director			21	
ρij	22	highest compensated employees, and disqualifi				
Ë		of Schedule L	ed persons. Complete Fait II			
					22	
	23	Secured mortgages and notes payable to unrela	The state of the s		24	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	-			
		•	17-24). Complete Fait A of	22,593.	25	0.
	06	Schedule D	<u> </u>	22,593.	26	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	V and samulate	22,333.	20	0.
		lines 27 through 29, and lines 33 and 34.	and complete			
ĕ	0.7	Unrestricted net assets		1,247,923.	27	1,162,399.
lan	27	Temporarily restricted net assets	<u> </u>	1,241,323.	28	1,102,333.
Ba	28		-		29	······································
Ę	29	Permanently restricted net assets	heck here and		29	
ũ		Organizations that do not follow SFAS 117, c				
Ŏ Ø		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds	The state of the s		30	
As	31	Paid-in or capital surplus, or land, building, or ed	·		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	1 247 022	32	1 160 300
_	33	Total net assets or fund balances	· ·	1,247,923.	33	1,162,399.
	34	Total liabilities and net assets/fund balances	l	1,270,516.	34	1,162,399.

-orm	1990 (2011) TROOPERS ASSOCIATION	<u> </u>	<u> </u>	Pag	ge ız
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,74		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>1,83</u>		
3	Revenue less expenses Subtract line 2 from line 1	3	<u><8</u>	<u>5,5</u>	<u>24.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,24	<u>7,9</u>	<u>23.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,16	2,3	<u>99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		İ	
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

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

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.

 Section 501(c)(4), (5), or (6) orga 	anizations. Complete Part III			
	INGTON STATE PATRO	L	Empl	oyer identification number
TROOP	PERS ASSOCIATION			91-1125594
Part I-A Complete if the	organization is exempt ur	nder section 501(c) c	or is a section 527 o	rganization.
1 Provide a description of the or	ganization's direct and indirect poli	itical campaign activities in	Part IV.	
2 Political expenditures			▶\$	72,264.
3 Volunteer hours			•	0.
Part I-B Complete if the	organization is exempt u	nder section 501(c)(3).	
1 Enter the amount of any excise	e tax incurred by the organization u	ınder section 4955	▶\$	
2 Enter the amount of any excise	e tax incurred by organization mana	agers under section 4955	▶\$	
3 If the organization incurred a s	ection 4955 tax, did it file Form 472	20 for this year?		Yes No
4a Was a correction made?				Yes No
b if "Yes," describe in Part IV.	<u> </u>			
	organization is exempt ur			
· · · · · · · · · · · · · · · · · · ·	ended by the filing organization for	•		
-	organization's funds contributed to	other organizations for sec	_	
exempt function activities			▶\$	
· · · · · · · · · · · · · · · · · · ·	itures. Add lines 1 and 2. Enter her	e and on Form 1120-POL,	. .	
line 17b			▶\$	
4 Did the filing organization file F				└─ Yes └─ No
	nd employer identification number			
	anization listed, enter the amount p			
	ere promptly and directly delivered t C) If additional space is needed, pi		·	te segregated tund or a
		<u> </u>		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds If none, enter -0-	contributions received and promptly and directly
			lulius il fiorie, eficer -o-	delivered to a separate
				political organization
				If none, enter -0
Washinton State	Olympia, WA		_	
Troopers PAC	98501-1322	20-3203631	0.	72,264.

132041 01-27-12

LHA

Schedule C (Form 990 or 990-EZ) 2011

See Part IV for Continuation

08091128 784831 68254

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

WASHINGTON STATE PATROL

Schedule C (Form 990 or 990-EZ) 2011	<u> PROOPE</u>	RS AS	SOCIATION	- 504(-)(0) CI	91-1	L125594 Pag	je 2
Part II-A Complete if the org			npt under sectio	n 501(c)(3) and til	ea Form 5/68		
(election under sec	·····						
	-			n Part IV each affiliated	group member's nar	ne, address, EIN,	
expenses, and shar							
B Check 🕨 💹 if the filing organizat	ion checke	d box A an	d "limited control" pro	ovisions apply.	4.551	1	
	s on Lobb litures" me	•	nditures nts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated gro	up
				-	1010.0		
1a Total lobbying expenditures to influ		-			•		
b Total lobbying expenditures to influ	•		ly (direct lobbying)				
c Total lobbying expenditures (add lii		1b)					
d Other exempt purpose expenditure							
e Total exempt purpose expenditure	•		•				
f Lobbying nontaxable amount. Ente		nt from the	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 1	the amount on line 1e				
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	cess over \$1,000,000.			
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,000		\$1,000,0	000				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				====	
h Subtract line 1g from line 1a. If zero	o or less, ei	nter -0-					
i Subtract line 1f from line 1c. If zero	or less, en	ter -0-					
j If there is an amount other than ze	ro on eithei	line 1h or	line 1i, did the organiz	ation file Form 4720			
reporting section 4911 tax for this	year?					Yes	No
			raging Period Under				
				n do not have to comp			
СО	lumns belo	w. See the	e instructions for line	es 2a through 2f on pa	age 4.)		
	Lobb	ying Exper	nditures During 4-Ye	ar Averaging Period			
Calendar year	(a) 2	008	(b) 2009	(c) 2010	(d) 2011	(e) Total	
(or fiscal year beginning in)	` '		, ,		. ,		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
		•••					
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount				<u> </u>	,	<u> </u>	
(150% of line 2d, column (e))							
							

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2011 TROOPERS ASSOCIATION 91-112559

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)).

or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)
the lobbying activity	Yes	No	Amo	unt
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 1i				
a 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?		(=)		
art III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c)	(5), or se	ction	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1 1	X	
		1 2	X	2
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 answere		2 3 (5), or se	oction	Σ
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? art 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."		2 3 (5), or se	oction	Х
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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? art 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	d "No" OF	2 3 0(5), or se R (b) Part	oction	Х
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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.

2011
Open to Public Inspection

Name of the organization

WASHINGTON STATE PATROL

Employer identification number

TROOPERS ASSOCIATION 91-1125594 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (dunng year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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:

Schedule D (Form 990) 2011

		S ASSOCIAT			.			<u>91-11</u>	<u> 25594</u>	Page 2
Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	c			hange progra	ams				
b	Scholarly research	€	• 🗀	Other	_					
C	Preservation for future generations									
4	Provide a description of the organization's co							ose in Par	t XIV	
5	Dunng the year, did the organization solicit of		-			er sımılar	assets		_	
_	to be sold to raise funds rather than to be mi								Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gements. Compl rt X, line 21	ete if the	organizatio	on answered	"Yes" to	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?		,						Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:		•				
	, ,	,							Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e	-		
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				<u> </u>		Yes	No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	Prior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance				,					
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				[•	•		
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for ti	he organi	zation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	D, Part X	, line 10.						
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr	ment)	basis	(other)	dep	preciation			
1a	Land									
b	Buildings		-							
C	Leasehold improvements									
d	Equipment			8	8,785.				88	3,785.
	Other									
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line 1	10(c))				88	3,785.
								Schedule	D (Form	990) 2011

(a) Description of security or category (including name of security)	(b) Book value		Method of valuati end-of-year marke	
) Financial derivatives				
) Closely-held equity interests				
Other				
(A)	 -			
(B)		-	-	
(C)			<u> </u>	
(D) (E)				
(F)				·
(G)				
(H)				
(I)				
tal. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
art VIII Investments - Program Related.		ne 13.		
(a) Description of investment type	(b) Book value		Method of valuati end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	-			
otal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, li				
	(a) Description			(b) Book value
(1)	, <u> </u>			(-)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	<i>line 15)</i> X, line 25.		<u> </u>	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) otal (Column (h) must equal Form 990, Part Y, col.(R)	Inna 25.)			
otal. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footno FIN 48 (ASC 740)	te to the organization's financial s	tatements that reports the organizatio	n's liability for uncertain	tax positions under
FIN 48 (ASC 740) 2053				

18

Schedule D (Form 990) 2011

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

& Employer identification number 91-1125594 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection WASHINGTON STATE PATROL TROOPERS ASSOCIATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part

	V, line 21, for any		(h) Purpose of grant or assistance					Schedule I (Form 990) (2011)
	res" to Form 990, Part I	additional space is need	(g) Description of non-cash assistance					
	anization answered "\	can be duplicated it	(f) Method of valuation (book, FMV, appraisal, other)					
d States.	Somplete if the organization	an \$5,000. Par II	(e) Amount of non-cash assistance					
funds in the Unite	e United States. (it received more tr	(d) Amount of cash grant				isted in the line 1 table	
oring the use of grant	Organizations in the	box if no one recipier	(c) IRC section if applicable				suoi	ons for Form 990.
cedures for monit	Governments and	5,000. Check this	(p) EIN				nd government org	see the Instructi
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	=	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed	1 (a) Name and address of organization or government				2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	۔ ا

Page 2

91-1125594

Schedule I (Form 990) (2011)

TROOPERS ASSOCIATION

Part III 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.

Part III can be duplicated if additional space is needed.	i				
(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
Death Benefit - Cash	7	15,000.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
1					

Schedule I (Form 990) (2011)

132102 01-27-12

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

Open To Public Inspection

Name of the organization WASHINGTON STATE PATROL

TROOPERS ASSOCIATION

Employer identification number 91-1125594

Schedule L (Form 990 or 990-EZ) 2011

1 () () () () ()				(L) December of	£ +				(c) Corr	ected
(a) Name of disq	ualified pers	son		(b) Description o	transa	ction			Yes	No
									İ	
							_			
	_			 						
									ļ	
2 Enter the amount of tax impos	sed on the o	organization	managers or disqualific	ed persons during the	year un	der				
section 4958							▶ \$			
3 Enter the amount of tax, if any	y, on line 2,	above, reim	bursed by the organiza	tion			▶ \$			
	F I		5							
Part II Loans to and/or										
			on Form 990, Part IV,				Ba.	proved	1	
(a) Name of interested person and purpose		to or from nization?	(c) Original principal amount	(d) Balance due) In ault?	by bo	ard or		ritten ment?
person and purpose		1				Τ		uttee?		
	То	From	60	<u> </u>	Yes	No	Yes	No.	Yes	No
Major Bambino - A		X	60.	60.		X	 	X	-	_X_
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				60.		<u>!</u>		<u>!</u>	+	!
_{otal} Part III │ Grants or Assist	ance Rei	nefiting l	<u> </u>				1		L	
		_	on Form 990, Part IV,							
(a) Name of interested p		wered res	, , , , , ,	een interested person	and		(a) An	nount ar	nd type o	
(a) Name of interested p	1612011			ganization	ano			assistai		•
										
								<u>.</u>		_
							<u>-</u>			
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	-					-	<u>.</u>	<u> </u>		

See Part V for Continuations

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

WASHINGTON STATE PATROL

	red "Yes" on Form 990, Part IV, line 28a, 28		1 4 5	(e) Sha	nna o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	ation's
			<u> </u>	Yes	No
					
					•
Part V Supplemental Information					
	ional information for responses to questions	e on Schadula I. (eas	unetructions)		
Complete time part to provide desir	ional mile.matier for respenses to questions	3 011 001100010 12 (000	inotractionoj.		
chedule L, Part II, Loa	ns To and From Interes	sted Person	ns:		
a) Name of Person: Majo	r Bambino				
a) Purpose of Loan: Adv	range				
a/ ruipose of hoan: Auv	ance				
					-
					•
					<u>.</u>

SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

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 Open to Public Inspection

Internal Revenue Service Name of the organization

WASHINGTON STATE PATROL TROOPERS ASSOCIATION

Employer identification number 91-1125594

Form 990, Part VI, Section B, line 11: Organization's Process to Review
Form 990 No review was or will be conducted
Form 990, Part VI, Section B, line 12: Governing Documents Disclosure
Explanation No documents available to the public
Form 990, Part VI, Section B, Line 15: Board approved compensation
Form 990, Part VI, Section C, Line 19: The organization makes documents
available upon request.

08091128 784831 68254

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 91-1125594

WASHINGTON STATE PATROL TROOPERS ASSOCIATION Name of the organization

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

Part

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II organizations during the tax year.)	ntions (Complete of the organization a	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 beca	ause it had one o	more related tax-exen	прt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section s	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Washinton State Troopers PAC - 20-3203631 200 Union Ave SE, Ste 200 Olympia WA 98501-1322	Lobbying by Political Action Committee	Washington	527		N/A	

Schedule R (Form 990) 2011

WASHINGTON STATE PATROL

TROOPERS ASSOCIATION

Schedule R (Form 990) 2011

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.) PartIII

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General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2011 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.) 3 Ξ Code V-UBI General or Pramount in box managing or 20 of Schedule Pariner? Share of end-of-year assets <u>6</u> \equiv Share of total income ate allocations? ε Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e 9 Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ១ 26 Primary activity Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Œ <u>a</u> 132162 01-23-12 Part IV

Schedule R (Form 990) 2011 TROOPERS ASSOCIATION

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

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	e
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more re	elated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a		×
b Gift, grant, or capital contribution to related organization(s)				£		×
c Gift, grant, or capital contribution from related organization(s)				1	_	×
d Loans or loan quarantees to or for related organization(s)				19	_	×
				1e		×
f Sale of assets to related organization(s)				=		×
a Purchase of assets from related organization(s)				19		×
				1h		×
				;=		×
				Ŧ		×
	(0)			- 2		: ×
K PEROTRIBRICS Of SERVICES Of MEMBERS III) Of TUTOLISISING SOLICITATIONS TO TELEBOOK OF GARACTER INC.	Janization(s)			=		×
	janization(s)			. <u>E</u>		×
	4(IO(I(S)			Ę		×
n Sharing of paid employees with related organization(s)						
 Reimbursement paid to related organization(s) for expenses 				9		×
				1		×
Characteristics of mach or proposity to colored organization(e)				ç	×	
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.	who must complete tl	is line, including covered	relationships and transaction thresholds.			
	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			1
(1) Washinton State Troopers PAC	a	72,264.Cost	Cost			
(2)						
(3)						
(4)				i		
(5)						
(9)						
132163 01-23-12	27		Schedul	Schedule R (Form 990) 2011	990)	2011

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WASHINGTON STATE PATROL

Schedule R (Form 990) 2011 TROOPERS ASSOCIATION

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

		;		-	9	177	1	5	5	[3
(a)	(a)	(0)	(b)	Are all	E	(6)	(m)	(i)	3	(N)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	501(c)(3) 0105?	Snare or total	onare or end-of-year	tonate tonate allocations?	opposed amount in box 20 managing ownership allocations? A School is 100 partner?	deneral or managing partner?	ownership
		country)	under section 512-514) Y	es No	income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2011

WASHINGTON STATE PATROL 91-1125594 Page 5 TROOPERS ASSOCIATION Schedule R (Form 990) 2011 Part VII | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)